Sanctuary Care Limited

Hatfield Residential and Nursing Home

Inspection report

Tamblin Way
Hatfield
Hertfordshire
AL10 9EZ

Tel: 01707255270
Website: www.sanctuary-care.co.uk/care-homes-east-and-south-east/hatfield-residential-and-nursing-home

Date of inspection visit:
17 January 2017

Date of publication:
15 February 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 17 January 2017 and was unannounced. At their last inspection on 12 and 13 July 2016, they were found to not be meeting the standards we inspected. These were in relation to person centred care, nutrition and meals, staffing and management systems. At this inspection we found that although there had been improvements, there were still areas that needed to be improved further. These were in relation to staffing, records and medicines. We also found that there was a continued breach in relation to person centred care.

Hatfield Residential and Nursing Home is registered to provide accommodation for up to 118 older people who require nursing or personal care and may also be living with dementia, physical disability and sensory impairment. At the time of the inspection there were 103 people living there. This was because eight of their beds were in use from a hospice which was undergoing refurbishment. This service was not inspected.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

People told us that staffing could at times be an issue. Medicines required further development to ensure they were consistently managed safely. People were supported by staff who were recruited through a robust process. Accidents were reviewed to ensure all action to reduce a reoccurrence was taken, we saw that people were supported safely.

People were supported in accordance with the principles of the Mental Capacity Act. Staff received the appropriate training and felt supported. People had enough to eat and drink but they did not always enjoy their food and they had access to health and social care professionals when needed.

While we found that most staff were attentive and communicated well with people, people's dignity was not consistently respected by some staff. This was raised with the management team at the time of the inspection who set about addressing these concerns and provided us with a prompt response detailing the actions they were taking to address this with the staff involved.

People were involved in the planning of their care and we found that people had access to advocacy. Care plans were clear and gave staff enough information to meet people's needs. People did not yet have access to a range of hobbies and interests that they enjoyed, this was still in progress.

People, relatives and staff were positive about the registered manager and we found that systems had been developed to help identify and address issues in the home.
There were still areas that needed further improvement. There was a plan in place to address some of these issues, but not all of the issues arising from people's voice. People's voice was not always sought and heard

completely. However, complaints were responded 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?

Requires Improvement

The service was not consistently safe.

People told us that staffing could at times be an issue.

Medicines required further development to ensure they were consistently managed safely.

People were supported by staff who were recruited through a robust process.

Accidents were reviewed to ensure all action to reduce a reoccurrence was taken.

Is the service effective?

Good

The service was effective.

People were supported in accordance with the principles of the Mental Capacity Act.

Staff received the appropriate training and felt supported.

People had enough to eat and drink but they did not always enjoy their food.

People had access to health and social care professionals when needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People dignity was not consistently respected.

Most staff were attentive and communicated well with people.

People were involved in the planning of their care.

People had access to advocacy.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not yet have access to a range of hobbies and interests that they enjoyed, this was still in progress.

People's voice was not always sought and heard completely. However, complaints were responded to.

Care plans were clear and gave staff enough information to meet people's needs.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People, relatives and staff were positive about the manager.

Systems had been developed to help identify and address issues in the home.

There were still areas that needed further improvement. There was a plan in place to address some of these issues, but not all of the issues arising from people's voice.

Hatfield Residential and Nursing Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the action plan that the provider sent to us with stated how they would address the shortfalls from the last inspection.

The inspection was unannounced and carried out by three inspectors and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with 18 people who used the service, four relatives, 16 staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to 10 people's care and support. We also reviewed records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found that staffing was an area that was in breach of regulation as people did not have all of their needs met. At this inspection we found that improvements had been made and during the inspection people had their needs met and call bells were answered in a timely manner. The atmosphere was calm and there were staff on hand to attend to people when they needed support with eating and drinking. However, further improvements were needed to ensure to ensure that care was delivered in a consistent person centred way.
Feedback from people was that they felt there was not always enough staff to meet their needs. One person told us, "If I call someone I do sometimes have to wait a long time, it's because they are busy." Another person said, "I'm wobbly at night and they are very slow coming." Staff also gave mixed views. One staff member felt that the unit they worked on was always well staffed, others complained about the need to work with agency staff as they did not think it provided consistency. One staff member said, "I like to have the time to sit and chat to people but we never have time and we have to cover other people when they are sick or on leave." The registered manager told us that they were staff vacancies but they were actively recruiting for permanent care staff. To cover shifts nurses employed by the home worked as care staff to help maintain continuity and where this was not possible, agency staff were used. The manager explained, "I know it's not ideal but I won't let the shifts not be covered."

