

Interhaze Limited







The Hunters Lodge Care Centre

Inspection report

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Ratings

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

Overall summary

This inspection took place on 30 June 2015 and was unannounced. At the last inspection on 5 August 2014 the provider was not meeting the legal requirements. We judged there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations including, Care and welfare of people, assessing and monitoring the

quality of the service, safeguarding people who use services from abuse, respecting and involving people who use services, consent to care and treatment, staffing and supporting staff.

Summary of findings

The Hunters Care Centre is registered to provide accommodation, nursing and personal care for up to 92 people who may have dementia. At the time of our inspection there were 44 people living in the home.

An acting manager had been appointed since our last inspection. The acting manager had worked as a registered manager previously and was going through our process to register for this home.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's individual risk of harm had been assessed but the layout of the kitchen on one unit presented a risk which had not been recognised. People received their medicines safely however guidance was required so that staff understood when people needed their 'as required' medicines.

Staff understood their role in protecting people from abuse and the actions they should take if they had concerns. People who presented with behaviour that challenged their own safety and that of others were supported by staff who understood how to support them with consistency.

People were supported by sufficient numbers of suitably recruited staff. Staff demonstrated the skills required to care for people because they had received training that was appropriate for the people living in the home. New staff were provided with an effective induction period which supported them to understand people's needs.

People were provided with food and drinks which met their individual requirements. Staff understood how to support people with specific dietary needs.

Staff were kind and polite to people. Staff recognised people's individual needs and provided care which met their preferences. People's dignity and privacy was promoted. People were supported to maintain the relationships which were important to them.

People were supported to take part in activities which interested them. People were offered opportunities to participate in social activities both inside and outside of the home. The complaints process was accessible for people and their families. Complaints were investigated and responded to within a timely period.

Management processes had been implemented to improve the leadership within the home. People, their relatives and staff were happy with the management arrangements. There were audits in place to monitor the quality of the care provided. Information gained from the audit programme was used to improve the lives of people living in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. There was insufficient information provided to explain when people might need 'as required' medicines. Risks to people's health and safety had been assessed but some environmental hazards were noted.

Staff understood how people might be at risk of abuse and how to escalate their concerns. There were sufficient, suitably recruited staff to keep people safe.

Requires improvement



Is the service effective?

The service was effective. Staff had received effective training to care for people. Staff understood the support people required to comply with requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were offered a choice of nutritious food and adequate drinks to maintain their health and well-being. There were referrals for the specialist support of health care professional when necessary.

Good



Is the service caring?

The service was caring. People were treated with kindness and compassion. Staff respected people's individuality and supported them to make choices about their care. Staff promoted people's privacy and supported them to maintain their dignity.

Good



Is the service responsive?

People received care which met their preferences because staff knew their likes and dislikes. People were offered opportunities to participate in social activities both inside and outside of the home. The procedure for making a complaint was visible and people felt supported to raise concerns.

Good



Is the service well-led?

The service was well-led. People were asked for their opinion of the service. There were checks in place to ensure records were accurate. The quality of the service was monitored and the information from audits was used to make improvements in people's care.

Good



The Hunters Lodge Care Centre

Detailed findings

Background to this inspection

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

The inspection took place on 30 June 2015 and was unannounced. The inspection was carried out by six inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service and the provider including notifications they had sent us about significant events at the home.

We spoke with nine people who used the service, six relatives, 12 members of the care staff, a visiting health care professional and the acting manager. We did this to gain views about the care and to ensure that the required standards were being met.

We spent time observing care in the communal areas to see how the staff interacted with the people who used the service. Some of the people living in the home were unable to speak with us about the care and support they received. We used our short observational framework tool (SOFI) to help us understand, by specific observation, their experience of care.

We looked at the care records for nine people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service, including quality checks, training records and staff rotas.

Is the service safe?

