Barchester Healthcare Homes Limited

Hethersett Hall

Inspection report

Norwich Road,
Hethersett,
Norfolk.
NR9 3AP
Tel: 01603810478
Website: www.barchester.com

Date of inspection visit: 28 October 2014
Date of publication: 17/02/2015

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

Overall summary

This inspection took place on 28 October 2014 and was unannounced.

Hethersett Hall is a residential care home that provides accommodation, care and support for up to 70 older people, some of who are living with dementia. At the time of the inspection, there were 55 people living at Hethersett Hall, 27 of which were living in a dementia unit named Memory Lane. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

All of the people we spoke with told us they felt safe living at the home and that their needs were met by staff who were caring, respectful and friendly. Staff treated people with respect and used a kind and considerate approach when talking with and assisting them. People told us they found the staff and manager approachable and could speak to them if they were concerned about anything.

Summary of findings

Staff knew how to make sure that people were safe and protected from abuse. They had been trained and had the skills and knowledge they needed to provide support to the people they cared for. They had completed training in the Mental Capacity Act (2005) and understood when best interest decisions were needed and an application was required to be sent to a local authority Supervisory Body.

People had access to healthcare professionals when they became unwell or required specialist help with a medical condition. Their independence was encouraged. People and/or their relative were consulted and involved in reviewing their plans of care to ensure their needs were met.

The staff were happy working at the home and told us that the management team were supportive, that they listened to them and that changes in care practice were implemented when concerns had been raised. A survey questionnaire had been sent to people to gain their view of the care and support provided. People told us their concerns and complaints were quickly dealt with and resolved to their satisfaction.

Regular checks were made on the way staff worked, the records held and the premises to make sure the home was well run and people received the care and support they needed. Medicines were stored correctly and records showed that people had received them as prescribed.

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?

Good

The service was safe.

There were enough staff to help people when they needed it. Staff knew how to reduce the risk of people experiencing abuse. The service had assessed the risks to people's safety.

Medicines were available when people needed them. Regular checks were carried out to make sure people were safely assisted to take the correct medication.

People living at the home, visitors and staff had access to information that told them what to do if they experienced, suspected or saw abuse.

Is the service effective?

Good

The service was effective.

The training staff had received gave them the knowledge and skills they needed to provide good support to people. The way staff cared for people had been regularly monitored and assessed through daily handover meetings and planned supervision, team meetings and appraisal.

Staff knew about the needs of the people that they supported and people had access to specialist healthcare advice, when they needed it.

Staff demonstrated an understanding of the Mental Capacity Act (2005) when supporting people who lacked capacity to make decisions for themselves about their care. The requirements of the Deprivation of Liberty safeguards had been met.

Is the service caring?

Good

The service was caring.

Staff were kind and considerate and put people's wellbeing first. People's privacy and dignity were respected.

People were involved in making decisions about their care and their independence was encouraged. They had their care and support needs met by staff who responded when they asked for help.

People told us that the staff listened to them and respected their choices.

Is the service responsive?

Good

The service was responsive.

People told us they were happy to raise any concerns they had with the staff and manager. Concerns and complaints were recorded and dealt with quickly.

People's individual needs had been assessed and were met and monitoring forms had been completed when needed. Care planning records had been reviewed with people to make sure they held up to date information.

Activities were provided but people told us they would like more to do. They had access to activities within the community.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People knew who the management team were. Staff were happy working in the home and told us that they were listened to and could challenge the way care and support was being provided.

Regular audits were completed on all aspects of the service provided. All systems and equipment used were serviced to check that they were maintained in a good condition and suitable for people to use.

The quality of the service provided was monitored regularly. A survey questionnaire had been sent to people so that their views could be gathered.

Hethersett Hall

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 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.

This inspection took place on 28 October 2014 and was unannounced. It was carried out by one inspector 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 service.