Each person's individual dependency was assessed, this information was in the care plans. The registered manager reported that these fed into an overall dependency assessment for each unit. This was then reviewed along with the call bell analysis, feedback from staff from daily meetings, the registered manager's own observations from their walk rounds, and feedback from people and their relatives. For example, one unit showed an increased dependency using these mechanisms and consequently an additional member of care staff was allocated. The regional manager reported that the provider was open to increasing staff numbers as needed and said there the manager was able to increase staffing if required. We found that in some areas of the home the dependency was high as many people needed two staff for all personal care and transfers. We noted that on one occasion staff left a person sitting in their wheelchair. Staff told us this was to save needing to hoist them twice as a relative was arriving. However we saw that this person waited in the wheelchair for two hours. We discussed this with the registered manager, regional manager and clinical lead who told us that this was unacceptable and a culture they were working to eliminate.

The management of people's medicines needed to be improved. People told us that they received their medicines when they needed them. One person said, "They're good with my pills and things, they check everything for me and make sure it's right." A relative told us, "They are good with medicines generally, well they spend a lot of time checking them." We saw that there had been several checks put into place to reduce the risk of errors and poor record keeping. Staff had also received competency training. We found that although the checks and audits were finding issues, the score for each audit was improving month to month. This showed that the systems they had in place were working to resolve the issues. We saw that medicines were stored safely, there were plans in place to manage medicines prescribed on an as needed basis and there was a record of staff signatures.

However, we counted 21 boxed medicines and found that of these, five were wrong, either due to the incorrect quantity being in stock or as a result of inaccurate record keeping. This was because stock carried forward from the previous medicines cycle wasn't documented and one instance where prescribed medicines for one person had been given to another person as they did not have the correct medicines in stock on their admission. The registered manager told us that they had authorised this to ensure that the new admission received the correct medicines. However, this was an area that required improvement.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. One relative told us, "[Person] is safe here – they take care of [their] physical needs." Another relative told us, "I would know if they were unhappy and I make sure I come at different times of the day/evening."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and the use of mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. The registered manager carried out a monthly accident and incident analysis. We discussed this with them and they told us about all the actions that had been completed as a result of the analysis. They told us that going forward they would reflect this more clearly on the analysis.

Staff helped people to move safely using appropriate moving and handling techniques. For example, we observed two staff members using a mechanical hoist to assist a person to transfer from an armchair into a wheelchair. The staff members reassured and talked with the person all the way through the procedure. People who required support via mechanical hoist to transfer had individual slings stored in their room to help prevent the risk of infection control.

We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition. However, these records were not consistently completed in all areas of the home which meant it was hard for staff to be confident that people were consistently repositioned as needed.

Staff had been appointed through a robust recruitment process. We noted that personnel files included application forms that covered any employment gaps, written references, proof of identity, and a record of criminal records checks. We also saw that each perspective employee had a record of their responses during interview. This helped to ensure that people employed to work at the service were fit to do so.

Good

Is the service effective?

Our findings

At our last inspection we found that people were not appropriately supported to ensure adequate nutrition and hydration and that people were not satisfied of the quality of the meals they were provided with. At this inspection we found that people were receiving the appropriate support and referrals to dietician or other health professionals as needed, however the quality of the food continued to be an issue.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under regular review and amended in response to any changes in people`s needs. Where concerns were identified they had been referred to the relevant health professional. We reviewed the past three month's records and saw that most people's weights were stable. We saw that this was being monitored by the registered manager to help ensure all appropriate action was taken if there was a change in a person's weight. We did see however that not all food and fluid charts were completed consistently. This had been identified at the last inspection and the management team had this as an ongoing action for monitoring. However, people looked well and the visiting health professional told us that they had no concerns in relation to nutrition and hydration.

People told us that they were not completely satisfied with the food provided for them at Hatfield Residential and Nursing Home. Three people who had not enjoyed their lunch of faggots and mashed potatoes told us, "The food is often a bit hit and miss, today was a miss." We put this to the management team. The regional manager told us, "We will continue with daily walk around and get feedback from residents. Positive feedback was from [two people] on Magnolia (unit) that day, we will encourage a staff member to sit and eat their meal with the residents at lunch time so they are experiencing the same experience."

We observed the lunchtime meal served in a communal dining room and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. We heard staff interacting with people in a kind and considerate manner indicating that nothing was too much trouble. Tables were nicely laid with cloths and condiments were on the tables to support people to be as independent as possible. People who were being cared for in bed were supported to eat by staff members. We noted a friendly exchange of conversation whilst the person was eating their meal.

People told us that their health needs were met. One person said, "They sort out anything I need for my health stuff." Records showed that people's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from GPs, dieticians, opticians and chiropodists.

We spoke with one visiting healthcare professional during the course of this inspection and they gave us positive feedback about the service provided. They told us that the care delivery had improved in recent times and that they felt the care people received was, "Quite good."

