Dorset County Council

The Hayes

Inspection Report

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Overall summary

The Hayes is a care home for up to 50 people with one of the bedrooms used for respite, short stay, care only. At the time of our inspection there were 47 older people receiving care at The Hayes, some of whom were living with dementia and/or a physical disability. The home consisted of five bungalows linked by a large communal lounge area.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law like the provider.

On the day of the inspection we saw people were well cared for and their needs were being met in a timely fashion. One person told us: "I love it here, I couldn't be happier."

Relatives told us the staff were professional and caring. They told us staff knew their relative's needs well and The Hayes felt like home.

Social care professionals were positive about the care provided by the home. They highlighted the high standard of the staff team's skills and knowledge and observed that they were well trained.

Staff received the support and training they needed in order to carry out their duties to a good standard. The home was accredited by the Gold Standard Framework for End of Life care. This is a nationally recognised accreditation scheme that identifies services that are striving for excellence in the care they provide for people at the end of their lives.

The management of the home was good and we found there was a positive relationship between staff and management.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). This is legislation that restricts people's freedom where this has been assessed as needed to help protect the person from possible harm. At the time of our inspection there was no one subject to a DoLS authorisation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt the staff were concerned for their welfare and that they were safe. We saw that people were at reduced risk of harm because risks were managed effectively and people were involved in discussions about how this should happen People were also protected because the home was kept clean and people were protected from the risks of cross infection.

Staff were able to talk confidently about how they protected people from abuse and the processes that were in place to do this. A social worker we spoke with described a situation where the home had managed a complex situation and protected the person from harm.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location was meeting the requirements of the Deprivation of Liberty Safeguards. The staff had a clear understanding of Deprivation of Liberty Safeguards, which are safeguards provided for by the Mental Capacity Act 2005 to protect people living in care homes from being unlawfully deprived of their freedom.

Are services effective?

People and their families were involved in planning and reviewing their care. We saw that people received the care described in their care plans.

We saw that people had food choices and were well supported with eating and drinking. They told us the food was good and that when they wanted something different they could have it. We spoke with staff and people and found that the risks associated with eating and drinking were well managed.

People worked with their families and staff to plan and record how they wanted their needs met at the end of their lives. Staff also worked in partnership with other professionals such as nurses and GPs to make sure people's needs were met effectively.

Are services caring?

We observed, and people told us, staff were caring and kind. Relatives also commented on how the dignity and independence of their relative was promoted by staff. There were activities arranged that reflected the interests of the people living in the home.

Summary of findings

Relatives, visitors and visiting professionals we spoke with were all positive about the care and support for people who used the service. This was echoed in discussions with staff who spoke knowledgeably and with fondness about the people they supported.

People and their relatives were encouraged to make their views known about their care and support. This included end of life care. We spoke with people about their plans for end of life and they told us they were sure their wishes would be followed.

Are services responsive to people's needs?

People told us their views were encouraged and listened to. Care plans recorded people's likes, dislikes and preferences and staff understood that this information helped them to provide care in line with people's wishes.

When people's needs changed the staff were quick to respond and we saw that care plans were reviewed and appropriate professionals involved. This included personalised and responsive care for people at the end of their lives. We heard from relatives about how the staff had made sure their relative had everything they wanted.

Activities were planned in response to requests made by individuals and groups. We saw that a person had taken over the cultivation of part of the garden after alerting the staff to the fact they missed this activity.

Are services well-led?

The registered manager promoted a positive culture for staff to work in. The staff we spoke with had a clear understanding of their roles. They told us that the registered manager's door was open to them and they felt confident to raise any issue they had with any of the senior staff. This sentiment was echoed by the people living in the home, their relatives and visiting social care professionals.

The home was accredited under the National Gold Standards Framework for end of life care and worked with other health and social care professionals in the area to improve end of life care practice in the geographical area. This framework is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life.

Staffing levels were monitored and maintained at safe levels. We saw that the staff were busy but they were clear about the expectations of their roles. The staff had received appropriate training in order to meet the needs of the people living in the home to a high standard. They told us they felt supported by senior staff and the registered manager.

