

Springcare (Hatton) Limited

Hatton Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 8 and 9 January 2017.

Hatton Court Care Home provides accommodation and personal care for up to 60 older people and also provides a service for people living with dementia. On the day of our inspection there were 43 people living there.

The home had a registered manager who was present on the second day of the inspection. 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.

Prior to this inspection we had received information of concern by people who wish to remain anonymous. They alleged there were insufficient staffing levels provided to meet people's needs especially during the weekend. Hence, the first day of this inspection was carried out on Sunday. People told us staff were available to support them when needed. People told us they felt safe living in the home and staff knew how to protect them from the risk of potential abuse. People were protected from the risk of harm because staff were aware of safe practices to reduce the risk of accidents. People were supported by skilled staff to take their prescribed medicines.

People living with dementia did not have the same opportunities as other people who lived in the home. People's involvement in their care assessment ensured they received a service that met their preference. People could be confident their complaints would be listened to and acted on.

People had the opportunity to have a say in how the home was run and were supported to maintain contact with their local community. People received care and treatment from staff who were supported by the registered manager and nurses. The provider had systems in place to review and monitor the quality of service provided to people. However, these systems did not identify the difference in the quality of service provided to people living with dementia.

People were supported by skilled staff who received regular one to one [supervision] sessions. People could be assured their human rights would be protected because staff adapted the principles of the Mental Capacity Act 2005 in their work practice. People were provided with a choice of meals and had access to drinks at all times. People were supported by staff to access relevant healthcare services when needed.

People were supported and cared for by staff who were kind and compassionate and care was provided in a way that promoted their privacy and dignity. People's involvement in their care planning ensured they received a service that was specific to their needs.

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 felt safe living in the home and staff knew how to protect them from potential abuse. Staff adapted safe practices to reduce the risk of people sustaining accidents. People were cared for by sufficient numbers of staff and were supported to take their prescribed medicines safely.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were skilled and supported in their roles.. People's human rights were protected because staff applied the principles of the Mental Capacity Act in their practices. People had a choice of meals and were able to have a drink at anytime. People were supported by staff to access healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and compassionate and who ensured their rights to privacy and dignity. People were involved in their care planning to ensure they received care and support that met their needs.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People living with dementia did not have the same opportunities as other people who lived in the home. People were encouraged to be involved in their care assessment to ensure they received a service the way they liked. People could be confident their concerns would be listened to and acted on.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Systems were in place to review the quality of service provided and to drive improvements. However, these systems did not identify the difference in the quality of service provided for people living with dementia. People were supported to have a say in how the home was run and were able to maintain links with their local community. People were cared for by staff who were supported by the registered manager and a team of nurses.

Hatton Court Care Home

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.

Prior to this inspection we received concerns from people who wish to remain anonymous. It was alleged there were insufficient staffing levels, especially at weekends to meet people's care and support needs. Hence, this inspection took place on Sunday 8 January 2017 and Monday 9 January 2017 and was unannounced. The inspection team comprised of two inspectors.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with seven people who used the service, eight members of staff and the registered manager. We looked at one care plan and risk assessment, medication administration records, accident reports and quality audits.

Is the service safe?

Our findings

Prior to this inspection we received concerns from people who wish to remain anonymous who alleged there were insufficient staff provided to meet people's needs. We spoke to a person who lived at the home who said, "Staff are always available especially if you are unwell." Another person said, "When I ring the bell [call alarm] the staff come quickly." A different person told us, "I sometimes have to wait for support but not very often." Another person said, "I had a fall and rang the bell and staff came very quickly." We arrived at the home at 7am and spoke with the nurse in charge of the night shift. They told us there were six care staff on duty to meet the needs of 43 people. They were confident sufficient staffing levels were provided. On the second day of our inspection we spoke with the registered manager who confirmed staffing levels had recently been reviewed. The registered manager said staff working patterns had been changed to ensure consistent levels of staffing throughout the day and night time and staff we spoke with confirmed this.

People could be confident they would be cared for by suitable staff because the provider's recruitment process ensured safety checks were carried out. All the staff we spoke with confirmed that before they started to work at the home a Disclosure Barring Service [DBS] check was carried out. The DBS helps the provider make safer recruitment decisions to ensure the suitability of people to work in the home. Staff informed us that a request was also made for references.