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 application 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 that service was working in accordance with the MCA and DoLS guidance. Care plans included clear records to confirm that people's capacity had been assessed in all areas of their daily lives. Best interest meetings were held where necessary to support decisions made on behalf of people who lacked capacity. For example, a person who lacked capacity had refused to swallow their medicines which resulted in a negative impact to their health. A best interest meeting was held involving the person's relatives, health professionals and nursing staff. A decision was reached to administer the person's medicines in food.

Our observations confirmed that staff obtained people's consent before they provided day to day care and support. Staff members were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited communication skills. We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people and where appropriate, their family members, had been involved with making these decisions.

Staff told us that they received training to support them to be able to care for people safely. This included basic core training such as moving and handling and safeguarding. We reviewed the training spreadsheet and saw that training was delivered regularly. Following our inspection the registered manager told us that further training in relation to dignity and person centred care had also been arranged to address the issues found.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

Requires Improvement

Is the service caring?

Our findings

At our last inspection we found that people were not always involved in the planning and reviewing of their care and staff did not always have clear guidance in how to meet people`s different cultural and religious beliefs. At this inspection we found that staff were familiar with a person's beliefs in relation to their approach and how they supported them with personal care. We noted that the care plan included guidance for staff about all aspects of the person's religion and as the person had limited communication and capacity, they had involved their relative to assist with this to help ensure their adhered to the person's lifestyle choices. This person's relative also told us, "They respect my [family members] beliefs and choices and treat them with dignity and respect."

Staff were calm and gentle in their approach towards people. Most staff respected people's dignity making sure they supported people in the way they wished and encouraging them to remain as independent as possible. We observed that most staff were courteous and kind towards people they supported. However, we did note on a few occasions were some staff did not always show people respect or promote their privacy and dignity. One person told us that they had been 'told' by staff that they had to get up early in the morning and were "ignored" when they said it was too early. We discussed this with the management team. The registered manager informed us that immediately following the inspection they reviewed these issues and as a result staff had received supervision and additional training is to be provided.
On one occasions a nurse was talking openly about individual people's care and support across a communal lounge area where five people who used the service were sat. In addition we noted a staff member opened a person's door without knocking, walked in, took a folder and left the room, all without speaking with the person. We went in to see this person and found that the room was cold. The person told us they were cold but when they had asked staff if the window was open, they had been told it was closed. We checked the window and found that it was in fact open. We also observed a staff member's response to be disrespectful towards one person who asked for another cup of tea. The staff member complained to another staff member on duty that, "That's the second cup of tea they have asked for." Another person told us that staff were not always attentive. They said, "It would be nice if they looked in on you in the morning, I know I'm independent but it would still be nice to have some ask if you are OK."

We also noted that on unit on three occasions a staff member going into the room, putting the food down and speaking three or four words, for example, 'I'll just move this' and 'here's lunch' and then leaving the room without any further conversation. We also found on another unit a staff member supported people to eat with little or no interaction, using a dessert spoon which appeared too large for the people to manage. This went unnoticed by the staff member.

The inconsistency of personalised care was a continued breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Throughout the day we noted examples of good communication between staff and the people who used the service and staff offered people choices. For example we noted a staff member offering a person a cup of tea, they refused this so the staff member offered other alternatives and the person agreed to have some

juice. One person told us, "They always ask me 'would you like a shower? Or 'where would you like to go now' or 'do you want to stay in your room'." Another person said, "I don't like to go outside, I like to stay in my room so that's what I do."

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives. For example, we heard the staff members ask people if they wish to wear clothing protectors at lunchtime and what they would like to eat and drink.

The environment throughout the home was calm, warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as photographs and pictures.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike. One person told us, "The staff are gentle with me and we always have a laugh and a joke." A relative told us, "The staff helped us when we first came in with my [relative] and they explained everything about the home and told me I could visit anytime. They have been very kind as it's been very upsetting for both of us." We observed most staff interacting with people in a warm and caring manner listening to what they had to say and taking action where appropriate. For example, a housekeeper paused whilst vacuuming a lounge carpet to change the channel on the television for people.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. However, we noted that the office was closed but not locked when staff were not using it. The registered manager reported that key pad locks were on order to be fitted to the office doors so that they could be locked but remain accessible to all staff members.

It was clear that people who used the service and their relatives had been involved in developing people's care plans because of the level of detail within them. People told us that they had been involved, and where they were unable, relatives were invited to contribute to the planning of people's care and provide information about people's life histories.

We noted from the visitor's books that there was a regular flow of visitors into the home and there were no restrictions with this. We observed visitors throughout the day during the inspection. We were told by staff that relatives had also been welcome to stay for dinner over Christmas. The registered manager told us that people who used the service had external advocacy support if this was needed. Two people currently had an advocate supporting them.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we found that people did not always receive personalised care that met their needs or took account of their preferences. We also found that care plans did not always accurately reflect people's involvement in their care reviews or information about what was important to them. In addition people were not always supported to pursue social interests or take part in activities that they enjoyed. At this inspection we found that the content of people's care plans had improved to include clear information that they had been involved in developing. However, we also found that activities remained an area that required further improvement and their remained an issue of people's voice was not sought frequently enough or responded to appropriately.

