Springcare (Hatton) Limited

Hatton Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 2 June 2015 and was unannounced.

Hatton Court Care Home is registered to provide accommodation with nursing and personal care for a maximum of 60 people. On the day of our inspection 58 people were living at the home.

The home did not have 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.

People told us they felt safe living at home. Staff knew how to protect people and report incidents of concern. People's medicines were managed safely and staff followed the organisation's guidance in administration, storage and disposal of people's medicines.

At the time of the inspection people were not supported by sufficient staff numbers. However, following the

Summary of findings

inspection these have been reviewed and increased on Ellerdine unit. Staff received appropriate training, support and supervision. There was a recruitment procedure in place which was followed. This ensured staff were appropriately checked before they started work at the home.

We saw evidence of mental capacity assessments for people that lacked capacity with the exception of one person.

Health care professionals were accessed for people when they needed them. People were supported to maintain independence and control over their lives by staff who treated them with dignity and respect.

A menu was produced which provide a range of choices and special diets were catered for. A variety of group and social activities were available for people to choose from.

The registered provider had a complaints policy which was available to everyone. Complaints were managed and in line with the policy. Systems were in place to regularly audit the quality of the service and the manager acted where audits identified improvements were required.

The provider had appointed an acting manager who was running the service and had made application to CQC. They are referred to as “the manager” throughout this report. They had begun to implement changes to improve the home and drive continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Staff were knowledgeable about how to keep people safe from the risks of harm. Risks were assessed and staff reviewed these to keep people safe. Recruitment procedures were followed to ensure people's safety. Staffing levels required review to meet people's needs. Medicines were administered, stored and handled safely.

Requires improvement

Is the service effective?
The service was effective.

The provider did not consistently protect people's human rights. Representatives who had legal powers to consent on someone's behalf had not always been consulted. Staff received training and support to provide them with the knowledge to do their job. The management and staff worked with other agencies and services which ensured people received the support they needed to maintain their health.

Good

Is the service caring?
The service was caring.

People told us they were looked after well. People were treated with respect and their independence, privacy and dignity were protected and promoted. People were given choices and their decisions were respected. Staff demonstrated a good knowledge about the people they supported and we saw staff engaged positively with people.

Good

Is the service responsive?
The service was responsive.

People living at the home were well supported and cared for. The manager and staff knew individuals they supported and the care they needed. People were provided with a range of activities and were supported to maintain relationships with friends and relatives. There was a system in place to receive and handle complaints or concerns raised.

Good

Is the service well-led?
The service was well led.

The manager was respected and people felt the home was well managed.

People who lived in the home and visitors were asked for their views of the home and these were acted on. Systems were in place to monitor the quality of the service and action was taken when it was identified that improvements were required. Staff felt supported.

Good

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.

This inspection took place on 2 June 2015 and was unannounced. At the last inspection on 4 July 2014 the provider was compliant with regulations we inspected.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the home. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided. We used this information to help us plan the inspection of the home.

During the inspection we spoke with 10 people who were living at the home. We also spoke with three visiting relatives, seven staff, the deputy manager and manager. We looked in detail at the care four people received, carried out observations across the home and reviewed records relating to people's care. We also looked at records relating to the management of the home.

During our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

One relative told us, "I raised concerns with the previous manager as I felt there were insufficient staff for the amount of residents. I was told staff numbers meet the required guidelines so that was the end of that". One person told us, "Staff are very busy I don't think there are enough of them". Staff told us, "When one carer is having a break on Ellerdine unit the other carer has to manage 13 residents and if staff get called by one of the residents for toilet the others are left alone. Staff do bathing every day this takes two carers and while staff are in the bathroom, one member of staff has to keep popping back to check on the others. There are not enough staff on a daily basis". We saw a dependency tool was used by staff which the manager used to calculate staffing levels which the manager told us they had recently completed. However, we saw on Ellerdine unit that there were not always enough staff to meet people's needs. The tool used had not been effective on this occasion at calculating the correct number of staff. For example, at lunch time there were not enough staff to assist people that required assistance to eat their lunch. One person's meal went cold because it stood for over 40 minutes without anyone being available to assist them. We asked the manager to make sure this person had been given an alternative meal. Since the inspection the manager has advised us that there are now three staff on Ellerdine unit to support people at mealtimes. Since the inspection we have been informed that the staffing levels have been reviewed and adjusted to meet people's needs.

