

# Barchester Healthcare Homes Limited

## Hurstwood Court DCA

### Inspection report

Linum Lane  
Five Ash Down  
Uckfield  
East Sussex  
TN22 3FH

Tel: 01825731700  
Website: [www.barchester.com](http://www.barchester.com)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Hurstwood Court DCA is a domiciliary care agency. It provides personal care to people living in flats within an assisted living setting. It provides a service to older adults. At the time of the inspection, three people were being supported by the service.

Not everyone using a domiciliary care agency receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### People's experience of using this service:

There were safeguarding systems and processes that protected people from harm. Staff knew the signs of abuse and what to do if they suspected it. Staff had received training and felt confident to raise any concerns they had.

People received care and support from regular staff who were kind and caring.

People's needs had been fully assessed before they received support from the service.

Care plans contained sufficient detail for staff to offer support that reflected people's individual needs and preferences. Care plans were reviewed regularly and updated as required. Staff understood the needs of the people they supported and had developed positive relationships.

Safe recruitment practices were in place and people were supported by staff that had undertaken a thorough induction process and training relevant to their roles. Enough staff were employed to meet the needs of the people using the service. Staff were supported through regular supervision and team meetings.

Risks to people had been identified and staff had clear guidance available to them to support people and reduce the risk.

Medicines were managed safely by trained and competent staff. Medication policies and best practice guidance was available to all staff. Medication administration records (MARs) were fully completed and audited regularly.

Staff had undertaken infection control training and understood actions required to minimise the risk of infection being spread. They had access to personal protective equipment (PPE).

People's independence was promoted and their right to privacy and dignity respected.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible and encouraged people to make decisions about the care they received.

Lessons were learnt when things went wrong and systems were improved if needed. The management team were responsive and approachable to people that used the service and to the staff. The registered manager had a clear understanding of their responsibilities of their registration with us.

Rating at last inspection:

The service was rated Good at the last inspection on 11 October 2016 (report published 14 November 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Hurstwood Court DCA

## Detailed findings

### Background to this inspection

The inspection:

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

One inspector carried out the inspection.

Service and service type:

Hurstwood Court DCA is a domiciliary care service. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 1 days' notice of the inspection site visit because we required the registered manager to gain consent from people to contact them for feedback.

We visited the service on the 14 May 2019.

What we did:

Before visiting the service, we looked information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed one person's care record, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment including four staff files. We also looked at a sample of audits, surveys, minutes of meetings and policies and procedures.

We gathered people's experiences of the service. We visited and spoke with one person and their relative. We also spoke with the registered manager and the domiciliary care manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes:

- People remained protected from the risks of abuse and harm.
- Staff had been trained and felt confident that any concerns they raised would be taken seriously. In addition to safeguarding policies, the provider had a whistleblowing policy which supported staff in reporting concerns to other organisations without fear of reprisal. Staff demonstrated they knew how to report concerns and they followed local reporting procedures.
- People had access to the service users guide, which included safeguarding information.
- The registered manager appropriately contacted the local authority if they had any safeguarding concerns and records showed they had been proactive in doing so.

Assessing risk, safety monitoring and management:

- People had assessments before their care package started. This meant that they knew that the service and staff could cater for people's care needs. Records showed professionals' involvement in these assessments, including social workers and GP's.
- Potential risks to people's health and wellbeing had been managed well. These had been assessed so that staff managed risks safely.
- Risk assessments were individualised for people's specific needs such as, personal care needs, health risks and mobility risks. Staff followed detailed guidance that informed them how the risk was to be minimised.
- People's homes had also been assessed to identify and minimise any hazards that could put them, their visitors and staff at risk of harm.
- People's risk assessments were detailed and were updated regularly.

Staffing and recruitment:

- People using the service told us that they received support from regular staff who they knew well.
- Staff told us they had enough time and opportunity to get to know people well and provide care in an unrushed manner.
- People we spoke with told us they felt staffing levels were sufficient to meet their needs. One person said, "There's always someone to call."
- People had access to an out of hours on call system.
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a staff member may have. This information helps employers make safer recruitment decisions.

Using medicines safely:

- People that required support to manage their medicines received them safely.