Our findings

At our inspection in August 2014 we identified that staff reporting safeguarding concerns if there was no physical harm to people identified. Staff we spoke with at this inspection demonstrated an improved knowledge about categories of abuse and safeguarding people. Staff spoke with confidence about the action they would take if they thought a person was at risk of abuse. One member of staff said, “We saw that one person did not have access to their own money when they came here. We thought they could be at risk of financial abuse”. We noted that staff had acted on this concern and put measures in place to protect the person. Another member of staff told us, “I’d report my concerns [about abuse] to the manager but we also have a flow chart to follow telling us what to do. We check and record the condition of people’s skin twice a day and if we see any bruising we record it and always check to see what may have caused it”. A person we spoke with told us, “I feel safe here. The staff respect me in the right way”.

We saw there were enough staff available to meet people’s needs and keep them safe. One person told us, “There’s plenty of staff, they’re always around if you need them”. Staffing levels had been reviewed in response to concerns we raised at our last inspection. People’s care plans contained a review of their dependency levels to ensure there were sufficient staff available to provide the care they required. Staff told us staffing levels had improved. One member of staff said, “We used to be short all the time but it’s much better now”. Staffing rotas showed that the service was maintaining a consistent level of staffing. The acting manager told us they still had some staff vacancies which they were recruiting to and said, “We do occasionally need to use agency staff but we try and book the staff we know to offer continuity for people”.

Risks to people’s safety were identified and assessed. Relatives we spoke with told us their family member was safe. One relative said, “My [Name] has been here for a long time. I can go home at night and sleep because I know they are well looked after”. Another relative told us, “The staff do all they can to keep people safe”. Care plans showed there were risk management plans in place for all aspects of people’s care. Some people needed to be moved with the aid of a hoist and we saw staff using the machinery safely, in line with people’s documented requirements. Staff told us two members of staff were allocated on each shift to use

the hoist. One member of staff told us, “Sometimes we’ll get help from another carer too, particularly if someone is a bit unpredictable or needs more reassurance”. A relative we spoke with said, “I’ve watched them [the staff] move people and they are so careful”.

Some of the environmental risks had not been identified. The kitchen in the residential unit was open plan. We saw, on two occasions people going into the kitchen area without observation by staff. One person, who was living with dementia and did not have the capacity to understand their risks, turned the electric kettle on and stood over it whilst it boiled. Another person was looking into the cupboards and we saw, in one without a door, there was an easily accessible serrated knife. We alerted staff who reacted immediately to our concerns. The acting manager told us they would rectify this immediately.

People were supported appropriately when they presented with behaviour which challenged the safety of themselves and others. The care plans contained information specifying the best way for staff to support people when they were unsettled. Staff told us they would use distraction techniques first to try and divert people. Staff were aware that this was not always successful and told us sometimes the best solution was for people to go to their room for a while. Staff said they would stay with people until they became calmer. One relative told us, “My [Name] can be very difficult sometimes but the staff know the best way to help them”. We saw whenever incidents associated with challenging behaviour occurred staff documented what had happened, including, if it were known, what had triggered the incident. This meant they tried to identify what had caused the incident.

People received their medicines safely because there were processes in place to ensure people’s medicines were stored, recorded and administered correctly. People told us and we saw that they received their prescribed medicines when they needed them. Staff spent time with people while they were administered their medicines. Staff explained what people’s medicines were for and checked if people needed any additional medicine for pain. Some medicines, such as those for pain relief, were prescribed on an ‘as required’ or PRN basis and we heard staff checking with people if they had any discomfort. There was however, no guidance in place to support staff on the use of PRN medicines. The guidance is particularly relevant to help staff identify when people who are unable to vocalise their

Is the service safe?

feelings, express that they are in pain or discomfort. This would be particularly important when staff, such as agency nurses, did not know people well. The lack of PRN protocols was discussed with the acting manager at the end of the inspection and they confirmed they would be implemented immediately.