One person told us, "I am quite happy here. I feel safe". Another person told us, "I feel safe here". Staff we spoke with knew about the policies and procedures that were in place with regard to protecting people from harm. Staff told us how they would recognise abuse and how they would report it. One person told us, If I witnessed colleagues misbehaving I would report it. I am not here to make friends but to look after people". The manager and staff confirmed they had been trained in protecting people from harm. One member of staff told us, "I have safeguarding training booked this month although I've used the procedures so I am confident in how to report issues of potential abuse". Staff understood how to whistle-blow and were confident that management would take action if they had any concerns. Whistle-blowing means that the organisation protects and supports staff to raise issues or concerns they have about the service. Staff we spoke with were also aware that they could report any concerns they had to outside agencies such as the police or local authority. Allegations of potential harm had been managed by the manager and local authority safeguarding adult's team.

Risk assessments had been agreed with individuals and staff knew how to manage risks to people. For example, minimising the risk of people falling or developing sore skin, or ensuring that people who needed help to move were kept as safe as possible. Information in risk assessments guided staff as to the best way to keep people safe. One person's risk assessment for the use of a hoist said staff should not allow the sling to sway about when the person was in the hoist. We saw how staff carefully manoeuvred the hoist with a person using it. They did this safely and reassured the person so that the person did not get injured during the process. This helped the person stay calm and relaxed. The manager and staff were clear on how to manage accidents and incidents. We saw there was a process in place to review incidents and the manager told us how action would be taken to minimise the risk of similar incidents happening again. For example, one person had recently fallen more than once. They were being monitored and referred to their doctor for review.

Safe recruitment procedures were in place. The manager and staff we spoke with told us recruitment to the home was thorough and they did not start work until all necessary checks had been completed. One staff member told us, "I completed an application form, came for an interview, had to provide two references and I was checked by the disclosure and barring service (DBS) to make sure I did not have a record. I was thoroughly checked before I could begin working here". The DBS is a check the provider can do to assist them make a decision as to whether they employed a person.

One person said, "Sometimes my medication is a bit late and that causes anxiety". People told us the home never ran out of their medicines. We saw how staff administered medicines and supported people where required, this was done safely. Staff wore a bright red tabard to show to people they were doing the medicine administration and that they should not be distracted. We saw staff asked people what they would like to drink when they were taking

Requires improvement

Is the service safe?

their medicines and ensured people had taken their medicines by observing in a discreet way. Medicines were stored safely and disposed of following the provider's procedures.

Good

Is the service effective?

Our findings

One person told us, “I am treated very well. I can’t say a bad word about them. Staff explain everything to me”. Another person said, “They are looking after me very well. I quite enjoy it here really”. Another person told us, “Sometimes it is difficult to communicate. Some of the newer staff do not understand me. Some of their language skills are not so good. Some staff are better than others”. We shared this with the manager and they said they make every effort to ensure people have a good comprehension of English language.

We observed staff asked people for their consent before they assisted them and supported people to make decisions. For example, a person who required assistance with eating was asked if they agreed to the assistance and if they were happy with the meal choice they had selected. One person told us, “Staff explain everything to me”. We saw people had signed consent forms for things such as having photographs taken and sharing of information. Staff had an understanding of the Mental Capacity Act 2005 and assessments of people’s capacity to make informed decisions had been made when necessary, for instance, when considering whether their freedom was being restricted. The manager was aware of when authorisations were required for depriving people of their liberty and made applications in line with the legislation. However we saw that a relative had been asked to give consent to an injection for someone who lacked capacity but it was not clear if the relative had legal authority to do this.

Staff told us training was good and they were given opportunities for on-going training. We spoke with a new member of staff who told us, “I had a good introduction to the job. I shadowed the member of staff I was taking over from. That worked well”. Another member of staff said, “All my training is up to date. Qualified nurses told us they received clinical updates to maintain continued professional development and accessed best practice through personal research.

People told us they liked the food. One person told us, “The food is very good, there is always a choice”. Another person said, “We get a choice and the food is very good. The cook knows I only eat a small quantity. Sunday we had roast pork and apple sauce, it was lovely”. A relative told us, “On Ellerdine there are only two carers. Two staff at mealtimes are not enough to go round all these residents as most of them need some help. I time my visit around lunchtime to check my relative has received food”.

