

Tanglewood Care Services Limited

Hunters Creek Care Home

Inspection report

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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

Hunters Creek is a residential care home providing personal and nursing care to up to 91 people. The service predominately provides support to people some of who are living with dementia. At the time of our inspection there were 82 people using the service.

People's experience of using this service and what we found

People using the service were safe. The provider had systems and processes in place to protect people from abuse and staff were aware of their responsibilities in keeping people safe.

The risks to people's safety were regularly assessed and there were measures in place to reduce these risks. The registered manager had processes in place to learn from accidents and incidents to further reduce risk to people living at the service.

People were supported by adequate numbers of safely recruited staff, who had received appropriate training for their roles and were supported with regular supervision from their line managers.

People's medicines were well managed, and people were protected from the risk of infection as the staff maintained good infection, prevention and control practices.

People's needs were assessed using nationally recognised assessment tools to ensure they received care which met their needs. Their nutritional needs were met, and they were provided with nutritional and appetising meals.

People's health needs were well managed, and staff worked with external health professionals to ensure people received consistent care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People lived in a well-maintained environment supported by staff who treated them with respect and dignity. They and their relatives were involved in the development of their care plans to ensure they received personalised care.

People were supported to maintain relationships with family and friends. The service followed government guidance when welcoming visitors into the service and people were encouraged to take part in social activities of their choice.

The registered manager took complaints or concerns about people's care seriously and responded to

complaints in a positive way following the providers complaints procedure.

There were effective quality monitoring processes in place to support good standards of care. People, relatives and staff told us the manager was open, approachable and responsive. Staff felt supported by them.

People and staff's views on the running of the service were gathered through newsletters, meetings and questionnaires, and the management team acted on the responses they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement. (published 8 August 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hunters creek on our website at 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hunters Creek Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of 2 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.

Hunters Creek Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hunters Creek Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

During the inspection

We conducted 2 site visits as part of this inspection: on 1 and 5 December 2022

We spoke with the nominated individual for the company registered to operate the care home, the operational manager, the registered manager; the deputy manager; 2 nurses, 5 care staff, 2 housekeepers and the chef. We also spoke with 6 people and 8 relatives about their experience of the care provided.

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 reviewed a range of written records including 6 people's care files, 2 staff recruitment files and information relating to the auditing and monitoring of service provision.

After the inspection

We reviewed further information we had requested from the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

When we last visited the service, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Safeguarding service users from abuse and improper care. The provider did not ensure people were protected from abuse and improper care. The provider did not always inform the local authority and CQC of safeguarding concerns. At this inspection we found the provider had made improvements to their processes and was no longer in breach of this regulation.

- The registered manager had worked to improve the safeguarding processes and was open and honest about safeguarding issues. They followed clear processes to report, record and investigate any issues of concern.
- People were protected from the risks of abuse. People we spoke with felt safe at the service. They felt able to talk to staff if they had any concerns.
- Staff were aware of their responsibilities in relation to safeguarding people. They had been provided with appropriate training and were knowledgeable about the different types of abuse people could be exposed to. They had confidence the registered manager would deal with any issues they raised to them.

Assessing risk, safety monitoring and management

At our last inspection the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. Systems and processes did not ensure people received safe care and treatment. The provider had failed to mitigate risks relating to people's health. This placed people at risk of receiving unsafe care. At this inspection we found the provider had made improvements to the management of risks to people's safety and were no longer in breach of this regulation.

- People who required support to prevent skin damage had measures in place to reduce this risk. People who needed regular repositioning or aids to reduce skin pressure were supported with regular repositioning and appropriate aids. We saw aids were regularly checked to ensure they were set to the correct pressure settings in line with people's needs and weights.
- The provider's electronic reporting system intermittently prevented staff from recording when they provided pressure relieving care. However, the staff and management team continued to work to address this recording issue with their information technology team and were able to evidence in other ways people were receiving the appropriate level of care for their needs. The nominated individual told us the service would soon be moving to a different electronic systems used in their other service and the recording issue would be alleviated.
- People had been assessed to ensure they received the right level of support to be independently mobile in a safe way. We saw people had good fitting footwear and mobility aids, and staff used the information in

people's plans to provide the right level of support.