People told us they felt safe living in the home. One person said, "I feel safe living here because the staff are so nice." Another person said, "The staff are so patient with me and that makes me feel safe." All the staff we spoke with had a good understanding about different forms of abuse and how to protect people from this. Staff told us they would share any concerns of abuse or poor care practices with the registered manager or the nurse in charge of the shift. Staff were also aware of other external agencies they could share their concern with. Discussions with the registered manager confirmed their awareness of when to share information about abuse with the local authority to protect the person from further harm.

People were protected from the risk of potential harm because staff were aware of safe practices. A staff member said, "I always ensure obstacles are removed to reduce the risk of trips and falls." They told us that 'handover' sessions carried out by the nurse in charge informed staff of potential risks to people. Another staff member said, "I always make sure I am available to assist people when needed to reduce the risk of accidents." We spoke with a different staff member who said, "I always assist people by using the appropriate lifting techniques to ensure their comfort and safety."

The provider had systems in place to reduce the risk of accidents and where accidents had occurred action was taken to avoid them happening again. One person told us they had sustained a fall and their walking equipment was reviewed. They told us they had been provided with a wheelchair for long distances. The registered manager said records were maintained of accidents and we saw this. We saw where accidents had occurred the person's care plan and risk assessment had been reviewed. This ensured staff had access to relevant information about how to reduce the risk of further accidents. The registered manager said monthly audits of accidents were carried out to establish any trends. For example, if a person had sustained a number of falls, this information would be shared with the GP to identify if this related to the person's

health.

People were supported by staff to take their medicines safely. One person told us, "The staff manage my medicines and I get them on time." The registered manager said some people chose to manage their medicines. We saw a risk assessment in place that provided staff with information about how to support people to manage their medicines safely.

Medicines were stored securely and a record was maintained when they had been administered. Records showed that some people had been prescribed 'when required' medicines. These medicines should only be taken when needed. For example, medicines prescribed for the treatment of pain. Discussions with a nurse confirmed their understanding of when these medicines should be administered. Medicines were managed by qualified nurses and senior care staff who had received medication training.

Is the service effective?

Our findings

People were cared for by staff who were skilled. One person said, "The staff do have the skills to look after me." Another person told us, "The staff seem to be skilled and they do regular training." Discussions with staff confirmed they had access to routine training. One staff member said training gave them the skills and confidence to do their job. Another staff member said, "Moving and handling training helped me to understand how to help people with their mobility safely." Staff said the registered manager and nurses often observed their work practice to ensure the skills learnt were put into practice and the registered manager confirmed this.

We looked at how new staff were supported in their role. A staff member told us they had an induction when they started to work at the home. They told us their induction entailed working with an experience care staff and getting to know people's care and support needs. They told us they also had the opportunity to read the provider's policies and procedures that promoted good care practices. Another staff member said, "My induction provided me with relevant information about people's needs and how to support them."

People were cared for and supported by staff who received regular one to one [supervision] sessions. One staff member told us, "Access to supervision enables me to discuss my training needs and to share information about care practices." Another staff member said, "During my supervision sessions my work performance is reviewed and it makes me feel valued as a member of staff." Another staff member said, "Access to supervision makes me feel well supported."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All the people we spoke with confirmed they were able to make their own decisions. They told us that staff always asked for their consent before supporting them with their care needs. One person said, "Staff always ask for my consent before they assist me." We found that the majority of staff we spoke with had a good understanding of MCA and the importance of adapting the principles in their work practice. For example a staff member said, "I always offer people a choice and obtain their consent." One person who was living with dementia was unable to tell the staff what they wanted for their meal. We observed a staff member showing the person two meals to enable them to point at what they wanted.

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 were being met. 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). The registered manager said 14 out of 43 people living in the home had an authorised DoLS in place. These people were living with dementia and did not have the capacity to make a decision. The registered manager said people's safety would be compromised if they left the home without support from staff. They confirmed where DoLS were in place a MCA assessment had been carried out. This was to

find out if the person was able to make a decision and whether the application for a DoLS was appropriate. They told us best interests meetings had been carried out with other relevant healthcare professionals. This was to ensure any decisions made on people's behalf were in their best interests. The registered manager said all authorised DoLS were being reviewed to ensure they were still needed.

People were supported to eat and drink sufficient amounts and had a choice of meals. One person said, "The food is good and I am never hungry." Another person said, "The food is very good and always nicely presented." People told us they had access to drinks at all times and we saw staff frequently offering drinks.