We found that the issue of people not enjoying their food had been a concern at the last inspection. This had not been resolved and there were no actions on the service improvement plan on how the provider would address these shortfalls. In addition, the comments about staffing and people feeling staff were rushed and did not have time to spend chatting with them also had not been resolved. We noted that resident's meetings were not very frequent and actions to address the areas with low scores on a recent survey had not yet being added to the service improvement plan. One person said, "They used to have residents meetings but not anymore, they didn't do anything anyway." This did not instil confidence in people that they were being heard. This was an area that required improvement.

There was a pictorial activity board displayed. The activity on one unit in the morning was nail painting. The staff member made a concerted effort to involve people and engage with them as they went around the room – they gave a choice of colours and held each bottle up for them to choose. They also engaged with the two men that were sitting in the same room – chatting about the news on the television. On another unit we saw a staff member assist two people to do a puzzle. The activity organiser who was on duty was going around the building telling people that there was bingo in the afternoon. The registered manager told us that they normally had three activity staff but one had left and one was on long term leave. They told us they had recruited two new staff who were waiting to start. They told us, "An activity team of four is much better for a home this size." They went on to say they hoped that this would address the issues of the need for more personalised activities and would help ensure everyone could participate. However, this remained an area that required improvement.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, one person's care plan stated, "Staff to ensure that [Person] wears their glasses and that they are clean. Staff to ensure that [Person's] hair is cut every six weeks or when necessary. [Person] is a smart looking lady and likes to be dressed smartly." We met with the person and noted that these instructions had been followed to good effect. People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

People and their relatives told us that they felt their needs were met. One relative told us, "The bed is always clean and fresh and my [family member] is always well dressed, with their nails and hair done." Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal

circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. For example, one person refused to wear slippers so they had slipper socks to help them have some grip when they were walking around the unit. People were dressed appropriately in clean and laundered clothing. Where people wore glasses they were also clean.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. We reviewed records of complaints received and noted that they were managed in line with the provider's policy and procedure. People's concerns had been robustly investigated and clear feedback was given to the person about the investigation and any actions to be taken going forward. A relative told us, "I have no concerns at the moment but would not hesitate to complain to the manager if I did. They all know what I am like here."

Each unit had a concerns book for the staff to record any verbal negative feedback from people who used the service, their relatives or staff members. This book was reviewed weekly by the registered manager or more frequently in response to concerns.

People's relatives had complimented the staff team on the care provided for people by means of cards and letters. Comments included, "You all took such great care of [Relative] something which is a great comfort to me." Another person had stated, "I appreciate that my questions and suggestions were acted upon and that I was informed promptly when there was a significant change (To person's health needs)."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that there were no effective systems in place to monitor and inform staffing numbers for people to have their needs met effectively. We also found that people's care records were not always updated to reflect people's current needs and give staff clear guidance in how to meet these needs. At this inspection we found that people's care records gave clear guidance to staff and systems had been developed to monitor staffing levels. However, we also found that care notes were not completed consistently and the consistency of person centred care being delivered needed to be improved.

The registered manager acknowledged that some areas were a, "Work in progress." They told us, "I know we are not where I want us to be but I hope we are on the right path." The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service and staff in a positive, warm and professional manner. The regional manager told us that in response to the ongoing issues with gaps in recording, "We have recently implemented a handover book, we are adding to this a section for senior to confirm they have checked all the charts and they are either correct or have been corrected, this will be done three times per day, and there will be recorded spot checks by the management team."

We shared the issues were found in relation to respect and dignity not afforded to people by some staff members during our inspection with the management team. They immediately set about addressing these concerns and provided us with a prompt response. This included supervision and further training for some staff members. In addition, further 'Sit and See' sessions by the management team were to be completed. This was when a member of the management team observes practice and guides staff as a result of their observations.

There was a service improvement plan which incorporated all audits, checks, meeting outcomes and service results. This was continually updated when progress was made or new issues identified. However, we noted that this did not identify the need for more 'People's voice'. The action for survey results and the amount of notes for residents meetings were minimal. In addition the ongoing issues and feedback about meals, staffing and activities had yet to be fully resolved. These were areas that required improvement and further development to ensure people's voice was captured appropriately and the remedial actions taken to address any shortfalls.

People, their relatives and staff were positive about the registered manager. One person said, "The manager is nice, she comes round once a day." A relative told us, "She's approachable and has an open door policy." Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. Lessons learned were shared at these meetings to help ensure staff were kept informed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service did not provide person centred care in all cases or ensure people were consistently treated with dignity and respect.