

## Hatfield lodge care home Limited

# Hatfield Lodge

### 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

The inspection took place on 5 October 2017 and was unannounced.

Hatfield Lodge is a large detached house in a quiet residential area. It provides care and support for up to 34 older people some of whom are living with dementia. There were 29 people living at the service when we inspected.

The service had a registered manager in post. 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. This is the first inspection since a change of registration for the provider in October 2016.

People and their relatives told us they felt safe at the service. Staff had received training about protecting people from abuse and understood their responsibilities in reporting any concerns. Staff were confident that the registered manager would address any concerns reported to them. Risks to people were identified, assessed and plans were put in place which gave staff the guidance needed to manage and minimise the risks. People's medicines were managed safely and in the way they preferred. People were supported to be involved in managing their medicines if they wished to.

People were supported by staff who had built positive caring relationships with them. There were enough staff to meet people's needs and keep them safe. Staff were recruited safely and all necessary checks were completed to ensure staff were suitable for their role. Staff told us they received the training and support they needed to do their job. Some staff had begun additional training to become a 'champion' in areas such as dignity or dementia. Staff completed a comprehensive induction and competency assessments before supporting people independently.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this. Staff asked for people's consent before giving support and explained to people what was happening. The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm.

Staff tailored their support to the needs of each individual, communicating with people in the way they preferred and understood. Staff knew people well, interactions between people and staff were affectionate and relaxed. Staff offered people reassurance and encouragement. People were laughing with staff throughout the day. People could have visitors whenever they liked and were supported to maintain relationships with family and friends.

People told us the food was nice and they always had lots of choice. There was a menu board displayed in the dining room with pictures of the meals on offer that day. When people needed their food in a specific way this was provided. When people needed support to eat their meal, staff offered this in a patient and dignified way. When people were unwell or were living with a health condition such as diabetes, staff supported them to book and attend any health appointments. Any recommendations from health professionals were recorded in the person's care plan and followed by staff.

People and their loved ones were involved in developing and updating their care plans. People's care plans were detailed and contained information about their life history, what they could do for themselves and the staff support they required. The plans were reviewed and updated on a regular basis and when people's needs changed. There was an activity co-ordinator at the service and people told us they had lots to do. We saw people taking part in playing skittles, using sensory objects and taking part in a quiz. There was a picture board in the dining room letting people know what activities were happening each day, alongside a board showing the day, date, season and weather.

The registered manager and staff told us the focus of the service was to give people care and support in the way they preferred and to keep improving the quality of care offered. People, staff and relatives told us the registered manager and the provider were accessible and approachable. Staff told us they felt valued and that they had a voice in the service.

Risks to the environment were identified and assessed, plans were put in place to minimise risks in the way which was least restrictive to people. Regular fire drills were carried out and weekly fire checks were carried out. People had personal emergency evacuation plans which detailed the support people would need emotionally and physically to leave the building in the event of an emergency. Regular audits were completed in relation to health and safety and infection control. Action was taken to address any shortfalls. The registered manager completed other audits related to the quality of care and people's care plans.

The registered manager asked people for feedback about the service and their care on a regular basis and took action to address any issues raised. People had meetings where they could put forward their opinions about the food they were offered and activities they wanted to take part in. Complaints were recorded and responded to appropriately. The registered manager attended local forums for managers and shared their learning with staff through team meetings. Staff treated people with dignity and respect; they understood confidentiality and people's records were stored securely. Both the registered manager and the provider had clear oversight of the service and addressed any issues as they arose.

## 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.

People were supported by staff who had received training about how to keep people safe and understood their responsibilities.

Risks to people and the environment were identified, assessed and plans were put in place to minimise risk.

People were supported by staff who had been recruited safely and there were enough staff to meet people's needs.

People's medicines were managed safely and in the way they preferred.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the training and support they needed to carry out their role.

Staff gave people choices and asked for their consent before providing care or support.

People told us they enjoyed the food and there was lots of choice.

People were supported to access healthcare when required.

### Is the service caring?

Good ●

The service was caring.

People and staff had built positive and caring relationships.

Staff tailored their interactions to each person and how they like to be supported.

People were treated with dignity and respect.

### **Is the service responsive?**

The service was responsive.