We spoke with staff about the recruitment processes. One member of staff told us, “I had to provide names of previous employers for references, my work experience and I waited for my [Disclosure and Barring] clearance to come

back before I started”. The Disclosure and Barring Service (DBS) is a national agency which holds information about criminal convictions. Another member of staff told us, “I had a DBS for my last job but had to get it done again when I applied here”. We looked at four recruitment files and saw pre-employment checks were completed before staff were able to start working in the home. Staff we spoke with confirmed this. This demonstrated that there were recruitment processes in place to ensure potential staff were suitable to work with people living in the home

Is the service effective?

Our findings

At our last inspection in August 2014 we found the training provided to staff was inadequate and did not provide them with the skills required to care for people effectively. At this inspection staff told us that access to training had greatly improved since the acting manager had been in post. We saw, from the training records that there was an on-going training plan in place. Staff had received updates in a variety of topics, all of which was relevant to the care of people in the home. Staff told us the format of training had been changed and was now predominantly classroom based and interactive. One member of staff told us, "The practical sessions are so much better. When we did infection control they set up a room that had poor practice in it. We had to spot what was wrong. It was really good". The acting manager told us the provider had appointed a training manager who had specific responsibility for training staff.

New staff were supported with an induction programme. Staff told us during their induction they were given time to read the policies and receive training in the skills, such as safe moving and handling, required to look after people properly. One member of staff told us, "I was shown how to use the hoist. The team leader checked I was doing it properly before I could help other staff". I feel I was really well supported during my induction. Everyone has been very helpful". Another new member of staff told us, "I've worked in care for a long time but I've still been given plenty of induction time". We saw that new staff received feedback on their progress during their induction. These arrangements ensured staff received the information and support they needed to care for people effectively.

Staff told us they felt supported by the acting manager to fulfil their role. Staff told us they received regular supervision and an annual appraisal from a senior member of staff. Staff said during supervision they had opportunities to discuss their development, performance and any concerns they had about the care they provided. A member of staff we spoke with told us, "The manager is approachable and supportive. We can discuss anything".

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that must be in place to support people who are unable to make important decisions for themselves. Some of the people living in the home lacked the mental capacity to

make decisions about their health, safety and well-being. Staff we spoke with had received training in the Act and we saw they used their knowledge to assess people's mental capacity. The care plans provided evidence that people's capacity was considered through all areas of their care. We saw care plan entries which read 'At all times staff should assess [Name's] ability to make a decision prior to intervention and gain consent' and 'Speak to [Name] in sentences of less than five words'. We heard examples of this throughout the day. We saw staff explained to people what they wanted to do and checked that they were happy for them to proceed. This demonstrated that staff recognised the importance of consent.

Staff documented when they made best interest decisions on behalf of people. We saw that some people had a history of neglecting their personal care. It had been recognised that this could be a risk to their well-being and a best interest decision had been made to support them to maintain their personal care whilst at the same time, maintaining their independence. Some people living in the home were being deprived of their liberty. We saw that applications were made as required when it was necessary to deprive a person of their liberty to keep them safe. The applications we read were completed fully and correctly and indicated that the acting manager understood their responsibility to comply with the Act.

People were provided with meals which met their dietary needs and preferences. The cook told us that surveys were provided to people so that they could comment on the meals provided and these were used for menu planning. The people living in the mental health unit had different dietary preferences and we saw the food offered to them, for example pizzas, met these. Some people were supported to cook for themselves and we saw one person making an omelette for their breakfast. Everyone we spoke with in each unit, told us they enjoyed the food. One person said, "Nice food, I always have plenty". A relative told us, "I come here several times a week to help my [Name] with their meal. I taste the food and it's always tasty and hot".