Prior to our inspection we reviewed information we held about the service. This included information we had received and any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. We asked the provider to send us some information prior to the inspection and this was received. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

On the day we visited the service, we spoke with 16 people living at Hethersett Hall, seven relatives and nine staff. We also spoke with the cook, a National Vocational Qualification (NVQ) training assessor, a visiting health professional and the registered manager who oversaw the overall management of the service. We also observed how care and support was provided to people. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at eight people's care plans, four recruitment files, two supervision files, four staff training records, records relating to the maintenance of the premises and equipment, four medication records and records relating to how the service monitored staffing levels and the quality of the service. After the inspection we telephoned a healthcare and safeguarding professional for their feedback on the service.

Good

Is the service safe?

Our findings

The 16 people we spoke with told us they felt safe living at Hethersett Hall. One person said, “This is a nice place to live and the staff make me feel safe.” Another person told us, “I do like living here and I am treated well by everyone.” They also told us that if they were worried about their safety they would feel comfortable talking to members of staff or the manager about this. One relative said, “My relative has settled well here and it is good to know they are in a safe and clean environment.”

We found that any potential risks to people had been assessed and reviewed by staff and that they were receiving appropriate care. We viewed completed risk assessments in relation to their risk of moving, falls, malnutrition, pressure sores and use of bed rails.

Staff spoken with were able to tell us about the care and support needs of each person living at the home. They described the action they took to minimise the risk to a person’s safety, when it had increased, and showed us that people were protected and had their changing needs suitably met.

Staff said that they had completed training in how to support people whose conduct might put themselves or others at risk of harm. We looked at the care plan of two people and saw that information had been provided about what might lead to them becoming upset, anxious or angry. Staff gave us good examples of how they used distraction, such as doing an activity, to assist the person who had become anxious or angry to be as calm as possible.

We found that this information and guidance about how to assist people to become calm following an incident was also available for staff. We noted that when the staff had been unable to prevent incidents from re-occurring, they had sought advice from a community specialist team and had worked closely with them to support the person. These actions were confirmed by the staff and relatives we spoke with.

People we spoke with told us they received their medication when they needed it and that the staff had never forgotten to give it to them. One person told us, “My medication is always correct and given to me at the right time”. Files we viewed showed that staff had received training in the administration of medication and had their ability to assist people with their medication regularly assessed, to check that it was carried out safely and correctly.

We found that medicines were stored securely in a locked room with access restricted to senior staff only. Temperature checks of the room and fridge where medicines were stored were conducted daily to ensure they were within safe limits. Appropriate arrangements were in place for the recording of medicines. Medicine administration records were accurate and had been fully completed showing that people had been given their medicines as prescribed. Checks of these records were made at the start of each shift to help identify and promptly resolve any discrepancies.

The manager showed us that contingency plans were in place if everyone living at the home needed to be evacuated in the event of an emergency. They detailed the action staff should take so that people would continue to receive support with their care. Staff understood how to keep people safe, in an emergency situation and told us they had received training in fire safety. The testing of the fire alarm had occurred regularly, each week and fire exits were well sign posted. Access to fire exits were clear so that people could quickly leave the building, if needed.

We saw that maintenance checks for fire-fighting equipment, the gas boiler and water systems had been carried out within the last 12 months and that equipment such as hoists and stand aids, that were used to assist people with moving, had been regularly serviced. This demonstrated that the provider made sure that the premises and equipment were safe.

Staff told us that as part of the recruitment process they had completed an application form and attended an interview. They said that before they had begun to work in the home their references and a criminal records check had been received by the manager. They were able to tell us about the induction training they had completed and how, after shadowing a senior staff member, their competence had been assessed. The recruitment records confirmed this and showed that the correct checks had been made by the provider to make sure that the staff they employed were of good character and suitable to work with older people.