- The environment was well maintained and kept safe for people. There was clear information on the level of support people needed should the building need to be evacuated in an emergency. People had up to date personal emergency evacuation profiles (PEEP's) in place. Staff received regular training in fire safety and there was regular fire alarm testing at the service.

Staffing and recruitment

- People were supported with safe numbers of staff to meet their needs.
- People were happy with the support they received from staff, but some people did not like agency staff supporting them as they felt they did not know their needs as well as permanent staff. The registered manager had needed to rely on agency staff over previous months to maintain their established levels of staff. However, more recently they had reduced the need for agency staff from 6% of their staff to 2% and had plans in place to reduce this percentage further as they continued to recruit staff. This meant people would be supported by staff who knew them well.
- Although some people had expressed some dissatisfaction with agency staff, we spoke with one agency nurse who had worked at the service over a number of months. They showed good knowledge of the people they supported and told us they were well supported by the permanent staff and the management team.
- Staff we spoke with were happy with the staffing levels and felt if there was short notice sickness the management team always try to cover the shortfall to ensure people's needs were met.
- Safe recruitment processes were in place, staff records showed references from previous employers, gaps in employment were explained and Disclosure and Barring Service (DBS) checks had been undertaken. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- When agency staff were employed by the provider we saw there was evidence of relevant checks being made on their training and where needed their nursing registration. There was a clear induction package in place to support agency staff when working at the service.

Using medicines safely

- People's medicines were managed safely.
- Staff received training in the safe handling of medicines, and we saw safe practices were followed when administering medicines.
- People told us they got their medicines when they needed them. There were protocols in place for as required medicines to provide guidance for staff, so people received these medicines in a safe way when they needed them.
- People's medicines were safely recorded. An electronic administration recording system was used. This had built in checks to help reduce medicines errors.
- People's medicines were stored safely, and staff worked with their GP practice and pharmacy to ensure delivery of people's medicines were undertaken safely and in a timely way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider followed the government guidance on supporting relatives and friends to visit people safely at the service. Throughout our visit we saw relatives and friends able to visit people and spend time with them.

Learning lessons when things go wrong

- The registered manager had a number of strategies in place to ensure there was learning from events to reduce future risk to people. We saw when incidents or accidents had occurred these were investigated and outcomes shared with staff at handovers, team meetings and supervisions.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant 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

- Peoples needs were assessed using nationally recognised assessment tools to ensure their needs were met.
- Assessment tools such as, the Waterlow scoring system was used to measure people's risk of developing skin damage. The malnutrition universal scoring tool (MUST) to monitor people's weights, were used. These assessment tools were regularly updated to reflect people's current needs and support staff provide appropriate care for people.

Staff support: induction, training, skills and experience

- Staff were provided with training to support them in their roles. People told us staff knew what they were doing when they provided support for them.
- Staff received an induction training package when they started at the service and were supported in their roles.
- Staff were happy with the training they received, and we saw there were systems in place to monitor staff's ongoing training needs. The registered manager told us how staff were encouraged to progress in their roles with further nationally recognised training when they requested this.

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

- People's nutritional needs were well managed. The provider undertook regular dining experience audits to ensure people's mealtimes were a sociable event. People's meals were well cooked and presented, people told us they enjoyed the food served to them. One person said, "The food is fabulous and served hot. The soup is homemade." We saw people being encouraged to both eat and drink throughout our visit.
- When people needed support with their meals they were provided with this support in a dignified way. People who preferred to eat their meals in their rooms were also supported in the way they needed and in line with the information in their care plan. When people required support to prevent dehydration their fluid intake was monitored, giving staff information on what was considered a healthy fluid intake for people.
- People who required modified diets had their needs assessed by specialist advisors such as the speech and language therapy (SALT) team, who advise on supporting people with swallowing issues. There was information on the type of diet each person required, and this information was shared with the kitchen staff who supported care staff at mealtimes.
- People's weights were monitored to support them maintain a healthy weight and when necessary the staff worked with the person's GP to provide a fortified diet or a planned weight loss diet.