People were supported to eat according to their individual needs. We observed staff talking with people and involving them whilst they sat and supported them. One member of staff said, "Are you enjoying this?" Another member of staff asked, "Would you like to try a bit more of that?" People were not rushed to eat and we heard staff asking if people

Is the service effective?

were ready before offering more food. People were encouraged to eat their food. Staff told us one person was not keen on savoury foods and they had taken advice from a dietician about the best way to maintain a healthy dietary balance for them. We saw that staff followed the advice they were given by encouraging the person to eat snacks throughout the day. The cook told us each kitchen was stocked with snacks so that people had access to food whenever they wanted it.

People's weight was monitored closely and appropriate action taken if there was concern about weight loss. We saw one person had been in hospital and lost weight. A support plan was implemented on their return and the person's relatives told us, "[Name] went down to nothing and was very frail. They are looking really well again".

People had access and support to health care professions to support their mental, psychological and physical health. We spoke with a visiting healthcare professional who told us, "The staff are confident about asking for our help and act on the advice we provide". We saw recommendations, for example, periods of bed rest for people with fragile skin, were implemented. Relatives told us they were informed when a referral had been made. One relative told us, "[Name] came out of hospital with pressure ulcers on their skin. As soon as they came back the staff got advice on the best way to heal them and they're gone now".

Is the service caring?

Our findings

We saw that members of staff were caring towards people and ensured they received the support they needed. Everyone we spoke with told us they were happy with the care they received. People told us the staff treated them well. One person said, “They’re lovely to us”. Another person said, “They’re very caring, all the staff, day and night”. A relative told us, “The staff are outstanding”. A member of staff said, “I love this job. I feel we make a difference. We’re here to give people a purpose and a better quality of life”.

People’s independence was promoted and supported by staff. One person told us, “They [the staff] encourage me but I’m not as independent as I used to be I can’t walk very well.” We saw staff supporting this person to walk using their frame, they were hesitant and staff were kind and supportive, giving praise and encouragement. Staff recognised people’s individuality and provided care which met their specific needs. One person told us they liked anything to do with transport and that the staff brought them magazines in to look at. People told us they could choose how to spend their day. We saw some people stayed in their rooms whilst others spent time in the communal areas or garden. One person said to us, “I wanted to sit in the sun so the staff have put sun cream on me. They look after you like that”. People looked at ease in the company of staff and we heard some light hearted banter between them. Staff chatted to people about everyday topics, for example the weather and news events. We heard staff speaking with people kindly and listening to them when they expressed their views. One person said, “They [the staff] are always singing, laughing and making everyone feel better”. We saw staff spoke with people in a

way that supported their level of understanding. For example, we saw a member of staff spent time explaining something to a person who was unable to communicate verbally. The staff member engaged the person by sitting with them and making eye contact. The expression on the person’s face indicated that they had felt well supported by the member of staff.

We saw that when staff offered care the person’s dignity was promoted. Staff spoke discreetly with people and responded to their requests for personal care promptly. We saw that people were taken to their bedrooms whenever personal care was required. Staff ensured that people maintained their appearance. We saw staff helping people clean their hands and mouths after they had eaten if they were unaware there was excess food there or if they were unable to do this for themselves. People were supported to maintain their privacy. One person had left the toilet door ajar and we heard staff saying, “Would you like me to close this for you? Give you a bit of privacy”.

People were involved in making decisions about their care. People in the mental health unit told us that they knew what was in their care plans and that they had been involved in developing them. Relatives told us they had been involved when people were unable to make decisions for themselves. One relative said, “They [the staff] keep me involved”. Another relative told us, “My [Name] has been here a long time and their needs have changed a lot. They have consulted us about everything”.

People were supported to maintain the relationships which were important to them. Visitors were encouraged to come in whenever they wanted. We saw the staff were welcoming and friendly towards visitors. One relative said, “They are all so lovely. I can get on with my life without any concerns”.

Is the service responsive?

