

Southern Coast Care Ltd

# Hatt House

## 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

Hatt House is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

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

At the last inspection in January 2021 we found people were not always protected from the spread of infection. During this inspection we found safe infection prevention and control systems and processes in place.

People were protected from the risk of abuse because staff understood how to identify and report concerns.

People and their relatives spoke positively about the staff at the service, describing them as kind and caring. Staff treated people with dignity, respect and treated them as individuals. Where able, people were supported to maintain their independence. Staff knew the people they were supporting well.

People were supported by staff who knew how to manage risks to keep people safe. Staff were safely recruited and there were enough staff available to support people. Medicines were given in a safe way.

People received support by appropriately trained staff. Training provided to staff was individual to the needs of the people they supported. Staff were well supported and received the supervision they needed.

People were happy with the meals they were provided with and had access to healthcare services where required.

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's care was responsive to their needs, choices and preferences. Each person had a personalised care plan.

The service was well led and had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service, and it was used to drive improvement.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 02/12/2019 under the new provider.

We received information of concern and carried out a targeted inspection in January 2021 where we found a breach of regulation. The service was not given a rating at this time.

This inspection is the services' first rated inspection and we covered all Key Lines of Enquiry.

The last rating for the service under the previous provider was good, published on 29 April 2019.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and rate an unrated service.

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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# Hatt House

## 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 Care Act 2014.

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 was carried out by one inspector and an assistant inspector. On the second day of the inspection, an Expert by Experience made telephone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

Hatt House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return prior to this inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

#### During the inspection-

We spoke with two people who used the service and 12 relatives about their experience of the care provided.

We spoke with nine members of staff including the registered manager, head of care, senior care workers, care workers and the cook.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice, we previously served in relation to infection prevention and control.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure that risks relating to infection control were being effectively managed and this placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations.

- We were assured that the provider was using PPE effectively and safely. At the last inspection we observed some staff were not wearing their PPE correctly. At this inspection we saw this had been addressed. The registered manager told us that all staff had revisited infection prevention and control and Covid 19 training. All staff received supervision which included reviewing guidance and guidelines for PPE, donning and doffing and best practice. The provider had also taken advice and had reviewed their processes for donning and doffing PPE within the service. Space was made for PPE to be stored safely in communal areas and corridors and staff had designated donning and doffing areas. A relative told us, "They all wear PPE definitely, and it is all there for us to put on as well."
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were sufficient bins to dispose of clinical waste. Clinical waste bins were now also located at two entrance/exits for visitors to the service to dispose of their PPE safely. During the inspection we saw staff disposing used clinical waste in the appropriate bins provided.
- We were assured that the provider was preventing visitors from catching and spreading infections. Relatives told us about the visiting process, one said, "When I arrive, I am Covid tested, temperature taken and if it is sunny we then sit outside in the courtyard. If it is not sunny, we go in the little lounge that they have made."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Staff were aware of the risk of abuse and signs to look out for. Staff were confident concerns would be addressed appropriately if they reported them. One staff member said, "If I was to witness abuse, I would report it to seniors and manager. We have to record it as well. I would contact safeguarding if there was no further action."
- People appeared to be comfortable and relaxed in the company of staff. Relatives told us they felt their family members were safe. One relative said, "She is safer than she was at home and is being incredibly well looked after. She is not distressed or agitated. She is calm and peaceful and not wanting to leave."

Assessing risk, safety monitoring and management

- Risks to people were managed safely. Individualised risk assessments were in place with guidance for staff on how to mitigate risks planned into care. Risk assessments covered areas such as, behaviour that challenged, skin care, nutrition and hydration and moving and handling.
- Where people were at risk of choking, staff had the information required to ensure people received their food and fluids at the correct consistency.
- There was evidence of referrals made to appropriate health care professionals when people's risks increased and advice was followed.
- A range of health and safety checks were taking place to ensure the building and equipment within it was safe to use and had been serviced and maintained regularly. Fire safety checks and fire drills were completed to ensure staff understood how to keep people safe.

Staffing and recruitment

- We observed there were enough staff with the right mix of skills to meet people's needs and support people safely.
- Robust recruitment processes were in place to ensure only suitable staff were employed to care for people using the service. Appropriate checks had been made including a criminal record check and references had been obtained.

Using medicines safely

- People received their medicines safely and in line with good practice guidance. A relative told us, "I have seen them administer medicines and they seem very efficient with this. As far as I am aware everything is given at the right time and they seem to handle them pretty well."
- Staff kept accurate records of all medicines and medicines were stored appropriately.
- Staff had appropriate guidance to follow for medicines that were required to be given when needed, for example paracetamol for pain relief.
- Staff had appropriate training to help ensure they were administering medicines safely.
- The provider undertook medicines audits to help ensure people received their medicines as prescribed.

Learning lessons when things go wrong

- A process was in place for reporting incidents and accidents and learning lessons when things went wrong. These were reviewed and analysed and appropriate action and measures put in place if required.