Summary of findings

There were effective systems in place to monitor quality of care within the home. People told us they felt confident that if they needed to complain this would be dealt with effectively.

The home had a registered manager in post who had been managing a stable staff team within the home for many years. Staff told us they were comfortable approaching her as did the people living in the home.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 23 people who lived at the home, five relatives, 15 staff, the registered manager and four visiting social care professionals. We also spoke with an end of life specialist by telephone after the inspection visit.

People told us they were happy with their care and were treated kindly and with respect. One person said: "The staff are so professional and caring." Another person said: "Absolutely first class staff, they respect my independence." They told us they were encouraged to make their views and requests known. One person said: "You don't want for anything – you just ask", another person told us: "If you ask it will happen."

We spoke with four relatives who told us they were happy with the care their relative received. Comments included: "I can't fault anything. They are very happy caring staff" and: "We say we are going to Mum's... We've never said 'we are going to see Mum at The Hayes'; It feels like its Mum's home." They described the ways that they knew their relatives were cared for. One relative said: "Whenever I turn up, he is always clean and settled. I'm really happy." A regular visitor to the home commented: "Without a doubt this is a safe and caring place. We have a lot of laughs."

Social care professionals we spoke with during and after the inspection were also positive about the home. One commented: "The carers are all very attentive; I have never had concerns about anyone here." Another commented: "I really like the way the staff interact with people. There have been no problems."

The Hayes

Detailed findings

Background to this inspection

We visited the home on 9 April 2014. The inspection team consisted of a lead inspector, a second inspector, and an Expert by Experience. The Expert by Experience was a family carer with experience of services for older people and people who are living with dementia.

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 regulations associated with the Health and social care Act 2008 and to pilot a new inspection process under Wave 1.

At the last inspection in February 2014 we had no concerns. Prior to this inspection we reviewed information sent to us by the provider since our last inspection.

We spent time observing care in all of the bungalows. We also looked around the kitchens.

We spoke with 23 people who lived in the home over the course of our inspection. We spoke with five relatives, 15 staff, the registered manager and four visiting social care professionals. We also spoke with an end of life specialist by telephone after the inspection visit.

We looked at five people's care records and records that related to the management of the home including policies and procedures, staffing rotas, staff supervision records, accident monitoring records, and meeting minutes.

Are services safe?

Our findings

People told us they felt safe because the staff thought about risks and discussed identified risks with them. One person told us: "I come and go as I please; I have talked about it with them." Another person said: "I don't go out on my own now as I am quite unsteady. We talked about it." Staff told us they thought risks were managed well in consultation with people. We looked at people's care records and saw they contained appropriate risk assessments. We saw these were reviewed regularly. Risks were clearly identified and what staff needed to do to minimise these was clear. For example, we saw that one person had risks associated with their mobility and skin care. The care plan included clear moving and handling information and described all the equipment the person needed. We saw that this equipment was in place and that all the staff using it had current manual handling training.

People told us they felt safe because the staff were caring and concerned about their welfare. One person said: "They are busy but they check we are all ok." We spoke with staff about how they protect people from harm. They all described what they would do if they thought someone was at risk of abuse. They had current training that meant they knew about different types of abuse, how they could recognise the signs of abuse and what their responsibilities were in reporting any concerns. We also spoke with a visiting social worker about how the home managed concerns about people's safety and welfare. They told us they were confident in the abilities of the staff team and described how the staff had managed a complex situation appropriately and kept a person safe.

Staff had an understanding of the Mental Capacity Act 2005, and what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life. We saw that best interest decisions were recorded when appropriate. Best interest decisions are decisions made on behalf of someone who does not have mental capacity to make the decision. They include people who know the person well and have regard to the person's preferences. Staff also knew about the Deprivation of Liberty Safeguards. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards can only be used when there is no other way of supporting a person safely. The registered manager spoke with us about the impact of a recent Supreme Court judgement that had extended the definition of deprivation of liberty. We saw that the home had a planned response to this change in place and had allocated a senior member of staff to undertake the necessary work.