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

- People's health needs were well managed with initiatives in place to support a healthy lifestyle for people, with a regular exercise class for people should they want to take part, and healthy snacks and meals. There was information in people's care plans to show how their health needs should be met.
- The staff worked with the local GP surgery and other health professionals to ensure good outcomes for people with underlying health concerns. For example, the staff and local diabetic nurses worked together to introduce a nationally recognised glucose monitoring process to reduce the number of physical interventions for people. The system allowed diabetic nurses and staff to monitor people's blood glucose levels more effectively. This was especially helpful when supporting people living with dementia and helped staff maintain people's blood glucose levels within safe parameters.
- People were also supported with a weekly visit from the local care coordinator for their GP surgery. The coordinator worked with staff to go through people's care needs to ensure any changes or reviews of people's health needs was highlighted to the relevant health professional, so people received timely care when needed.

Adapting service, design, decoration to meet people's needs

- People lived in a purpose-built environment which was well maintained and had a number of areas for people to spend their time. The design of the building meant people could spend time in different areas of the service throughout their day.
- People were able to personalise their rooms and there was good signage around the service for people to find their way around. Some people had chosen to put signs on their bedroom doors to show which was their rooms, the registered manager was also planning to gain permission from other people to put photographs or other items on their doors to further personalise people's rooms.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and their team were working within the principles of the mental capacity act, supporting people who lacked capacity with specific decisions using the best interest decision making process. There was evidence relevant people, such as relatives and health professionals were involved in these processes so people's choices reflected the choices they would be likely to make if they had the capacity to make the decision without support.
- Where people had been deprived of their liberty the DoLS process had been used and any conditions within the authorisations had been met.
- Throughout our visit we saw staff, through their knowledge of people's needs, supporting people to make

choices about their care. They did this using methods such as simple language and visual aids.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt the staff who supported them were kind and caring. One person said, "The staff are lovely, they care for me and I get on very well with them." Another person said, "The staff respect me. I'm looked after very well."
- Our observation of the staff interaction with people supported these comments. There were a number of times we saw staff and people talking together or when passing each other in the corridors of the service. The interactions were positive, and people enjoyed friendly banter with staff.

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

- People had opportunities to express their views, opinions and make choices about how they wanted their care delivered.
- People, and where needed, their relatives were involved in building the information on their care needs to inform their care plans. The registered manager told us staff sat with people and their relatives when they first came to the service to allow their plan of care to be built.
- The service also used a 'resident of the day' initiative to review people's care. This is a designated day where everything about a person's care is reviewed including their care needs, care plan and their environment. People and their relatives are invited to review their care plans so information is reflective of their current needs. The registered manager said when appropriate they would email people's care plans to relatives for them to review and comment on, so the team could be sure people's views were considered.
- Where people needed extra support to express their views they were supported with an advocacy service. An advocate is an independent person who is employed to support people who may struggle to express their views and have no one who can speak out for them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff worked to promote their privacy and dignity when providing care for them. We saw staff knocked on bedroom doors before entering and when discussing personal care, they did so in a discrete and respectful way.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and allowed them choice and control over how their needs were met. There was clear information in people's care plans on their personal preferences and on how staff should work to meet their needs. We saw there had been significant improvements in the information in people's care plans to provide guidance to enable staff to meet people's needs.
- One person's care plan detailed not only how staff needed to support the person when moving them from their bed to a chair, but how distressed the person could become if not reassured regularly throughout the process. There was further information on how staff needed to prevent the person from becoming socially isolated through encouragement to spend time in communal areas and support them with activities they enjoyed.
- Staff told us they had chance to review people's care plans. through speaking with staff and observing their practices we saw they had good knowledge of people's needs and worked to support people in line with the information in their care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People who needed support with their communication needs received this support. People who had hearing difficulties had hearing aids in place. Some people had difficulty understanding complex information, this was identified in their care plans and staff provided information in straightforward clear simple language. People were offered visual aids to help them with their choices.
- The signage at the service was in large print and in picture format. This supported people living with dementia or who were sight impaired to find key areas of the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to undertake social activities of their choice. The service had an activities coordinator in post and had also recruited further members of staff who will take up their post in January 2023. People were supported with pampering sessions, sing-a-longs, and quizzes. The service had a programme of events that included chair aerobics and religious services

- When people needed one to one activities this was provided. For example, one person had twice weekly one to one sessions to undertake activities to help improve their memory and dexterity.