Any lessons learned were shared with staff at handovers, staff meetings or staff 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed in line with best practice and current standards to ensure a person-centred approach to planning and delivering the support people required.
- People's records contained detailed information about how their personal care needs should be met by staff to help people achieve good outcomes and enhance the quality of their lives.
- People's needs, choices and preferences were fully reflected and were regularly reviewed.

Staff support: induction, training, skills and experience

- Staff received regular and relevant training to help them to meet people's needs and keep their knowledge and skills up to date with current best practice. A relative told us, "They seem to know what they are doing", another said, "From what I have seen they appear well trained."
- New staff completed a comprehensive induction and did not work unsupervised until they were confident and competent to do so.
- Staff told us they felt well supported and felt able to speak with their managers when they needed to.
- The registered manager undertook spot checks and competency assessments which were discussed at supervisions.

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

- People told us they were happy with the meals they were provided with. One person said, "The food is lovely thank you."
- People were supported to maintain a healthy and nutritious diet, taking in to account their individual dietary requirements.
- Nutritional needs were assessed and where appropriate, plans were in place to support people with their dietary needs. For example, diets with specific consistencies such as pureed food and thickened fluids.
- Where people required support to eat, we saw staff supporting people in a safe manner.
- Staff monitored how much people ate or drank and any concerns were referred to appropriate health professionals such as the person's GP or dietician. People at risk of weight loss were given high calorie nutritious diets and fortified milkshakes.
- People were offered a choice of meal and where an alternative was requested, this was provided.
- Staff made sure people had access to regular snacks and drinks throughout the day.

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

- People were supported by staff to keep healthy and well. A relative told us, "They can't do more than they are doing. [Person's name] looks well and is eating well. She looks healthy in the face." Another told us, "We have a chiropodist every month who goes in for her feet. They also had some eye people in for her glasses. They [staff] get people in to check things out."
- Care plans set out how staff should support them to manage their health and staff supported people to access the services they needed such as the GP, dentist or healthcare specialists involved in their care and treatment.
- Staff maintained records of their observations about people's health and wellbeing and acted promptly to refer any concerns they had about this to the relevant healthcare professional.
- Relatives told us staff kept them up to date with any changes in their family member's health and wellbeing and fed back the outcome of healthcare appointments.

#### 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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives, had the capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interests process. Where this was the case, it was clearly identified in peoples care plans.
- We observed staff asking for people's consent before providing support to people. People were offered choices and encouraged to express their wishes.
- There was an effective system in place to manage DoLS authorisations and to ensure associated conditions were being met.

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

- Design and decoration of the service met people's needs. Communal areas were comfortable and homely; bathrooms were suitably equipped.
- Signage was in place to help people living with dementia to navigate around the service and identify bathrooms and toilets. The service was in the process of replacing signage on people's doors to help people identify their own rooms.
- The service was in good decorative order, and there was an ongoing refurbishment plan in place. The service had been adapted to meet infection prevention and control safe working practices and government guidance for visiting arrangements.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Most people living at Hatt House were unable to speak with us about their experience of living at the service. However, two people told us they were very happy living there and staff were kind and caring.
- Throughout this inspection we saw staff interacted with people in a relaxed and friendly way. People were smiling and appeared comfortable with staff. This indicated to us people were happy, comfortable and felt safe with those who supported them.
- We saw many examples of kind and compassionate care. For example, we saw one person was becoming upset. Staff immediately responded and sat next to them, gently holding the person's hand and giving reassurance. The person soon started to smile and became more settled. One staff member told us, "Sometimes you just need to be there and it's important that they can see you're there for them."
- Staff talked about those they supported with fondness, compassion and genuine positive regard.
- Relatives were very positive about the support people received from staff and found staff to be kind and caring. Comment included, "They are so caring. I think they are wonderful", "From what I have seen they are very caring. [Registered manager] seems very much so. She was very reassuring", "My impression is that they are compassionate" and "They are lovely. I can't find fault with any of them."

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

- Staff told us they had taken time to get to know the people they supported by reading care plans and spending quality time with people.
- Staff were aware of people's communicative needs and could meaningfully engage with people. It was clear staff knew people well and understood their gestures, body language and facial expressions.
- People's care plans detailed their preferences; these plans were regularly reviewed, and people were asked if there was anything, they wished to change about the care they received. We saw the registered manager supporting a person to do this during the inspection.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maintain their independence in line with their needs, wishes and choices. This was evident from our observations and was well reflected in care plans.
- People's privacy and dignity was respected. Staff told us they closed the curtains when delivering care and talked people through what they were going to do.
- People's private information was kept locked away and staff understood data protection and confidentiality.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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's relatives told us they or their loved ones received personalised care.
- Staff knew people and their care needs well and this was evidenced in our conversations with staff. When discussing the people they supported, staff were able to tell us about people's life histories, their families, as well as their care needs and how they like their care to be delivered. A relative told us, "They [staff] take the time to talk to them all and know all their names. They do converse with them." Another family member explained how staffs' positive relationship with their relative encouraged them to do more for themselves, "[Person's name] can be very determined as he likes to do what he wants to do. They are very patient and will encourage him to do certain things even if he initially doesn't want to."
- People had detailed care plans which were reviewed each month or if their needs changed. Wherever possible, people and their families were involved in planning and making decisions about their care and support.
- Care plans clearly illustrated people's needs and wishes and were extremely detailed and person centred. They included information about the person's background, interests and hobbies and what staff should consider when delivering their care.
- We found where people were living with dementia the care plans contained detailed information for staff in terms of behaviors that may challenge and strategies to support people at such times.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, reviewed and reflected within their care plans.
- The registered manager told us that when needed, information was available to people in a range of formats, such as, larger print and in picture form.
- Staff were knowledgeable about people's communication needs and we heard staff explaining things to people in a way they could understand.