We saw that staff kept a record of accidents and incidents. These contained detailed information about what had happened, and the action that had been taken as a result. These reports were monitored and appropriate action taken as a result. For example, we saw that falls were analysed and appropriate referrals to health professionals made to prevent, or reduce the risk of, reoccurrence.

People were protected from the risks of cross infection. People told us the home was kept clean. One person said: "It is like a four star hotel here. They keep it lovely." Staff understood their responsibilities around infection control and were able to describe how they used protective equipment such as disposable gloves and aprons to ensure that people were protected. We saw that the home was clean during our inspection. We spoke with cleaning staff and they described the systems they followed and how their work was monitored to maintain high standards. They told us they always had the equipment necessary to keep the home clean.

Are services effective?

(for example, treatment is effective)

Our findings

People, their families and health care specialists, such as nurses and occupational therapists, were involved in assessments and care planning. One person told us that they and their family were included and "made to feel a real part of it". We read five people's care plans and saw that people who lived at the home had been involved in the assessments of their needs and had signed to say they agreed with the plan that had been written. We saw that care plans were written with specialist input when necessary. For example we saw that people had safe swallow plans written by speech and language therapists.

People received care and support as described by their care plans. Staff told us the care plans reflected the care and support people needed. We spoke with staff about people's care needs and they were able to describe current support needs consistently and confidently. The care plans were personalised with the small details that ensured people were treated individually. For example, one care plan detailed the way a person liked to be supported with their personal care. All five care plans described people's likes and dislikes. We saw from daily records that the care and support people received followed the care plan. We observed the care of two people around their mobility and dietary needs and saw the care they received reflected what was recorded. People had the equipment they needed to stay well, and the care plans held clear guidance about how to use it. For example there were pictures in one care plan about how a person should use their chair. One person showed us their pressure cushion and told us that it "makes sure I am always comfy".

Staff worked in partnership with other health and social care professionals. We spoke with social care professionals who told us that staff at the home liaised effectively over people's care and always kept them appropriately informed. There were visits from health professionals such as an occupational therapist, a chiropodist and a GP every week. One person told us: "They will call the doctor if we need one and they have for me." This meant people received the treatment and support they needed.

People were protected from the risks associated with not eating and drinking sufficiently. We saw that risk assessments and care plans were in place for people who were at risk of malnutrition and dehydration. We spoke with staff working in the kitchen and the care staff supporting people at meal times. They had all undertaken training in this area and were able to describe people's specific nutritional needs. Regular screening and monitoring was undertaken to protect people against the risk of malnourishment and this resulted in clear actions. For example we saw if someone lost weight and became at risk of malnourishment this was passed on to the kitchen straight away and they were given more nourishing foods. People were involved to ensure that their preferences were taken into account as part of this process. For example, the kitchen staff described how they added extra nourishment to one person's food who did not like strong flavours. We observed a mealtime in three bungalows. People were given their choice of meal with extra nourishment when this was detailed in their care plan. Condiments were available to everyone, and these were offered to people who were not able to ask for them. There were drinks available throughout our inspection and people told us this was always the case. One person said: "You never get thirsty. There is always a cup of tea."

Staff worked with people and their families to plan for their end of life needs and these plans were recorded in people's advanced care plans. Staff worked in partnership with other professionals to ensure people's needs were met effectively. For example staff worked with GPs to ensure that prescriptions for pain relief were prepared in advance so they were available as soon as they became necessary. This planning ahead meant that people were not waiting for pain relief when they needed it to ensure a pain free death. Records were clear about the medical interventions that people wanted. Where people had decided that they would not want to be resuscitated or have other life prolonging treatments this was clearly recorded in the care records. All staff were trained in end of life care and understood and respected the decisions people, and their representatives, had made.

Are services caring?