- Each person had specific guidance for staff to follow, detailing the support that was required for the administration of their medicines.
- Staff received training in the safe administration of medicines and were regularly observed by the field care supervisor.
- Medicines people took had been recorded on a medicine administration record (MAR). This enabled the service to show that people had been given their medicine as prescribed by professionals. Staff checked and took appropriate action to ensure people always had enough quantities of their medicines.
- Audits of MAR showed no concerns in how people's medicines were managed by staff.

#### Preventing and controlling infection:

- Systems were in place to safely manage and control the prevention of infection being spread.
- Personal protective equipment (PPE) was always available for staff to use. Staff understood the importance of hand washing to reduce the risk of germs being spread. People told us that staff wore PPE during the call such as, gloves and aprons.
- Staff had access to an infection control policy and had received appropriate training.

#### Learning lessons when things go wrong:

- There were systems in place for the recording and monitoring of accidents and incidents that occurred. The registered manager reviewed these and monitored them to identify areas where risks could be minimised.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People's needs were fully assessed prior to them receiving a service. This ensured people's needs could be effectively met.
- People, relatives of their choice, as well as health and social care professionals (where appropriate) were fully involved in the assessment and planning of people's care.
- There were systems to continually assess people's care and support needs to ensure they received effective care. Care plan reviews took place at least six monthly, or as and when required.
- People had detailed care plans which showed how their needs, choices and preferences would be met by staff. These were updated when necessary. One staff member told us they found care plans had enough information about people's needs.

Staff support: induction, training, skills and experience:

- The provider continued to provide staff with regular training to ensure they had the right knowledge and skills to carry out their roles. Staff told us that they completed essential training such as infection control, moving and handling and safeguarding.
- People told us that staff understood their needs and could meet these. One person said, "They know what I want."
- Staff received an appropriate level of support for their job role. Staff told us they felt supported in their role. Staff received support and guidance through supervision meetings and annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to eat a balanced diet that promoted healthy eating. Meals and meal-times were arranged around people's own daily activities.
- People could cook their own meals in their apartments with support or eat their meals in another part of the service. People we spoke to enjoyed going to Hurstwood View for lunch. They told us, "There's always a great menu."
- Staff were aware of people's nutritional needs, for example one person needed support to maintain their weight and we saw that records had evidenced the support the person had received.
- Staff received training in food hygiene and helped to support people to prepare their chosen foods. Staff ensured that people were encouraged to eat and drink regularly.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- Hurstwood Court DCA continued to work with other agencies and professionals to ensure people received effective care.

- The service continued to have links with other organisations to access services, such as tissue viability services and speech and language therapists (SaLT).
- People and their relatives told us that staff accessed social and healthcare professionals for support appropriately as required. One person told us, "They will always call the GP if I am unwell."
- People told us staff did not routinely support them to attend appointments with health professionals such as GPs, dentists, chiropodist, opticians and hospital consultants because they were able to attend these themselves or their relatives supported them with this. However, they said staff supported them if urgent healthcare was required.

Ensuring consent to care and treatment in line with law and guidance:

- 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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- We checked whether the agency was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- People told us staff asked for their consent prior to any care or support tasks. Staff had been trained and understood how this applied to their role.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity:

- Staff had good relationships with people, and appeared to know them well, including their likes and dislikes. During our inspection staff were seen to be caring towards people, and respected people's wishes. One person told us, "I wouldn't get this service anywhere else."
- People were treated with kindness and were positive about the staff's caring attitude.
- People told us friendships had developed between those living in the flats and others living at Hurstwood View. One person told us, "I have a good relationship with others living here."
- Rotas were planned to enable staff to provide consistency and continuity of care.
- People's care plans contained information about their likes, dislikes, preferred name, background and personal history.
- Staff had completed training in equality and diversity and were able to describe the importance of treating people as equals.
- Equality and diversity continued to be promoted and responded to well.

Supporting people to express their views and be involved in making decisions about their care:

- People told us they were involved in making decisions about their care and support. Reviews of the care people received were undertaken regularly. One person told us, "They always ask me if everything is ok."
- People and their relatives told us they were given opportunities to express their views about the service they received and felt confident to do this.