People told us that there were enough staff working at the home and that they responded quickly to their requests for

Good

Is the service safe?

assistance. One person said, “There are always staff around to help us. You only have to ask for help or ring the call-bell.” Six of the seven relatives spoken with told us that staffing levels were good.

Staffing levels were calculated based on each person’s individual needs. During our inspection, our observations showed us that people's requests for help were quickly met by staff and that there were enough staff available to help people with their lunch. The manager explained that each person was allocated a set number of hours plus additional hours, for such things as being assisted to move and dementia care. They said that staffing levels were provided to meet the total of hours needed for everyone living at the home. This was confirmed by staff and in the staff roster viewed.

There were written instructions displayed in the home that detailed how people could report abuse. The staff we spoke with demonstrated that they understood what abuse was and knew how to reduce people’s risk of abuse and report any concerns they had. They told us they had received training in how to recognise, prevent and report abuse. This was confirmed in the training records we viewed.

We spoke with a local safeguarding lead who told us that the manager made appropriate safeguarding referrals and that they had no current concerns about how people were protected at the home. People living at the service and visitors told us that they would inform the manager if they had any concerns or wished to report potential or actual incidents of abuse. They confirmed that they had not had to do this.

Good

Is the service effective?

Our findings

People living at the home told us that staff understood their needs well and were quick to act if they were unwell or needed more assistance than usual. One person said, “The staff do all they can to make sure I am comfortable and will do all they can for you.“ Another person told us, "It is good here and if I need to see the doctor or district nurse they arrange it for me.”

They confirmed that staff asked them for their consent before they assisted them and that they respected the decisions they made. This was observed on the day of inspection. Seven relatives told us that the staff and manager kept them informed when there were changes in the care and support needs of their relative.

Health professionals told us that people received the care and support they needed, that appropriate referrals for their service had been made and that the staff followed all instructions they gave them. They said that staff were knowledgeable about the needs of each person, could find the records they asked for when needed and encouraged the people who lived at the service to be as independent as possible and make their own choices.

Staff told us that the training they had received equipped them with the knowledge they required to carry out their role. They said that they had support from the management team when they needed it, and confirmed that when a training need was identified that the manager took action to arrange for the training to take place. We looked at the training records for five care staff and saw that they had been provided with the training they required to equip them to meet people’s needs. For example, they had completed training in safely moving people, diet and nutrition, health and safety, medication and first aid.

Information submitted to us by the provider prior to our inspection stated that 38 care staff had been employed and worked in the home. All had completed the Skills for Care Common Induction Standards and other training relevant to their role. We saw that training was planned and that staff had the opportunity to update their skills and further their knowledge of the caring role. This was confirmed by staff and by an NVQ Assessor we spoke with during our visit to the home.

Staff reported that they had received regular supervision from the manager which they had found useful. They said that they also received a yearly appraisal and attended regular staff meetings. They confirmed that they had access to a record of their supervision meetings within their staff file.

Our observation of the lunch being served showed us that people received their meal promptly. We noted that staff members told and showed people the meals on the menu and gave them time to make a choice. We saw that staff checked with people that they liked the meal and had enough food on their plate. We saw that people had been provided with their meal in the way they required it, such as a soft or vegetarian diet.

There were enough staff in the dining room to provide assistance for people when they needed it. Staff told us that a record was held in the kitchen of the food and drink needs, preferences, likes and dislikes of each person. Menus had been compiled based on the information within this list. People living at the service said that the meals were good and that if they did not like the menu choices they would be offered an alternative meal.

The fluid and nutritional in-take of people who required assistance to eat and drink had been monitored throughout the day and night. We noted that people who remained in their bedroom and who sat in the communal lounges had been left with a cold drink that was placed within their reach. We saw that they were offered a hot drink between meals and after lunch and that staff encouraged and assisted people to have a drink.

We noted in the plans of care that when people were not eating or drinking adequate amounts that the staff had taken action to involve a health professional, for example, a dietician or speech and language specialist, to assist them in reducing the risk to people of receiving poor hydration and nutrition.