We observed lunch in the main dining area. We saw good practice where staff sat down and spent time to chat while they assisted people to eat their meal. We saw that people were offered a choice of hot meal and dessert. Those people who required a special diet were given these, for example diabetic diets. Bowls of fresh fruit were available for people to snack on and a choice of drinks were offered to people throughout the day so they were not thirsty or hungry between meals. Care records we looked at showed risk assessments relating to nutrition had been put in place and were reviewed regularly. Where there were concerns these were passed onto the appropriate health care professional such as the doctor or dietician.

One person told us, “The doctor visits regularly. I am a diabetic so I regularly see the chiropodist”.

A relative told us, “A doctor is called when needed and a chiropodist and optician visit here”. We saw people had been seen by the chiropodist, optician, social workers and dietician and care records were kept up to date with the outcome of professional visits. We saw people received specialist involvement when they needed it so that their healthcare needs were met.

Good

Is the service caring?

Our findings

One person told us, “The staff are caring. I know them all and they know what they are doing”. Another said, “Nothing is too much trouble for them. They are all so kind”. A relative told us, “I don’t know if the staff are skilled but I can’t fault their caring attitudes”. Another relative said, “The current manager is very caring”.

Some people who had complex needs were unable to tell us about their experiences in the home. We spent time observing the interactions between staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff in their gestures and facial expressions. We saw staff approached people with respect and support was offered in a sensitive way. We saw people were relaxed and at ease in the company of the staff who were providing their care and support. Throughout the inspection we saw staff treated people with respect and kindness. We saw staff involved people throughout the day. A member of staff asked someone if they would like to engage in a particular activity but the person said they would prefer to dance. The person began smiling instantly, and clearly enjoyed the dance. We saw the person looked at ease with the member of staff. Another person also indicated that they would like to dance and the member of staff included the person. They also indicated they enjoyed themselves. A member of staff asked one person if they would like to look at their ‘racing’ book because that was a personal interest they had.

People we spoke with told us that their choices were respected. One person said, “I get up and go to bed when I want to”. One person told us, “The food is good and I have choices”. Another person told us, “I am involved in my care planning”. A relative told us, “[relative’s name] gets up when they want. Once my brother visited at 12pm and [relative’s name] was still in bed but that was their choice. [relative’s name] won’t do something if they do not want to”. The manager told us that they were going to discuss the possibility of supporting a person to access an advocate. An advocate is a person who represents and works with a person who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. The manager told us that they intended to develop staff knowledge about using advocates to support people in response to our feedback that some staff did not know what an advocate was used for.

People told us that staff respected their privacy and dignity. One person said, “I am treated well and my privacy is respected”. Another person said, “Staff knock on my door before they come in”. A relative told us, “I am very pleased with the care [relatives name] is receiving”. Another relative told us, “I have been visiting for many years. If [relative’s name] was unhappy the placement would not have lasted so long”. Staff told us how they respected people’s privacy and dignity. Examples included knocking on people’s doors, ensuring curtains and doors were shut, covering people up when supporting with personal care and talking through what they were doing. Staff told us they used people’s preferred names. We saw staff tell a person they were going to reposition them. Staff told us if visitors were present they would normally ask them to leave the room. We saw privacy signs were in use on bathroom doors to show if the bathroom was engaged. We saw one isolated incident where a person’s dignity was compromised by a member of staff who stood to assist a person to eat their lunch instead of sitting and being at their level.

Good

Is the service responsive?

Our findings

One person told us, “My daughter handled the discussions and arrangements concerning the move here. The staff are very good when I ring the buzzer they come.” Another person said, “When I ask for tablets they give them to me”. A relative told us, “I am involved in the care plan”. Another relative told us, “When I am away on holiday out of the country I send emails and the office prints them off and takes them to [relative’s name] so we are still in touch even when I am holiday”. People told us they were involved in their assessment before they were admitted to the home and also had discussions about their care when they arrived at the home.

