Caring Homes Healthcare Group Limited

Huntercombe Hall Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 8 March 2018 and was unannounced. At the last inspection on 19 and 20 July 2017 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements in supporting people in a person-centred way at mealtimes, to ensure people were treated with dignity and respect and to improve systems for monitoring and improving the service. At this inspection we found improvements had been made.

Huntercombe Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide care for up to 42 people. On the day of the inspection there were 37 people using the service.

There was 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, relatives and staff were positive about the significant improvements made in the service since the inspection in July 2017. The registered manager promoted a culture that recognised the uniqueness of people and showed her commitment to continuous improvement of the service. The registered manager ensured systems for monitoring and improving the service were effective and where areas of improvement were identified there were plans in place for those improvements to be made.

The dining experience had improved. People were positive about the food and there was a social atmosphere throughout the mealtime. People living with dementia were supported by staff who knew them and understood how to encourage them to eat and drink.

People were supported by caring staff who treated them with kindness and compassion. There was a relaxed, cheerful atmosphere where people enjoyed the company of each other and staff. People enjoyed a range of activities and where people preferred to spend time in their room or did not want to join in activities this was respected.

Staff understood their responsibilities to protect people from harm and abuse. Risks to people were assessed and there were plans in place to manage risks. Medicines were managed safely to ensure people received their medicines as prescribed.

Staff were well supported and had access to training and development opportunities to ensure they had the skills and knowledge to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

The service contacted health and social care professionals appropriately to ensure people received on-going healthcare support. Where advice and guidance was given people were supported to follow this guidance.

The service was responsive to people's changing needs. People and relatives were treated with empathy and compassion when people were receiving end of life care.

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 is safe.

Staff understood their responsibilities to identify and report concerns to protect people from harm and abuse.

There were sufficient staff to meet people's needs.

Risks to people were assessed and plans were in place to guide staff in how to manage the risks.

Is the service effective?

Good

The service was effective.

People received food and drink to meet their dietary needs.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA) and their rights were protected.

Staff were supported and received training to ensure they had the skills and knowledge to meet people's needs.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People's privacy was protected.

Staff showed kindness and compassion towards the people they supported and their families.

Staff knew people well and took time to build relationships with them.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their personal preferences and

recognised them as unique individuals.

Staff responded to people's changing needs in a timely and effective manner.

People were supported with compassion at the end of their life.

Is the service well-led?

Requires Improvement

The service had improved to Requires Improvement.

The registered manager had made significant improvements in the service.

There was a person-centred culture that ensured people were at the centre of everything the service did.

There were systems in place to manage and improve the service.

Huntercombe Hall 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 checked 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.

The inspection took place on 8 March 2018 and was unannounced.

The inspection was carried out by one inspector 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.

Prior to the inspection we reviewed information we held about the service. This included statutory notifications. Statutory notifications are events the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We received feedback from one health care professional who has regular contact with the service.

During the inspection we spoke with five people and three relatives. We also spoke with the registered manager, the deputy manager, two care workers, the activity coordinator and the maintenance person.

We looked at four people's care records, six staff files and other records relating to how the service was managed.

Good

Is the service safe?

Our findings

People and their relatives were confident that people were supported by a service that provided safe care. One person told us, "I keep my call bell by my side. I have never needed to use it but I feel safe to have it by my side". One relative said, "I visit [person] twice a day and that makes me happy to be able to see her each day and that she is safe".

Staff had a clear understanding of their responsibility to identify and report concerns relating to safeguarding. One member of staff told us, "I would report to the manager first and if nothing was done I could come to you (CQC) or go to social services. Records showed that safeguarding concerns had been investigated and appropriate action taken. The registered manager had ensured appropriate agencies had been notified of concerns.

Medicines were managed safely. Medicines were stored securely and at the correct temperatures in line with manufacturer's guidance. Medicine administration records (MAR) contained detailed information of people's prescribed medicines. MAR were accurately and fully completed which showed people received their medicines as prescribed.

Staff responsible for the administration of medicines had completed medicines training and had their competency assessed to ensure they had the skills and knowledge to administer medicines safely. Staff administering medicines supported people to understand the importance of taking their medicines and stayed with people to ensure they had taken their medicines. We saw one nurse supporting a person to take their medicines. The nurse reassured the person saying, "Well done. Two more and you're done". The person smiled in response and took their medicines.