People had their capacity to make decisions about their own care and support assessed. Best interest decisions had been made by staff for such things as, choice of food for a person living with diabetes. The manager showed us that they and the staff had completed training and had an understanding and knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that appropriate applications had been submitted to a local authority Supervisory Body for people living in the dementia unit.

Good

Is the service effective?

The manager told us this was because people living in the dementia unit could not operate the keypad locking system, on each external door. This was despite the code number being displayed and because each person required constant supervision. This demonstrated to us that the manager and staff understood when an application to a Supervisory Body was needed to be made and a best interest decision completed.

Good

Is the service caring?

Our findings

People told us that the staff did not hurry them when providing them with assistance. One person said, "I feel very content here. The staff make it as much like home as it can be." Another person told us, "The staff are friendly and kind to all of us. They are caring and patient and never make us do anything we do not wish to do."

Seven relatives praised the staff and told us that their relative was happy living there because the staff were polite, respectful and really knew how to look after them. One relative said, "This is an excellent home and the staff really make my relative feel as if they care about them."

Our observations showed us that the atmosphere in the home was calm and that staff responded to people in a kind and friendly way. Staff laughed and joked with people and also discreetly asked them if they would like to be assisted with their personal care. We noted that when one person began to become distressed a staff member took action to calm and reassure the person. They also used distraction and humour in a kind manner that involved the person in making a choice, as to what they wished to do.

We saw and heard staff explaining to people the action they were going to take prior to assisting them to move and noted that they respected two people's decisions not to do as they suggested. People were encouraged to be independent and were offered the care, support and attention they needed. Staff members used praise and encouragement appropriately when working with a person.

Staff showed us that they knew and understood the care and support needs of each person living at the service. They told us that they used a flexible and relaxed approach that encouraged and supported people to choose their own daily routine and to make a choice in all things that affected them. They explained that they made sure that people's privacy, dignity and independence were respected. For example, by knocking on their bedroom door before entering and by checking with the person that they agreed with the care or support they were about to provide. Our observations of staff confirmed they carried out these actions.

People living at the service told us that the staff listened to them and consulted them. They said that they and their relative had been involved in reviewing their care plan information. Four of the seven relatives spoken with told us that the manager or staff had recently asked them if they were happy with the care their relative received. This information had been recorded in each person's plan of care. The remaining three relatives spoken with told us that they had been asked to give their views, but had not done so yet.

The manager explained that if a person was unable to make their own decisions about their care that their family member was involved in making any decisions about the changes that were needed in the care and support provided.

Good

Is the service responsive?

Our findings

People who lived at the service and their relatives told us that the care and support provided to people was planned and that activities of interest to them were provided on most days. Two people living at the service said, “Most of the things to do here are suitable for females. There is nothing for us men to do, but read.”

A staff member responsible for encouraging people to continue with their interests told us that they had formed a ‘Men’s Club’ within the home and had begun to take the men to the local pub to play darts and snooker. They explained that they tried to provide a variety of things for people to do based on the individual and group interests and hobbies of the people living at the service.

Staff members told us that people were supported to follow their interests and hobbies, and that they took part, if they had time between their caring duties. They said that some people just liked to watch television and declined to take part in arranged events or discussion groups.

We discussed the things available for people to do with the manager. They showed us that the last questionnaire they had sent out to people and relatives had identified that some people were dissatisfied with the range of things to do at the home. They said that in response to this they had now employed a second full-time lead so that the number and variety of activities of interest to people could be increased. This was confirmed in the staffing roster we viewed.

People’s needs were assessed to ensure that their care and support was planned and delivered in line with their plan of care. We saw that individual plans of care were available for each person and found that the plans of care had been regularly reviewed and were being reviewed again. The manager told us that this was to ensure that the views of people living at the home and their relatives were gained and to check that they were complete and up to date.