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality remained respected. One person told us, "They will always knock before they come in."
- Staff supported people to remain as independent as possible. Care plans reflected people's level of independence and how staff could support this. One person told us, "My independence is so important, and they help me to keep this."
- During our inspection we observed staff continued to treat people with dignity and respect and provided support in an individualised way.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans were detailed and contained sufficient information and guidance for staff to be able to meet people's preferred needs.
- Information about how people wanted things done within their home was available for staff.
- Care plans were regularly reviewed and updated in a timely way when a change had occurred to a person's needs or wishes. The registered manager told us, "We recognise changes in people and will always act quickly."
- People received support from regular staff that knew their routines well.
- Staff completed a written record at each visit to overview the care and support provided. These records reflected how each person's needs had been met.
- People told us they were able to take part in activities that were available at Hurstwood View. People told us that they enjoyed these activities. One person told us, "There is a guitar player that I love to go and watch."
- Every notice board was covered with information about up and coming events or something interesting or attractive to look at.
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided in appropriate formats as required. People were able to access documents in a variety of formats that met their communication requirements.

Improving care quality in response to complaints or concerns:

- There were processes, forms and policies for recording and investigating complaints.
- A complaints policy and procedure was in place. People also had access to the service users guide which detailed how they could make a complaint.
- People told us they felt confident in raising any concerns or complaints to their staff or through the office; and felt these would be dealt with appropriately. One person told us, "I don't need to complain but I feel confident about talking to someone."

End of life care and support:

- All staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information. Staff demonstrated that they felt prepared and understood how to support people at the end of their life.
- Care plans identified people's preferences at the end of their life.
- At the time of our inspection the agency did not support anyone at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People and staff told us the registered manager was passionate about ensuring people could live the life they wanted to live. This had empowered people and gave them control and choices in their life.
- The service demonstrated a person-centred and inclusive culture where values of empowerment were evident towards people using the service and their relatives. The registered manager told us it was important to them to, "Look after people to the best of our ability and have empathy with relatives too, to benefit everybody."
- The staff and registered manager showed a commitment to developing and providing person centred care and relationships by engaging with everyone using the service, relatives, staff and other stakeholders.
- Regular team meetings were held with the staff team to discuss any changes to their role such as, policy updates or changes in people's needs.
- People and their relatives spoke positively about the service. They were complimentary about the standard of care and support provided and described it as personalised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager had worked for the service for seven years and had a clear understanding of the role and the organisation.
- The registered manager demonstrated a positive attitude and ethos towards their role and the service.
- The registered manager and staff understood their responsibilities for ensuring risks were identified and reduced. Risks to people's health, safety and wellbeing were managed through ongoing review.
- Staff performance, learning and development was monitored through observation and regular supervision.
- The registered manager told us they were well supported by their line manager and the provider's quality and governance team which they felt enabled them to perform better in their role.
- The registered manager knew their responsibility in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.
- Policies and procedures to promote safe and effective care to people were readily available at the service. These documents were regularly updated to ensure staff had access to best practice guidelines and up-to date information for their role.
- Regular audits and checks were completed. Action was taken when shortfalls were identified, and this was shared with staff to drive improvements across the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others:

- Resident meetings were held and discussed topics included keeping themselves safe, food, activities and changes in staff. These meetings demonstrated that people were supported to engage with each other and their voices heard.
- Staff meetings were held and discussed topics including equality and diversity, expectations within employee roles, time sheets, and handover and communication books. This showed staff were involved in shaping and understanding the service.
- Staff told us they felt supported by the management team and felt confident to raise any concerns they had within work or personally.

Continuous learning and improving care:

- The registered manager and staff received regular support for their roles to ensure their practice remained up-to-date and safe.
- Staff were supported to continuously learn and improve the care to people. Staff had competency checks to ensure they were supporting people effectively. For example, medication competency was checked regularly.
- People's care plans, daily records and medicine administration records were reviewed regularly. Actions were taken when any areas for improvement were identified.
- There were systems in place to learn from incidents, accidents, concerns and complaints.

Working in partnership with others:

- Hurstwood Court continued to work in partnership with the local community, other services and organisations.
- Health and social care professionals confirmed that the service communicated and worked effectively with other agencies to benefit people using the service.
- The staff team had developed strong relationships with health care professionals to ensure people were receiving the appropriate care and support to meet their needs.