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 provided with opportunities to participate in activities which focused on meaningful engagement for people living with dementia. The activities coordinator told us most people living at the service were unable to concentrate for long periods which meant they had to tailor activities to meet

people's needs. For example, they found that people engaged well when using reminiscing books and singing along with music. We saw some people taking part in these activities during the inspection. However, we received mixed feedback from relatives about activities available for people. One relative told us, "I don't think that there are sufficient activities, though this is possibly effected by the age of the residents in there and their condition." Another relative said, "I think that they could do more to support him with activities both pre Covid and during the pandemic. He could benefit from being taken outside more for walks or just for some fresh air."

- The registered manager told us they hoped to be able to have more activities for people to enjoy as Covid 19 restrictions eased.
- People were protected from the risks of social isolation. Staff recognised the importance of social interaction, friendships and family contact. We saw staff spending time with people in the communal areas sitting and chatting or holding people's hands.
- People were supported to maintain relationships that were important to them. During the Covid-19 pandemic, staff helped people have window visits, virtual visits, and visits in the home. Technology was used to help people keep in touch with family who lived far away.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was accessible to people and relatives.
- We found complaints were investigated and a response sent to the complainant.
- Any lessons learnt from complaints were discussed with staff at team meetings or supervisions.
- Relative told us they knew how to raise a concern or complaint.

End of life care and support

- People's future wishes for end of life care were discussed, where appropriate, during advanced care planning meetings and incorporated into their care plans.
- The registered manager spoke with passion about providing high quality end of life care and the importance of having knowledge of people's wishes. They involved relevant professionals, and appropriate medicines and equipment was made available to ensure people received dignified, pain free care. At the time of our inspection, the service was not supporting anyone with end of life care.

# 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.

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

In January 2021 we completed a targeted inspection looking only at the key questions, safe and well led. During this inspection we found concerns in relation to infection prevention and control. At this inspection this had been addressed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Following the last inspection, the provider, registered manager and staff had worked hard to address the issues we raised in relation to infection prevention and control (IPC). The service worked with and sought advice from the local infection control team to ensure they made the changes needed to meet government guidance. Staff received IPC training and supervisions and the registered manager and senior staff perform regular spot checks to ensure staffs' continued compliance with PPE.
- The registered manager and provider had a system to monitor the quality of the service. This covered all aspects of service delivery including audits of medicines, infection control, and care records. The audits also provided evidence to demonstrate what action had been taken if an issue in practice was identified and when it was addressed.
- Since the last inspection the registered manager had developed manager's monthly audit to further strengthen governance systems.
- There were clear lines of responsibility and accountability within the management structure. Staff were clear about their responsibilities and the leadership structure. The registered manager told us they felt well supported by the provider.
- The registered manager kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular support from the provider and contact with other managers within the organisation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager led by example and was focused on developing a strong and visible person-centred culture in the service. They were passionate about providing quality care for the people living in the home. The registered manager told us, "It's all about them [people] and making sure they have quality of life. I want to make Hatt House into a flagship service where we can show people how to look after people with dementia well and give them a good quality of life and good care."
- People's relatives were extremely complimentary about the leadership at the home. Comments included,

"I think that [registered manager's name] as manageress is top notch. She is easy to communicate with and is very caring and knowledgeable about things", "One hundred per cent trust and have confidence in [registered manager], and would immediately contact her if I had any concerns" and "The manager knows the residents and is not just stuck in the office. She is on the floor working with her team and have seen this on multiple occasions."

- Staff also gave extremely positive comments about the registered manager. Comments included, "I think it is well-run, you are free to speak openly about anything you are worried about. Seniors are always around and on the floor and you can go to [head of care] and [registered manager] and the door is always open", "[Registered manager] and [head of care] are always really understanding and they have time for the staff and they trust us. I enjoy working with them and any problems you can go straight to them. They are both nice ladies to work for and they are also on hand, on the floor" and "[Registered manager] is very understanding and she has been the best manager at a care home I have had."

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

- The registered manager understood their responsibilities under the duty of candour.
- The registered provider ensured notifications were submitted to CQC as part their regulatory responsibilities. Information was held securely and only accessible to staff authorised to access them.

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

- The provider had a system in place to capture the views and opinions of people, relatives and visitors. Questionnaires were sent out on an annual basis. The results were then analysed and any actions were addressed.
- Staff told us they found the management team supportive and their opinions were welcomed and valued.

Working in partnership with others

- The registered manager worked in partnership with local healthcare professionals, the local authority commissioners and safeguarding team to ensure good outcomes for the people that lived in the service.