Our findings

We spoke with 23 people who told us they were treated kindly and with respect. One person said: "The staff are so professional and caring." Another person said: "Absolutely first class staff, they respect my independence." We spent time in the lounge and dining areas of all the bungalows observing interactions between staff and people. We saw staff were respectful and spoke to people kindly and with consideration. We saw staff were unrushed and caring in their attitude towards people.

We spoke with four relatives who told us the privacy and dignity of people were always maintained. Comments included: "I can't fault anything. They are very happy caring staff" and: "We say we are going to Mum's... We've never said 'we are going to see Mum at The Hayes'; It feels like its Mum's home." They recounted examples of acts of kindness by the staff team that had helped make their relatives feel cared for and comfortable. They explained that they felt that their relatives were well cared for. One relative said: "Whenever I turn up, he is always clean and settled. I'm really happy." A regular visitor to the home commented: "Without a doubt this is a safe and caring place. We have a lot of laughs."

Social care professionals we spoke with during and after the inspection were all positive about the home. One commented: "The carers are all very attentive; I have never had concerns about anyone here." Another commented: "I really like the way the staff interact with people. There have been no problems."

There were activities available to the people living at The Hayes. People told us there were trips out and they could ask for things they wanted. For example, one person had asked to do some gardening and they had an area where they could work allocated to them. We spoke with staff who explained that there religious services, music and trips out.

Trips were planned so that they alternated long trips and shorter trips so that more people had the chance to go out. However, at the time of our inspection, the activities coordinator was off sick and, as no alternate arrangements had been made, people were entertaining themselves by chatting amongst themselves. People told us that if they could improve one thing it would be to have more staff to just sit and chat with them. One person said: "They are lovely but they are so busy. It would be nice if they could just sit and chat." This was echoed by a visiting social care professional who observed that the activities coordinator was not covered when they were not available.

There was a stable staff team who had worked at the home for some time and knew the people they supported well. We spoke with two new staff who told us they were always able to ask colleagues if they needed advice. Staff spoke fondly and knowledgeably about the people they supported. They showed an understanding of, and respect for, people's life histories and described the importance of their relationships.

People were supported to have dignified deaths and their wishes were respected. Support for people receiving end of life care involved people and those that mattered to them. We spoke with people about their plans for end of life and they felt assured that their wishes would be followed. One person told us: "They have asked me where I want to be at the end. I want to be here. This is my home. I know they would look after me." We heard people discussing their friends who had died in the home openly and comfortably; they described how things were the way that person wanted them to be. The staff we spoke with were committed to providing the best care they could for people. One said: "We will do everything we can, we respect what they want." We spoke with relatives who spoke about how grateful they were for the caring, personal end of life care their relative received. We saw that the home received many compliments from relatives with this same message.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People told us they were encouraged to make their views and requests known and that they got what they asked for. One person said: "You don't want for anything – you just ask", another person told us: "If you ask it will happen." We spoke to a person who had told the staff that they missed doing their garden and they had been given an area of the grounds to cultivate. People were encouraged to make their views known about individual issues related to their own care and the home. We spoke to a small group of people who would be affected by some building work that was due to start. They told us they had been made aware of all the developments and felt involved in the process. They also told us there were regular residents meetings when they discussed a wide range of issues. On person said: "We talk about catering and can share any moans and groans."

People's views were recorded and formed a basis of their care plans. The five care plans we looked at included information regarding the person's interests and preferences as well as their care needs. The care plans had all been updated as people's needs changed and were reviewed on a monthly basis. This meant that the information available to staff was current and responded to people's needs, wishes and preferences. We saw that, when people's needs changed, this was picked up quickly through monitoring and recording and led to prompt changes. For example, an occupational therapist visited the home every week and we saw that they were able to work with staff to ensure a person's changing mobility needs were met. We also saw that appropriate monitoring of people's dietary needs led to immediate changes in diet if this was necessary.

People took part in activities that were important to them, for example one person told us that getting out to the shops was important to them and they were able to do this regularly with a member of staff. Links with the local community were evident during our inspection. A therapy dog came in on its weekly visit and was clearly appreciated by people living in the home. The person who brought the dog told us they had been visiting over many years. The dog was trained to spend time with people who wanted to stroke or talk to it. The home was filled with flowers that had been given by a local supermarket.