We saw that they held information about the person and care, support and risk assessments that included assessments made by health professionals and speech and language specialists. These explained the health history of the person, the care and support they needed and monitored their general health. We found that the information they contained told staff of the personal and social needs and choices of the person. We saw that their likes, dislikes, preferences and interests had been recorded.

Staff told us that the plans of care held relevant information but they relied more on the information they were given at each daily shift handover to provide them with an up to date summary of the care and support needs of each person. They said that changes to the way a person chose or was required to be cared for, appointments people had that day and known visiting health professionals visiting people were discussed. They confirmed that this made sure that people received care that was planned, organised and understood by staff. This was confirmed in the handover records we saw.

There was a complaints policy and procedure in place at the home. This outlined a clear procedure for people to follow should they wish to complain. Information telling people how to make a complaint was displayed in the home and people told us that they had felt listened to when they had raised their concerns. One person living at the service said, “The staff and manager are quick to act if I tell them I am not happy about something. I do feel listened to and they soon sort things out for me.”

Seven relatives told us that when they had raised their concerns with the manager or staff they had taken them seriously and resolved the problem as quickly as they could and to their satisfaction. Everyone confirmed that they did not currently have any concerns.

Good

Is the service well-led?

Our findings

People living at the service, their relatives and staff spoken with made positive comments about the manager. They told us the manager was approachable, fair and dealt with problems when they occurred. Staff told us that the manager used an 'open door' approach and was eager to complete improvements to the service and environment provided.

One staff member commented, "We have a supportive manager who is well organised and makes sure that the staff put the needs of the people living here first". Another said, "The manager does listen and brings things up at handover and staff meetings if they're important".

We found that staff had the opportunity to express their views at staff meetings, in staff surveys and through regular supervision with their line manager. The provider had carried out a quality assurance questionnaire survey in October 2014 as part of their quality monitoring process. A questionnaire had been sent to people living at the service, relatives, staff and health professionals. Eight of the 16 people living at the home we spoke with and all of the relatives confirmed that they had filled in a survey questionnaire.

The manager said that they would analyse the results of the returned questionnaires in November 2014. They told us that they would use the information in the returned questionnaires to produce a written action plan of improvements to be made within the home and service provided.

We had also received positive comments about the manager and the way they ran the home from health and social care professionals who visited the home regularly. One person said, "This is a good home and the manager is well organised." Another person told us, "The management team make sure the staff constantly work in the way they should, so that people receive the care and support they need."

People were given the opportunity to influence the service they received through the monthly resident's and relatives meeting. The manager told us that this enabled people to voice their views and concerns and to discuss them in an open manner. We found that the manager was taking action to forge strong links between the home and the local community. The manager recorded in the Provider Information Record (PIR) information they sent to us that they were planning to introduce a steering group meeting that would be held every two weeks. They explained that this would provide an opportunity for people living in the community to link with people living at the home, for carers to meet together and for people to increase their dementia awareness.

Staff told us that the manager was good at dealing with problems and issues of concerns, as they occurred. They explained that when concerns arose the manager held an informal meeting with staff to discuss and resolve the problem. They said that the issue and resolution was then highlighted and discussed with staff during the shift handover meetings to make sure all staff were aware of the manager's instructions. This was confirmed in the minutes of meetings and handover records we saw.

There were systems in place to monitor the quality of service provided to people living at the home. The manager and a representative of the provider had conducted monthly audits to assess the service provided. There was a weekly and monthly audit in place covering all aspects of medicines management and action had been taken promptly when any shortfalls in the handling of medicines had been identified. The manager maintained a training matrix detailing the training completed by all staff. This allowed them to monitor training and to make arrangements to provide refresher training as necessary.

Maintenance records were complete and the testing and servicing of equipment and systems within the home, such as fire safety, water, wheelchairs and hoists had been carried out in a timely manner. This made sure that they were safe for people to use.