Risks to people were detailed in care plans. Risks identified included: maintaining a safe environment; use of call bell; moving and handling; nutrition; skin integrity and choking. Risk assessments identified the level of risk and care plans included details of how risks would be managed. For example, one person was at risk of choking. The person had been assessed by the Speech and Language Therapy service (SALT). The person's care plan detailed the required consistency of food and fluids to reduce the risk of choking and the position the person should be in when eating and drinking. Staff we spoke with knew how to support the person in line with their care plan and we observed the person being supported to eat and drink safely.

People told us their needs were usually met in a timely manner. One person told us, "Sometimes I wonder if there are enough, as they are busy. They usually answer the call bells quite quickly". Staff we spoke with felt that staffing levels were sufficient to meet people's needs. One member of staff told us, "Staffing levels are much better now (since the registered manager came into post)". Another member of staff said, "We were very short of staff. Things have got a lot better (again referring to the new registered manager)". Throughout the inspection people's requests for support were responded to in a timely manner and call bells were answered promptly. Staff had time to sit and chat with people. People who chose to remain in their rooms were visited regularly by staff and staff took time to check on people as they passed their rooms. We looked at staff rotas for four weeks and saw that assessed staffing levels were consistently met.

There were effective recruitment processes in place that ensured checks were carried out prior to staff starting work at the service. This enabled the provider to make safe recruitment choices.

Accidents and incidents were recorded and action taken to minimise the risk of a reoccurrence. All accidents and incidents were logged on a central electronic system that enabled the registered manager to look for trends and patterns. For example, the system gave an overview of falls in relation to individuals, where in the service the fall had occurred and at what time of day. This had resulted in one person being supported to move to another area of the home which had a different flooring surface. This had reduced the number of falls the person experienced and the person had settled well in their new environment.

The premises and equipment were maintained to ensure they were safe for people to use. For example, there were effective systems in place to monitor and maintain fire systems.

Good

Is the service effective?

Our findings

At our inspection on 29 November and 2 December 2016 and our inspection on 19 and 20 July 2017 we found that not all people received food and drink in a person-centred way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found improvements had been made.

People living with dementia were supported to eat and drink in a way that met their individual needs. Three people living with dementia were sat in the dining room for lunch. Each person had a member of staff sitting with them, encouraging and supporting them to eat. For example, one member of staff gently touched the person on the arm and made eye contact to communicate with them. The member of staff smiled and said, "Are you ready to have some lunch". The member of staff gave the person their cutlery and guided them to eat their food. When the person stopped eating the member of staff prompted and encouraged them to continue eating. The person began to show signs of anxiety and the member of staff gently suggested they go for a walk together and then come back for dessert. This approach ensured the person was content and ate well.

Throughout the meal time there was a calm, relaxed atmosphere. Staff knew people well and used this knowledge to engage and distract people appropriately. There was good communication between staff who shared their knowledge of people to ensure people had food and drink to meet their needs. For example, one person was reluctant to eat the soup they had been served. Another member of staff suggested and alternative the person might like. The person then ate the alternative provided.

The dining experience across the rest of the service was positive. Tables were laid attractively in the communal areas and where people preferred to eat in their rooms they were supported to do so. One person who liked to eat in their room had regular visits from a member of staff. The member of staff told us, "We need to check on (person) regularly, as they need us to make sure they finish their meal. We don't have to sit with them, but just go in and remind them to eat".

People were positive about the food they received. Comments included; "The food is excellent" and "I can choose what I want for breakfast. This morning I had two eggs on toast which were delicious. I like it that they have the menu card on the table at breakfast time for us to see what are our choices for lunch".

Where people's dietary requirements changed, staff were responsive to ensure those needs were met. For example, one relative told us, "(Person) became very poorly. Staff have been giving her smoothies to help her appetite. (Person) used to eat in the dining room but then she became a messy eater. So she chose to eat in her room and felt better about it".

People's needs were assessed and care plans reflected those needs and how they would be met. Care plans ensured that effective outcomes were identified and were in line with current legislation and guidance. For example, people's communication needs were identified and recorded in line with Accessible Information Standards. (AIS) framework. AIS was introduced by the government in 2016 to make sure that people with a

disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

Care plans reflected people as unique individuals and took account of any protected characteristics in line with the Equality Act 2010. For example, one person was identified as having difficulty communicating which was associated to their disability. The person's care plan guided staff to listen carefully to the person when they spoke and ask them to repeat what they said to ensure understanding. The care plan also stated, "May feel patronised if you pretend to understand her when you don't". This ensured the person's rights were protected by ensuring they were listened to.