People and their loved ones were involved in developing care plans which identified their needs and preferences for their support.

People took part in a range of activities which they told us they enjoyed.

Complaints were recorded and responded to appropriately.

**Good** ●

### **Is the service well-led?**

The service was well-led.

There was a shared vision and set of values which placed people at the heart of the service.

People, staff and relatives told us the registered manager and provider were approachable and accessible. Staff told us they felt listened to and valued.

People, staff and other stakeholders were asked for their feedback about the quality of the service.

Regular audits were undertaken to monitor the service and there was a focus on continual improvement. Action was taken to address any concerns.

**Good** ●

# Hatfield Lodge

## 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.

This inspection took place on 5 October 2017 and was unannounced. It was carried out by one inspector.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with three people and two relatives. We spoke with the provider, the registered manager and the deputy manager. We spoke with four care staff. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and the activities they were engaged in.

This is the first inspection since a change of registration for the provider in October 2016.

## Is the service safe?

### Our findings

People and their loved ones told us they were safe at the service. One person said, "Oh yes, the staff keep me safe" and another person said, "They keep a good eye on me here."

People were supported by staff who had received training about keeping people safe from abuse. Staff could tell us the different types of abuse they may come across and the signs to look for. All the staff we spoke to understood their responsibilities in relation to reporting any concerns. A staff member told us, "I am training to be a lead in safeguarding for the service so I am confident I know what to do. We can report it to the manager or provider in the service or I could contact the police or social services safeguarding team. I know things will be dealt with." The provider had a safeguarding policy which was in line with local government guidance. The registered manager worked closely with the local safeguarding team when any safeguarding alerts were raised to address any concerns.

Risks to people were identified, assessed and plans were put in place to minimise the impact of any risks. Staff had guidance about how to support people who may be at risk. For example, some people had to be supported to move using a hoist. A copy of the person's risk assessment was available in their bedroom and in their care plan. The assessment detailed how to reassure people whilst being moved, the correct sling to use and how it should be attached to the hoist. Staff followed this guidance when moving people. People also had risk assessments in place related to eating and drinking, any health conditions, healthy skin and reducing falls. The registered manager reviewed the accident records relating to falls and to identify any trends or themes. As a result people had been given padded mats beside their beds and sensory alarms to alert staff when people left their bedrooms. When people were at risk of skin breakdown they had pressure relieving equipment, there was guidance for staff in place and checks were made to ensure the equipment was as the correct setting for the person's weight. When people needed support to move to keep their skin healthy, this was recorded by staff and monitored by the registered manager on a regular basis.

Staff were aware of what made people upset so suggested people go to another area of the service if there was an activity they did not like taking place. Some people could become agitated with other people they lived with. People's care plans gave staff guidance about how to minimise the risk of people becoming agitated and how to redirect or distract them.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. The fire alarms were tested on the day of the inspection; the registered manager let people know it was just an alarm test and not a drill. One person said to the manager, "Oh so we don't need to go outside this time." People spoke about the difference between the alarm and a drill, they spoke about both as regular occurrences. People had personal emergency evacuation plans (PEEPs) and regular fire drills were undertaken. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency.

People were supported by staff who had been recruited safely. Checks had been completed to ensure that staff were of good character. These included written references, full employment histories and a Disclosure and Barring Service check to make sure staff were suitable to work with people prior to working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. The registered manager used a dependency tool to plan the number of staff on duty. This tool worked out the amount of staff needed to meet people's needs. People, their relatives and staff told us there were enough staff on duty to meet people's needs. Staff responded quickly to people's needs and no one had to wait for support when they called for assistance. Staff had time to sit with people throughout the day and chat, help them to read their paper or simply hold people's hands. When there were any shortfalls in staffing due to holiday or illness the registered manager called on staff who were off duty or worked with the registered managers at the provider's other services to find cover. On the day of the inspection the maintenance person at the service was unwell, so the maintenance person from one of the provider's other services came to do an urgent repair.