Discussions with staff confirmed they had a good understanding about suitable meals for the individual with regards to their health condition, likes and dislikes. Staff told us they had access to 'handover' charts that provided information about people who required a special diet and those who required support with their meals. Staff informed us if they had concerns about the amount a person ate and drank they would share this information with the nurse in charge. A record would be maintained of how much the person ate and their weight would be monitored and we saw evidence of this. Staff told us any further concerns would be shared with the person's GP and where necessary a referral would be made to a speech and language therapist or a dietician. These healthcare professionals would provide the person and staff with advice about suitable meals.

We observed that mealtimes were relaxed and staff were nearby to assist people with their meals when needed. We saw staff sit with people whilst supporting them to eat their meals and engaged in conversation with them. We saw that one person needed their food to be cut up and staff did this discreetly. Where needed people were provided with a specially adapted cup to enable them to drink independently.

People were supported by staff to maintain their health and to access relevant healthcare services. One person told us "When I am unwell the staff will call the GP for me." Another person told us they were feeling unwell and staff had made arrangements for the GP to visit them. The person confirmed staff always supported them to attend their medical appointments. Qualified nurses were always on duty to undertake any nursing tasks and were supported in their role by other healthcare professionals when needed.

Is the service caring?

Our findings

People were cared for and supported by staff who were kind and compassionate. One person said, "We are well looked after and cared for." Another person said, "The staff are quite good and helpful." We spoke with a different person who said, "The staff are very kind and considerate and they do their job well." Another person said, "All the staff are pleasant and I am very happy here." We observed that staff were attentive to people's needs. One person sat alone in a communal area, we saw when staff entered the room they acknowledged the person and took the time to talk with them. A number of people preferred to stay in their bedroom. One person told us, "The staff always pop in to make sure I am alright." We saw an ancillary staff take the time to chat with a person whilst they carried out their work. We observed that one person did not show an interest in their meal and a staff member sat next to them and gently encouraged them to eat. A staff member said, "I routinely ask people if they are alright and to make sure they are comfortable."

One person told us that staff often asked them how they would like to be cared for. They said, "I am very happy with the care here, I couldn't be in a better place." People were encouraged to be involved in planning their care. The registered manager said people were supported to take part in their monthly review of their care needs. We looked at a care plan that was signed by the person to confirm their involvement. This ensured they received care and support the way they preferred.

People's right to privacy and dignity was respected by staff. One person said they needed help with their personal care needs and staff assisted them in a way that respected their privacy and dignity. A staff member said when they assisted people with their continence needs, "I always ask if they want to be left alone whilst in the bathroom." A male staff member said, "I always ask the females if they have any objections with me supporting them with their personal care needs." We saw staff knock on people's door before entering their room. At mealtime we observed a staff member discreetly wipe a person's mouth to maintain their dignity.

Is the service responsive?

Our findings

We received mixed comments about people having the opportunity to pursue their hobbies and interests. Staff raised concerns about the lack of opportunities for people living with dementia to engage in activities. One staff member said they were upset and disappointed about the lack of stimulation provided for these people. They said at Christmas someone dressed up as Santa Claus and gave people their presents. However, the unit that specialised for people living with dementia were not included. Another staff member said, "It's sad it appears these people are not provided with any stimulation and they probably need it more than others." They went on to say, "These people seem to be excluded." We spoke with a staff member who worked in the unit who said people required a lot of support and supervision due to their mental health. They confirmed there were limited access to social activities for people living on the unit. This meant the service was not 'person centred' and did not promote equality. We shared these concerns with the registered manager who acknowledged this was an area that needed to be improved. They assured us action would be taken so these people were provided with the appropriate stimulation. Access to stimulation would promote the individual's mental wellbeing.

The home was divided into three units. We spent some time on the unit that specialised for people living with dementia. Whilst we found the other units to be warm and welcoming and various staff were nearby. We found this unit cold and a staff member confirmed the unit was always colder than the others. The people living in this unit was unable to tell us if they felt cold. We shared this information with the registered manager who said staff had not told them about the temperature difference. There was an unpleasant odour present and the registered manager assured us this would be addressed. However, we did observe staff on this unit were kind and patient with people.