Staff told us they were well supported. One member of staff said, "I have supervision with the manager. It's very helpful as she wants to hear what we think and feel". Staff were positive about the training they received and that it had improved since the registered manager had come into post. One member of staff said, "Training is much better. You can really practice what you learn. For example, our fire training was really practical".

Staff were supported to identify development opportunities and the registered manager was extremely supportive of people's achievements. For example, the deputy manager had been nominated as the Nursing Times learning champion for one month. This had been shared with the staff team and encouraged other staff to access development opportunities.

The registered manager had a supervision and training plan that identified when supervisions were due to be completed and any training that was due to be updated.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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. We saw that people were supported in line with the principles of the MCA.

Staff had a clear understanding of their responsibilities in relation to the MCA. Staff comments included; "We must always consider the person's preference. If they can't make decisions then we must involve families to make decisions that are best for people" and "We cannot force people. If they do not want help then we can leave them and come back. It's about your approach and making sure you explain. Be gentle and reassuring".

Where people were assessed as lacking capacity to make a decision, there were records identifying that a best interest decision had been made. For example, one person had been assessed as lacking capacity to consent to personal care. The person's care plan detailed how personal care would be provided and included guidance for staff in how to manage the person's behaviour if they became anxious. This had been discussed with health professionals and family members. An application for a Deprivation of Liberty Safeguard (DoLS) had been submitted to the supervisory body.

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 found the home was meeting the requirements of DoLS. The registered manager had regular contact with the supervisory body to review those people waiting

for assessment. The service had 14 authorisations outstanding.

Staff took time to explain choices to people and supported them to make informed decisions about their care. Staff ensured they gained consent from people before supporting them to meet their needs.

People had access to a range of health professionals to support their on going health needs. Records showed that people had been visited by Care Home Support Service (CHSS), Tissue Viability Service, G.P, Speech and Language Therapy (SALT) and to attend hospital appointments. Where recommendations had been made, these had been incorporated into people's care plans to ensure recommendations were followed.

There were areas of the service where the decoration was not effective in meeting people's specific needs. For example the lounge area for people living with dementia was in need of repair and decoration. We spoke to the registered manager about the environment who told us there were plans for refurbishment of the service including the area for people living with dementia. Following the inspection the provider shared their refurbishment plans for the service.

Good

Is the service caring?

Our findings

At the last inspection people were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found improvements had been made.

People were positive about the staff and the way they were treated. Comments included; "The staff are all caring" and "I am very well looked after. They (staff) are lovely people". Relatives were equally positive about the staff. Comments included; "All the staff are very respectful and cheerful" and "Everyone is caring and lovely".

Staff spoke with and about people in a respectful manner, referring to them by their chosen name. Staff understood the importance of involving people in their care. One member of staff said, "We have to make sure we explain everything to them step by step. It shows you respect them and helps them not to feel bad about not being able to do things themselves".

There was caring culture that was promoted by the registered manager and deputy manager. We saw many caring interactions where staff offered reassurance and support to people. Staff used touch to calm and comfort people. For example, one person told a member of staff they were feeling unwell. The member of staff immediately knelt down to the person's level and put their hand on the person's arm. The member of staff encouraged the person to tell them what was wrong and responded with empathy and understanding. The member of staff asked the person if they would like to see the nurse and immediately went to fetch the nurse.

Staff showed compassion to people and their relatives. For example, the deputy manager was speaking with the family of a person who was unwell. The deputy manager spoke sensitively and gently to the relatives. Clearly explaining the situation and involving them in decisions about the person's on-going needs.

Relatives told us they were welcome in the service and were involved in people's care. One relative said, "I visit (person) five times a week. It's like my second home. They (staff) go out of their way to help". Relatives gave examples of staff contacting them when people's needs changed.

People's confidential private information was protected in line with legislation. The registered manager was aware of the implementation of the General Data Protection Regulation (GDPR). GDPR will be the primary law regulating how companies protect information from 25 May 2018. The registered manager had discussed the changes at staff meetings to ensure staff understood how to protect people's information under the new legislation.