Improving care quality in response to complaints or concerns

- People and relatives were able to raise complaints or concerns to the registered manager and be assured they would address their concerns. We saw evidence of how complaints had been responded to. Where the registered manager had promised actions, we saw the actions had been carried out. For example, one person's relative had concerns with their relative's crockery and their ability to use it safely. The manager had promised to address this, and we saw they had done so.
- People told us if they raised concerns the registered manager dealt with them in an open way. The complaint procedure was visible in the service.

End of life care and support

- People received end of life care in line with their expressed wishes. Staff worked with external health professionals to ensure people were well supported at this difficult time. We saw there was information in people's care plans about how they wanted to spend the last period of their lives. This included RESPECT forms which had information on whether people wanted to be admitted to hospital or stay in the service and what level of treatment they required.
- Staff worked to support not only people in the end stages of their life, but also their relatives. The service had introduced a box which had different items in designed to provide relatives with things should they decide to stay with their family member during the last phase of their life. This included items such as toothbrush and toothpaste, lap blanket, deodorant and biscuits.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider was in breach of Regulation 17 Good Governance, as they had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. At this inspection we found the provider had made improvements and they were no longer in breach of this regulation.

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

- People's care was overseen by the registered manager and their management team. Since the last inspection, the registered manager had worked hard to ensure the issues found at the last inspection were addressed and the quality monitoring systems were in place to monitor people's care. This had resulted in the improvements we have highlighted in other sections of this report. For example, the checks on people's pressure relieving mattresses.
- There were regular quality monitoring audits undertaken in areas such as people's; care plans, weights and prevention of skin damage, the environment, medicines and any incidents and accidents. These audits fed into a monthly action plan that highlighted what actions were needed, who would complete them and when they should be completed.
- Our observations on the days of our inspection showed the auditing systems were effective. This included information in care plans and regular checks on equipment in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People's care plans were written in a way to support good outcomes for people. The information included how to support people with their independence, what help people required to achieve this. For example, this included the information on what mobility aids people needed to mobilise or what was important to people to help them achieve a good day.
- The registered manager promoted a person-centred culture at the service, they worked in an open and inclusive way with people their relatives and staff. The feedback we received about the registered manager was positive. People and relatives knew who the registered manager was and had regular conversations with them. Staff told us the registered manager was a visible presence in the service and offered support to them in their roles.
- The registered manager showed a good understanding of the duty of candour and when things went wrong was open with people about events and how they would work to improve.

- The registered manager notified CQC of events at the service and how these had been managed. This is their legal responsibility and part of their registration conditions.

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

- People, relatives and staff were involved and engaged in the running of the service. People received a monthly newsletter that included social events, they were encouraged to attend resident's meetings to air their views about their care. Surveys and questionnaires were sent out to people and their relatives and the management team acted on the responses, such as reviewing meal choices and what activities were available for people.
- Staff were encouraged to attend staff meetings and we saw from minutes they were able to air their views about different aspects of the service. Staff were also supported with regular supervisions where they could discuss their performance and how they wanted to develop.

Continuous learning and improving care; Working in partnership with others

- The provider supported the registered manager and their team to develop and keep up to date with current practices. The registered manager attended a local care association meeting. The nominated individual was on the board of directors for this association which supports local care providers keep up to date with best practice.
- The registered manager told us the provider supported both themselves and members of their team to develop their knowledge and skills and supported staff with career progression. The provider had also taken part in a sponsorship initiative to recruit staff from overseas to support a continuing stable staff group and maintain standards of care for people.
- The registered manager and their team worked with external health professionals to achieve the best outcomes for people. Examples have been cited in our effective section of this report. A further example is the work staff had undertaken with their local GP and pharmacist to improve and streamline the medicines ordering process. People's prescriptions now included a barcode that could be sent directly to the pharmacist and speeded up the delivery process so people would not be without the medicines they required.