People's care was planned in a way that reflected their individual specific needs and preferences. For example, whether people preferred a bath or a shower or had particular dietary needs. One relative told us that their relative had become bedridden and had lost weight before they had been admitted to the home. They said, “Since arriving at Hatton Court [persons name] is once again mobile after prompting and perseverance from staff. They have also gained weight”. Care records included important areas of care such as personal care, mobility, skin care, emotional well-being and social activities. We saw staff supported people in line with the information contained within care records. A handover of each shift was given to staff so they knew the care to provide to people at that time. Staff were able to tell us about people’s care and support needs, such as who required wound dressings. They were able to tell us the treatment the person required and how often their dressings should be changed.

We saw and people told us they could see their relatives and friends as and when they chose to. One person told us, “I look forward to my son’s visit, we usually chat in my room”. A relative told us, “Open visiting is permitted any time of the day”. An activities co-ordinator was employed by the home.They told us they consulted with people to get their ideas about how they wanted to spend their time. One relative told us, “The activity worker is exceptional, they make time for everyone whether in the lounge or in bedrooms. Recently there were ‘Victory in Europe’ (VE) celebrations. A singer came to sing wartime sings. It was a wonderful afternoon for the residents and visitors. On St David’s day there was bunting up and another celebration took place. The summer fete is on 4th July with an American independence theme, families are involved in painting garden furniture. The activity worker spends time with [relative’s name] in their room and writes in a book what they do together so [relative’s name] can look again later and we can see what they have been doing and chat about it”. One person told us, “I am going on a trip on Monday to the Horseshoe Pass”. We saw people were able to choose from a range of activities. We observed people taking part in a game of cards in the morning and painting in the afternoon. We were shown models that people had made of people in wartime uniforms as part of the VE celebrations. There was a large display of photographs of activities that had taken part at the home.

People we spoke with and two relatives told us they knew how to raise a complaint if they needed to. One relative told us, “I do not know about the official complaints procedure but I would speak to the manager or deputy”. Another relative said, “I recently received a letter detailing the keyworker and the nurse. If I had any questions I would speak to one of the named individuals first”. One person told us, “I would speak to the manager if I had any concerns”. A complaints policy was available for people to access in a format people could understand. We looked at complaint records held. We saw that complaints were fully investigated and outcomes of investigations were shared with the complainant to their satisfaction.

Good

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way the home was managed. One relative told us, "There have been changes since the arrival of the current manager. They are very approachable, hands-on and their door is always open. I am kept well informed". Another relative told us, "The current manager seems very caring, very good". A staff member told us, "The manager is very good. I find them trustworthy and approachable". Another member of staff said, "The majority of the time they are supportive. They are still new and we are getting to know each other". One person told us, "The manager comes to chat to me".

The provider did not have a registered manager in place as required by their registration with the Care Quality Commission (CQC). The home had been without a registered manager for 20 months. The manager told us they had made their application and were waiting for their interview to be registered. All the staff we spoke with told us that they were well supported in the home. They said they had regular staff meeting to discuss practices, share ideas and any areas for development. Staff had regular one-to-one meetings and annual reviews of their performance. This helped to make sure that staff had the opportunity to raise any concerns and discuss their performance and development needs. One member of staff told us, "In my one to one meeting I have discussed my future training and development. The manager has agreed to look at some training I have requested".

We found the manager had clear visions and values and talked with us about moving the home forward. We already saw that they had carried out some research about current best practice on improving the environment for people living with dementia. One relative told us, "I do not like the colours of the recently painted walls they are far too dark. This place is very dated". Staff were clear about what the service should deliver and how and the manager's plans to develop the service because this had been discussed with them. Staff we spoke with were committed to working as a team. One member of staff told us, "We all work as a team here and provide good care for people". Staff told us meetings were held with the senior managers to discuss issues that affect the home and were an opportunity to discuss any issues they wish. For example, activities at the home and practice issues. A relative told us, "I attend the residents and families meetings that are held". As a result of raising the concerns about the poor quality of the carpet in Ellerdine unit this was being replaced.

There were established systems to assess the quality of the service provided in the home. These included a programme of audits undertaken to assess compliance with internal standards and regular quality monitoring visits from the area manager. We saw regular audits had been undertaken on care records, medication records and the environment. Carpets in Ellerdine unit corridor and lounge were in poor condition. The environment audit had identified this and the acting manager had arranged for replacement floor covering to be fitted.

We saw the provider had considered guidance from other agencies to make improvements.