Good

Is the service responsive?

Our findings

People's needs were assessed and care plans guided staff in how to meet those needs. Staff we spoke with knew people well and had a person-centred approach to supporting people. One member of staff told us, "I am involved in care plans. The nurses ask how we (care staff) work with people as we know them well. It's about knowing their preferences". The member of staff told us many things about the people they were supporting; including their likes, dislikes and things that were important to people.

We heard staff talking with people about their interests. For example, two members of staff were talking to a person about a football match that had been on the television the night before. The person told us, "I like it when they chat to me about the football. It makes me feel part of life outside".

It was clear that the whole staff team had a person-centred approach to care. One relative told us, "The cleaner is so gentle when he dusts her precious objects and the laundry lady always chats to (person) when they are hanging up her clothes. Even the maintenance man pops in to say hello to her".

The service was responsive to people's changing needs. For example, one person's mobility had deteriorated. The service had taken prompt action to assess the person's mobility and ensure they were provided with support that encouraged them to maintain as much independence as possible whilst ensuring risks were managed.

One relative told us how the service had taken prompt action when a person became unwell. The relative said, "When (person) recently said to the night staff that she had pain, the carer got the nurse, who checked (person's) blood pressure and noticed it was erratic. She (the nurse) called 999 and by the item I got to the hospital a stent had been put in because (person) had had a heart attack. I am so grateful to them all".

Care plans were regularly reviewed to ensure they were up to date and reflected people's needs. Relatives were invited to be involved in reviews and where relatives did not want to be involved this was recorded.

People were supported to develop and maintain relationships that were important to them. One relative told us, "The staff are very good to (person's) granddaughter who has a learning disability. They accept her for who she is and include her when she visits. It is so good for (person) and her to see each other".

Staff ensured people were engaged in activities they enjoyed. For example, one person remained in bed due to their deteriorating condition. Staff had spoken with the person's relatives to identify what they had enjoyed when they were well. An activity programme had been developed that detailed the music the person liked to listen to. Staff had also worked with relatives to develop a recording of relatives talking. The deputy manager told us how the person reacted in a positive way when staff played the recording of the family for the person.

People were supported to enjoy activities that interested them. People's comments included; "I like playing bingo and dominoes. The library has good books and plush seats" and "I like my own company and

watching the TV and looking at the flowers and Robins in the garden. We have a bird table right by my window. I keep my bedroom door open, so that when the carers pass by they can wave to me and pop in and have a little chat". People told us they had enjoyed a musical entertainer who had visited the service. One person said, "We had a great singer entertainer on Monday who got (person) to sing with his deep voice. He and I were both in the RAF and so we often have a chat about it".

The service employed three activity staff which enabled the service to provide an activity programme seven days a week. The member of the activity team we spoke with was passionate about their role and ensured that people were involved in planning and developing activities. The member of staff said, "I love this role as I feel I have more time to get to know the residents. I write up each person and what activity that they do each day so that we can reflect to see what they like or not".

Throughout the inspection we saw people enjoying a range of activities. In the morning there was a seated exercise programme. Some people chose to join in while others watched. One person enjoyed singing along to the music. During the afternoon some people played dominoes whilst others watched. There was gentle music playing in the background. There was a relaxed atmosphere with people chatting together and with those people observing the activities.

People and relatives knew how to make a complaint and were confident issues would be addressed. No one we spoke with had raised any complaints but told us they would speak to the deputy manager or registered manager.

The service supported people when they needed palliative or end of life care. People were supported with empathy and compassion. One person who was unwell was being supported in line with their care plan which reflected their condition. Health professionals had been involved in determining the person's needs and how they should be met. The person was not eating and drinking well. The decision had been made not to complete a food and fluid chart. A member of staff spoke with genuine warmth and compassion when speaking about the person. The member of staff said, "Sometimes (person) will drink but will shake head if doesn't want it. We try to make sure (person) has the pleasures of life as they are receiving end of life care". The member of staff knew the person well and spent time with the person.

The relatives of a person who was unwell were spending time with their loved one. One of the relatives told us "As a family we chose this place for (person) and she loves it. (Deputy manager) asked us this week, that if (person) deteriorated would we want her to go to (hospital) or to end her days here. We said we would like her to stay here if they could cope as we and (person) have so much confidence in them. He reassured us that they could look after her. So we are delighted for her to stay here if the worse happens".