People were supported to have their medicines safely. Staff were trained and had been assessed as competent to administer medicines safely. Alongside each person's medicine administration record there was a document for staff to follow showing how they liked to have their medicines. For example, one person had managed their own medicines until recently; the GP had recommended that the person have more support. Staff now discreetly observed the person taking their medicines, but the person removed them from the packaging and took them themselves. Other people's notes showed they liked to be given their medicines one at a time or with a particular drink. Staff followed this guidance when supporting people with their medicines.

When people had medicines which were taken on an 'as and when required' (PRN) basis there was guidance in place for staff. The guidance included details of what the medicine was used for, how the person would indicate they needed or wanted the medicines, the minimum time between doses and the maximum amount of doses people could have in a day. When people were unable to communicate if they needed PRN medicines such as pain relief the service used the Abbey Pain Scale. The Abbey Pain Scale is a tool to assess pain levels in people who cannot make their needs known. Medicines were stored in a dedicated room which was organised and clean. Records relating to the management of medicines were completed fully and accurately. A medicine's audit was completed monthly and actions were taken to address any issues.

## Is the service effective?

### Our findings

People and their relatives told us that the staff 'knew what they were doing.' They also told us that the food was lovely and that they had plenty of choice.

People were supported by staff who had the training and support they needed to carry out their role. When staff began working at the service they completed an induction which included training, competency assessments and the Care Certificate. The Care Certificate is a nationally recognised set of standards for care staff. Staff told us, "During my induction I was given plenty of time to spend getting to know people alongside the training. I could read people's care plans and then chat to them about their lives and things they enjoyed." The registered manager told us, "We have trained some of our staff to become trainers for core subjects such as moving people. This means that whenever new staff start working we can give them the training they need. These trainers also carry out competency assessments so we can be confident staff know what they are doing before they support people independently."

There was an ongoing training programme which included core subjects such as first aid, fire safety and safeguarding. Staff also completed additional training related to the needs of the people at the service for example, dementia, end of life care and skin viability. Staff told us their training was 'great' and 'helped them to do their job well'. Staff told us about the ways different types of dementia could affect people and how they kept people's skin healthy. Staff had regular one to one meetings with their line manager. One staff member said, "I really like my supervisions, it's great to get feedback about what you are doing well and also what you can improve. We can talk about extra training and taking steps towards progression if we want to."

People were given choices throughout the inspection and staff asked people for consent before giving them support. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions, and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager and staff had a good understanding of MCA. One staff member told us, "It can be difficult some times when people make decisions that you think are unwise. But it is their decision to make. Some people who should have restricted diets choose to eat things they are advised not to. As long as they understand the risk and possible consequences it is up to them." Assessments had been carried out in relation to people's mental capacity. When people lacked capacity, decisions were made in their best interest, involving relatives, staff and professionals who knew the person well. DoLS applications had been submitted by the registered manager when required.

People had a choice of meals and were encouraged to drink throughout the day. There was a menu board in the dining room which displayed pictures of the meals on offer. When people were at risk of losing weight their meals were fortified using high calorie foods such as cream or butter. When people need their food to be offered in a softer consistency this was provided. People had charts to record the amount of food and drink they had during the day. The charts had a target amount for people to aim for and had been totalled each day. When people were regularly not reaching their targets staff reviewed what food and fluids they still enjoyed and offered these more often. Referrals had been made to a nutritionist as required and any advice received was recorded in people's care plans and followed by staff.

Lunch time was a social event with people choosing who to sit with and chatting whilst they waited for their food. We could hear people talking about how lovely the food was and comparing their meals. Some people needed support to eat, staff were patient and encouraging. Staff chatted with people as they ate.

People's health needs were detailed in their care plans including guidance for staff about how to manage any on-going health conditions. Some people were living with diabetes, staff had information about signs people may show if their blood sugar levels were too high or low and the action to take in each case. People were supported to access health care professionals when required. Staff responded quickly to any changes in people's health needs and sought support from GPs or district nurses. Local nurses had provided additional training for staff about specific health needs. As a result of this a 'hypo' box had been put in place for people living with diabetes; this contained high sugar snacks or medicines to help the person's blood sugar stabilise. There was a protocol in place give staff guidance about what documentation should be taken to hospital with people if they needed to be admitted in an emergency.