Staffing levels were set in response to people's needs. The registered manager made us aware that levels had increased recently because people needed more assistance in the evening. Staff also told us they talked to the registered manager about staffing levels and this was acted on if necessary. During our inspection call bells were answered promptly which indicated that there were enough staff available.

We saw that people's choices and wishes for their end of life were recorded and reviewed with them. We spoke with family members who were visiting their relative. They told us they could not praise the home enough for how they were responding to their relative's needs and that staff and the registered manager had made sure that everything was as they would have wished it to be. They also told us they felt supported and cared for by the staff in the home. This showed the staff were encouraging positive relationships with families as part of their ethos of providing a homely and welcoming service. We saw the home had received correspondence from many other family members expressing the same views about the end of life care that their relatives received.

We looked at the complaints procedure and saw there were effective systems in place to respond to and review complaints although none had been received since our last inspection. People knew how to complain if they wished to. One person said: "I would complain if I was not happy – they would listen." The staff were proactive in encouraging people and their relatives to make their views known about the kind of care and support they wanted, and people and their relatives commented that communication was effective between them and the staff team.

Are services well-led?

Our findings

The staff, people, and relatives we spoke with told us they felt comfortable discussing anything, including concerns, with the registered manager and senior staff. One staff member said: "The manager's door is always open. If it is closed you know it is for a good reason and will be open as soon as it can be." Another member of staff told us they would "be very comfortable in approaching management with issues" and felt they would be "listened to carefully and appropriate action would be taken". We observed interactions between the registered manager and people living in the home. These were warm and relaxed and people were used to her being about. When we spoke with people about the management of the home they spoke with respect and affection for the registered manager and senior staff. One person said: "Ann (registered manager) is wonderful." They told us they felt involved and were listened to.

Social care professionals also spoke highly of the home's management and their commitment to good quality care. They told us the registered manager attended meetings about coordinating and improving end of life care. We spoke with the registered manager about this and they described the importance of agreeing working practices, such as agreements about prescribing and communication between professionals, that would benefit both people living in the home now and those who may be in the future.

Staffing levels were maintained at safe levels. We saw that the staff were busy but confident in what they needed to be doing. One member of staff who had experience of working in a variety of care settings said: "It is busy, but well organised." The registered manager had used a tool to calculate staffing levels. However this provided a baseline and the registered manager reviewed staffing levels in relation to people's needs. Staff told us the number of staff working in the evenings had recently changed because the registered manager had assessed the needs of people and determined more staff were needed.

Training was available to the whole staff team to enable them to provide care to a good standard. We saw records that showed the staff all had current training that included manual handling, safeguarding vulnerable adults training and training specific to the needs of people living in the home such as end of life care and dementia care. Staff told us they felt "well supported" and "encouraged to complete all the training. We spoke with a visiting assessor who visited the home regularly to assess staff progress in achieving nationally recognised qualifications. They told us they had always been confident in the ability of the candidates put forward by the home and had never had concerns about care practice they had observed whilst visiting. Two visiting social care professionals also commented that the staff were well trained. One said: "The staffs skills and knowledge are never an issue. The staff are able to attend training."

We saw there were effective systems in place to monitor quality within the home; the registered manager was knowledgeable about all aspects of the care people received and staffing we discussed during the inspection. They highlighted where changes had been necessary such as to evening staffing levels and we heard from staff that these changes had happened. The registered manager and the provider organisation undertook regular quality audits to ensure they stayed abreast of trends and patterns and the registered manager spent time talking with people and staff. We saw that these covered staffing and care.

The home had received compliments and we saw that staff were made aware of these. Staff told us they knew what was expected in terms of good quality care and we saw that the registered manager modelled respectful interactions with relatives, visitors, staff and people throughout our inspection. We spoke with the registered manager about their expectations of the care people received in the home and they described how they sought to ensure this by in part by embedding values of personal care and striving to provide the best in the staff team.