The service worked closely with a local hospice service to ensure people were kept comfortable and pain free at the end of their life. The deputy manager had contacted the hospice out of hours for one person who was in pain at the end of their life as they had been unable to access health care support for the person. This had ensured the person was kept pain free.

Staff told us the registered manager ensured there was additional staff cover to enable a staff representative of the service to attend people's funerals. This clearly meant a lot to the staff member.

The service had received letters and cards of thanks from relatives of people who had received end of life care at the service. The registered manager ensured these were shared with the staff.

Requires Improvement

Is the service well-led?

Our findings

At our inspection on 19 and 20 July 2017 we found that systems to monitor and improve the service were not effective. This had resulted in continuing concerns at our inspections on 21 and 22 October 2015 and 29 November and 2 December 2016 relating to the dining experience not being addressed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. As a result of the continuing concerns the service was rated as inadequate in well-led. At this inspection we found significant improvements had been made.

A new registered manager was in post since the last inspection. The registered manager was committed to ensuring the service provided high quality care and had driven the improvements in the service.

The registered manager promoted a person centred culture that ensured people were at the centre of all the service did. The registered manager led by example and told us they spent time working with staff supporting people. The registered manager said, "I do shifts on the floor. I need to know people to help with the care planning. There has been a lot of improvement since the last inspection. I work one to one with staff. We work together so they can see I am prepared to do everything with them".

People were positive about the registered manager. One person told us, "Yes I know the manager. Last week she worked double shifts with all the bad weather". Relatives were also confident the registered manager was making improvements. Comments included: "The manager is much more hands on and visible than the last manager. She is very helpful and caring"; "I like the way she has written instructions about how to position (person's) arms on the new wheelchair. (Registered manager) stayed and worked extra shifts in the bad weather" and "Since this manager has come back (person) has a new bed which is so much better".

A health professional who visited the service regularly was confident the service was well-led by the registered manager and the deputy manager. They told us "The entire home has a comforting, professional and friendly feel".

Staff were equally positive about the registered manager. Staff comments included: "(Registered manager) is perfect. The best manager we have ever had. She sorts things out. She doesn't shut herself in the office, she's on the floor and we learn from how she deals with things"; "There are big improvements since the last manager. Problems have been properly addressed. (Registered manager) fights for what is right. We can address all the problems with her and she listens and takes action"; "The manager is really hard working. Manager comes on the floor, works with us; in the dining room, the kitchen. She also comes in at the weekend" and "(Registered manager) makes a point to really talk to us and listen. If I have any concerns I talk to her".

There were effective systems in place to monitor and improve the service. A range of audits were completed which included: infection control; environmental; care plans; medicines and a monthly regional manager audit of the service. Where issues were identified action plans were in place to ensure issued were addressed. For example, a medicines audit had identified that there were not always protocols in place for

'as required' medicines. During the inspection we saw that protocols were in place for all 'as required' medicines.

The registered manager carried out daily 'walk arounds' in order to identify any areas of improvement and also held daily meetings with heads of department to identify and address issues.

There were systems in place for the provider to gather the views of people, relatives and staff about the quality of the service. Quality assurance surveys had been sent out to people and relatives. The registered manager told us the responses would be analysed by the provider and an action plan developed as a result. A staff survey had been completed and had resulted in an increase in staff meetings. The registered manager told us that as a result the staff team was "more settled". Staff were positive about the staff meetings. One member of staff told us, "We have monthly staff meetings now and what we feel we can talk to the manager about".

Staff felt valued and listened to. Staff meeting records showed that ideas were shared and changes made as a result. For example, a change had been made to the handover procedure between staff. After a trial period it was agreed amongst the staff team that the new system was not an improvement and the previous system was reinstated.

The registered manager had a clear vision for the service, with an emphasis on improving the care for people living with dementia. The registered manager was using Dementia Care Matters 50 point action checklist to measure the effectiveness of the care provided for people living with dementia in the service. This had resulted in an action plan to improve the environment.

The service has now been rated as requires improvement in this key question. This is because the service was previously rated as inadequate. Therefore, we need to be satisfied that these changes are being sustained. We will do this by following up these concerns at our next full comprehensive inspection, which will look at the five key questions we ask about services, which are: is the service safe, effective, caring, responsive and well-led.