Our findings

At our last inspection in August 2014 we found that people were not provided with opportunities to participate in leisure activities to promote their well-being. At this inspection we found improvements had been made. People had been consulted about their preferences for leisure support. We saw in the mental health unit games equipment had been purchased including games tables and a juke box. In the residential unit people had asked for outings and we saw that a trip to a garden centre had been arranged. The acting manager told us they had recently advertised for an activity coordinator to organise events for the people in the home. We saw each person had an activity folder which was completed daily to record what leisure activities they had been involved in. We saw staff supporting people to walk around the gardens. One person was watering flower seeds they were growing. Other people were encouraged to help with housekeeping tasks, for example, drying the dishes. People were given choices about the music they wanted to listen to and we heard singing throughout the day. We heard one member of staff say, "Listen [Name], this is your favourite isn't it".

People were provided with personalised care which reflected their preferences. We saw where people were unable to provide information about their likes and dislikes for themselves their relatives had been consulted. People's life histories and information about their important relationships were also documented in their care plans. We saw one person's job had involved working in the early

hours of the morning and going home to have a late morning nap. We saw staff supported this person to follow their preferred daily pattern without being restricted by the routines of the home. Staff demonstrated, during their conversations with people, that they knew them well. We heard people being encouraged by staff to sing 'Happy Birthday' to one person who was celebrating their special day. One relative told us, "The staff know all about my [Name] and call them by the name the family call them rather than their proper name".

People's care was regularly reviewed to ensure it remained accurate and relevant. Relatives told us they were invited to participate in the reviews and were updated about any changes in care. We saw that staff kept daily records about people. The records documented the care people had received and if there were any concerns that other staff should be aware of. Information from the daily records was passed onto staff during the shift handover which ensured incoming staff were kept up to date about people's needs.

Relatives we spoke with told us they would feel comfortable approaching the staff and acting manager if they wanted to discuss a concern or complaint. One relative said, "I've never felt the need to complain about anything but I'm sure they would sort it out". We saw there was a complaints process in place which was visible and accessible for people and their relatives. The service had received one complaint since our last inspection. We saw this had been investigated and responded to promptly and effectively.

Is the service well-led?

Our findings

At our last inspection in August 2014 we found that the service was not meeting the legal requirements because they were not keeping accurate records about staff training. At this inspection we found that the required improvements had been made. There were training records in place which showed the training which had been completed by staff and when their next updates were due.

Everyone we spoke with was complimentary about the acting manager and the changes that had taken place since their appointment. People and their families had opportunities to share their views on the way the home was run. The acting manager told us the annual satisfaction survey had just been sent out for completion. A monthly newsletter, to keep families up to date, was in place. Relatives told us, “We know what’s going on. The new manager is implementing changes and there is a notable great improvement in care and staff morale”.

An open and inclusive atmosphere was promoted. Staff told us they had regular meetings to discuss changes in the home which might affect them. Staff said they felt listened to. They said the acting manager asked for their views and had made positive changes to the way people were cared for. One member of staff said, “I feel valued and part of a team”. Another member of staff said, “This [acting]

manager is by far the best we have had”. We saw that people and their relatives looked comfortable speaking with the staff and acting manager. One relative told us, “The manager is really straightforward. You can always talk to her”. A member of staff said, “I have seen real improvements since the new [acting] manager arrived. They know everyone by name and show a real interest in talking to them”.

Staff kept records of any incidents and accidents which occurred, including falls. We saw that these were fully investigated. The acting manager reviewed and audited the incidents regularly to identify any trends, for example repeated falls. We saw that, when a pattern emerged, steps were taken to reduce the risk. This meant there were systems in place to identify if accidents and incidents could be managed better in the future.

The quality of the service was reviewed and monitored regularly. The acting manager had introduced a range of audits to ensure, for example medicines were recorded correctly and staff were keeping clear and accurate records of the care they provided. One member of staff told us, “We have new audits in place now to improve the quality of care for people. The new [acting] manager explains why we need to do things differently. She’s good like that”. Another member of staff said, “We feel positive about the future”.