## Is the service caring?

### Our findings

People and their relatives told us the staff were kind and caring. One person said, "The staff are lovely, everyone is really nice here" and another said, "I like to have a laugh and a banter with the staff and they always join in." A relative said, "You can talk to any of the staff, they all know my loved one well. The staff are very welcoming we are treated like part of the family when we visit."

Staff told us, "The staff here really care. We will always find a way to give people what they want; nothing is too big or too small. One of my relatives lives in one of the (providers) other homes. That says how highly I rate them."

Staff knew people at the service well and they tailored their interactions to each person. People were called by their preferred names. A new member of staff had begun working at the service on the day of inspection. Experienced members of staff introduced them to people and explained how people liked to be addressed or supported. Some people were living with advanced dementia, staff sat with people and offered gentle interaction holding or stroking their hands. One person reached out to stroke the staff member's face; the staff member covered the person's hand with their own and the person smiled. The care plans gave staff guidance about the best way to communicate with people. For example, using closed questions or only using one or two words at a time.

People told us they had a voice in how staff supported them. One person said, "I know how I like things and I just tell the staff. Although I live here I am still able to do a lot for myself and they encourage me to do that." People could have visitors at any time, and throughout the inspection people's friends and loved ones visited. Staff offered all the visitors a drink, chatted to them and some joined in with the activity on offer. Some people could forget that their loved ones had visited and become distressed. Staff introduced a diary where the visitors could record their visit and what they had done together or talked about. Staff would then use this to reassure the person after the visitors had left.

People were offered information in a range of formats including pictures and easy read documents. There were notice boards around the service giving people information about things such as planned events, activities, dates of meetings and visiting entertainers. There was a board in the hallway with photographs of the staff on duty that day alongside their names to make sure people and their relatives knew who would be providing their support. Another board in the dining area showed people the day, date, season and the weather outside.

Some people chose to spend time in their rooms, and staff respected this. People were asked if they wanted their bedroom door left open or closed. Staff regularly checked on people in their rooms and spent time chatting with them. The registered manager knew people at the service well and spent time with them in their rooms or communal areas.

The registered manager had ensured that people's religious and cultural preferences were catered for. Care plans identified if a person followed a certain religion and how they would like to practice. Links had been made with local churches and church groups to support people in following their chosen religion.

People were supported by staff who respected and promoted their privacy and dignity. Staff told us how they ensured people's room doors were closed, closed curtains and covered them when they were supporting them with personal care. People's confidentiality was maintained, staff understood the need for this and people's records were stored securely.

## Is the service responsive?

### Our findings

People and their relatives told us that the service responded to their needs. A relative said, "They meet all my loved one's needs, they are really happy here. I am happy knowing they will do what is best for them." People told us they enjoyed the activities they were offered. One person said, "They do like to keep us busy, there is always something to do. I especially like it when the staff put on a show or a party."

People's needs were assessed before they moved into the service. The registered manager met with people and/or their relatives to talk about what support they needed and if the service could provide that level of support. People's assessments were very detailed and contained information about their preferred routines. The information gathered during the assessment was then used to form the basis of the person's care plan.

People's care plans gave details of their life history, who was important to them and what they liked and disliked. They included details about what people could do for themselves, the support they needed and how they liked that to be offered. Some people could become confused or distressed; their care plans gave staff guidance about how to help them become calmer. For example, singing songs to people, offering them cuddly teddies, holding hands with them or subjects to talk about. Staff supported people following the guidance in the care plan. When people were living with dementia, people's care plans showed the type of dementia they had, how this could affect them and the best way to offer support. Care plans were reviewed with people and their loved ones on a monthly basis or if their needs changed. Staff encouraged people to remain as independent as possible and do things for themselves. Staff reminded people to use their mobility aids rather than lean on staff. When people needed support with personal care staff encouraged them to do what they could before offering support. One staff member told us, "You try to help people maintain their independence as long as possible. We encourage them to do what they can, if they can wash their own face or hands then we prompt them to do that."

People could participate in a range of activities. When people chose not to take part in the activities offered and this was respected. These included games, music sessions, quizzes, visiting entertainers and keep fit classes. The service had recently employed a new activity co-ordinator, on the day of the inspection they were playing skittles with people and playing catch. Other staff spent time with people who enjoyed more sensory based activities. They offered people hand massages, bells to shake and hold and twiddle muffs. Twiddle muffs are a knitted muff with items attached so that a person living with dementia can twiddle with their hands. People were showing these items to staff and smiling; staff shook the bells and gave them back to the person who copied them.