We spoke with people living on the other units who said they were able to live a lifestyle of their choice. We observed that people were able to choose the way they lived. For example, one person told us they preferred to stay in their bedroom and staff respected their choice. They told us they were able to pursue their interests and showed us the art work they had done. They said, "I am quite happy here, the staff don't bother me." Another person told us, that due to their illness they become breathless so chose to stay in their bedroom. They said they were not provided with any stimulation. They told us, "Someone use to come and do my nails but they haven't been for a while." However, they said they enjoyed watching the television and staff always checked to see they were alright. We spoke with another person who said they were impressed with the variety of social activities made available to them. They said, "Living here has enhanced my lifestyle." They told us they had the opportunity to go out on weekly trips. They informed us about their outing on a canal boat and visits to the garden centre. We spoke with another person who said, "It is my choice not to do anything in the day but the entertainment could be better." They told us they sometimes played cards and dominos.

People were able to maintain contact with people important to them. One person told us they had a computer, which enabled them to keep in touch with their family and friends. People told us there were no restrictions on visiting times and they were able to entertain their guests in the communal areas of the home or within the privacy of their bedroom.

People were involved in their care assessment to ensure they received care and treatment the way they liked. One person told us they were involved in their pre admission assessment. This enabled them to highlight the support they required. They said they had the opportunity to visit the home before they made a decision to move in. The registered manager told us that people were always encouraged and supported to participate in their care assessment. Where appropriate people's relatives were also involved in the assessment process.

People were able to share their concerns and could be confident they would be listened to and acted on. One person said, "If I was unhappy I would talk to the staff." All the people we spoke with said they had never had any cause to complain about the service they received. We saw that bedrooms had a copy of the provider's complaint procedure. This provided information about how and who to share their concerns with. The registered manager said that all complaints were recorded and showed what action had been taken to address them and we saw evidence of this.

Is the service well-led?

Our findings

We looked at systems in place that promoted quality standards within the home. The registered manager said a 'monitoring' officer within the organisation visited the home each month to review the quality of service provided to people. Where improvements were required an action plan would be developed to tell the registered manager where areas needed to be improved. Staff had raised concerns about staffing levels and action had been taken to ensure there were enough staff on duty to meet people's needs. The registered manager said staffing levels would be regularly reviewed to ensure there were always enough staff on duty. However, staff raised concerns with us about the difference in the service provided to people living with dementia. The provider's quality assurance system did not identify this and people remained at risk of receiving a service that did not promote their mental wellbeing. Discussions with the registered manager confirmed they were aware that people living with dementia did not have the same opportunities as others to access social activities. However, they were unable to tell us what action had been taken to address this.

Audits were in place to review the management of medicines to ensure people received the necessary support to take their medicines. We saw that audits were also carried out to promote the cleanliness of the home and to reduce the risk of cross infection. There was a link nurse in post who was responsible for infection, prevention and control. They also had a responsibility to promote good catheter care and to provide advice and support to staff. Systems were in place to ensure staff had access to regular one to one [supervision] sessions to support them in their role.

One person who lived at the home was a 'resident' representative their role involved representing people's views in relation to service provided. They gathered information from people in relation to the quality of meals provided and any suggested changes to the menu. They asked people about what activities they would like to be introduced in the home. They were also involved in staff interviews. The registered manager said changes had been made with reference to information obtained from the resident's representative and meetings held with people. This included changes to the menu. They said they were also reviewing social activities with regards to people's comments. One person told us they had been informed that the provider would be introducing a newsletter and the registered manager confirmed this. The newsletter would inform people of what was happening in the home. One person said, "It's lovely living here." Another person said, "This is a pretty good care home." We spoke with another person who said, "It's like hotel quality here." People were supported to maintain links with their local community. One person told us about children from the local school who provided them with festive entertainment. The registered manager said the Salvation Army also visited the home. One person told us the provider had a mini bus that enabled them to access their local community.

The home was managed by the registered manager and a team of nurses. Staff said the registered manager was approachable and supportive. The registered manager said they received monthly one to one [supervision] sessions from the 'monitoring' officer. They confirmed they had access to routine training and had undertaken a dementia awareness course. This training provided them with the skills to cascade this training to the staff team. The registered manager had aspirations to introduce further dignity training in

view of nominating a 'dignity champion.' They were also undertaking the registered manager's award to enhance their management skills.

Further discussions with the registered manager confirmed their awareness of when to send us a statutory notification which they are required to do by law.