When people could not maintain previous hobbies or interests due to their health, staff found ways for them to stay involved. For example, one person had a favourite football team who they liked to watch play. Due to their deteriorating health they could not make the journey to the stadium any longer. The registered manager had contacted the team who had agreed to sign a team shirt for the person. This was then mounted and displayed in the person's room.

People pointed out photos displayed around the service which showed trips they had taken part in to places such as zoos and castles. Staff told us they took the opportunity to plan events around any special days. The

registered manager told us, "We are already planning for Christmas and Halloween. We have a charity sports day next week and we will do something for 'children in need.' Everyone joins in, relatives often take part too." There was a café area set up in the service where people could spend time with each other or loved ones. People used the area for groups and activities. The registered manager told us they were looking to update the café area and people had been asked to give their views on how they would like it to look.

People and relatives told us they knew how to complain and who to speak to. There was an easy read version of the complaint policy displayed on the notice board and people were encouraged to raise any issues in residents meetings. When complaints had been received, they were responded to appropriately, the outcome was recorded and reviewed for any learning.

## Is the service well-led?

### Our findings

People and their loved ones told us the registered manager and provider were accessible and approachable. One relative said, "I see the manager all the time, I don't have to book I can just talk to them about any concerns and I know they will be dealt with." Staff told us that the registered manager was supportive. One staff member said, "The manager is great, they always know what is going on and are happy to get involved."

The provider, registered manager and staff team had a shared vision of the service. Their focus was on giving people the life they wanted whilst continually improving the service they offered. Staff told us, "I can always suggest things; they are really open to other people's ideas if it makes the lives of the people who live here better. There is a comments box in the hallway which only the manager can open so if you don't want to say anything you can write it down and put it in there." We saw the comments box clearly on display in the hallway and people told us they knew it was there. Another staff member said, "Not long after I started here I found a board game which was designed especially for people living with dementia. I suggested it to the manager and they ordered it right away. People really enjoy playing it so that is great."

Staff told us they felt supported and valued by the registered manager and provider. The provider held an awards ceremony each year where staff could be rewarded for their work and commitment to the service. The registered manager told us, "The staff really enjoy it and this year we have introduced a new 'putting people first' award. It is for staff who go the extra mile or find an innovative way to help someone." Regular staff meetings were held and minutes showed staff were able to give their views of the service and make suggestions for improvements.

The registered manager had worked in health and social care for number of years. They told us they felt supported by the provider and met regularly with the managers of the provider's other services to share learning and support. The registered manager also attended local forums for registered managers and training provided by local health professionals. They told us this helped them to keep up to date with changes in legislation and practice. Information from the forums was shared in staff meetings and staff training sessions. The registered manager was happy to seek advice from other professionals if required. The registered manager worked closely with local health professionals and spoke to visiting community nurses about people, they also arranged for community nurses to provide some training for staff. Records showed that the registered manager had sought advice and support when needed. The provider and registered manager worked closely together to improve the service for people. The provider had regular contact via phone with the registered manager and visited the service often. The registered manager told us, "I can always contact the provider and we try to work together to constantly improve the service."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

People, relatives, staff and other professionals were asked to give feedback about the service. This was done through surveys and meetings. The results of any feedback and changes made as a result was displayed on the notice board. When any issues were raised the registered manager met with people individually to resolve any concerns. People attended regular residents meetings in which they were given information about changes at the service or planned events. They were also given opportunities to suggest any activities they would like and any changes to the menu. The menu and activity plan had been updated to include people's suggestions. When someone asked for a food other people weren't keen on they were offered it as an option rather than placing it on the menu.

The registered manager carried out regular audits of all areas of the service. This included, people's care plans, daily records, medicines and the environment. When shortfalls were identified these formed the basis of an action plan. Once action had been taken the plan was updated and an outcome was recorded. Additional health and safety audits were completed by an external consultant annually. Audits had resulted in changes being made. For example, a recent medicines audit had identified issues with one of the storage cupboards as a result this had been replaced.