Hatherleigh Care Village Limited

Hatherleigh Care Village

Inspection report

Hawthorn Park
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service caring?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Hatherleigh Care Village is located in the village of Hatherleigh near Okehampton in Devon. It is registered to provide nursing or personal care for up to 53 people. The service is provided over 3 floors and provides care, treatment and support for people living with dementia and those who have nursing needs. At the time of our inspection, there were 52 people living at the service.

Peoples' experience of using this service and what we found
People told us they felt safe with staff and we made observations to support this. We identified that whilst people received their medicines as prescribed, some areas of improvement could be made.
Risks of abuse to people were minimised because the service had safeguarding systems and processes. Staff understood safeguarding reporting processes and were confident appropriate action would be taken.

There were effective systems to ensure the environment was safely maintained. Health and safety checks, together with effective checks of the environment were completed. There was sufficient staff on duty. The provider was taking action to address current sickness levels. Staff were recruited safely to the service.

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. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority. Where people who were assessed as lacking capacity and had decisions made in their best interest, accurate records were maintained.

Staff treated people with dignity and respect and were caring. People told us staff at the service were caring and we received positive feedback. One person we spoke with commented, "I think the staff are kind and accommodating." Another comment we received was, "They are caring and are good fun."

People and their relatives were positive about the quality of care people received. The feedback about the service leadership was positive. There was an extensive range of quality monitoring and governance systems embedded in the service. These were both clinical and non-clinical and were at both service and provider level. This meant the risks of poor care being received were reduced.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:
The last rating for this service was Good (published 20 August 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this 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.

The overall rating for the service has remained Good based on the findings of this inspection.

Follow Up:
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Hatherleigh Care Village

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 Health and Social Care Act 2008.

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
This inspection was carried out by one Inspector, a member of our medicines optimisation team and an Expert by Experience. An Expert by Experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Service and service type
Hatherleigh Care Village is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

During the inspection
We spoke with 7 members of staff. This included the registered manager, nursing staff, care staff administrative staff and maintenance staff. We spoke with 8 people who lived at the service and 1 person's relative.

We reviewed a range of records, including people's care records, staff recruitment files, records relating to safety checks including fire safety and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Following our site visit, we contacted 4 healthcare professionals to seek their views on the service and received feedback from 1 of them. We also spoke with company directors and a member of the providers operations team. We also received further clarification and documentation from the service to validate evidence found.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

●People's medicines were managed safely and they received them in the way prescribed. However, some areas for improvement were identified.

●When medicines were prescribed to be given 'when required', there were protocols to guide staff when doses should be given. However, some of these lacked person-centred details. One medicine with a variable dose did not have clear instructions in the care plan or on the MAR as to how this should be given, and staff were unable to tell us, or find details on how this would be adjusted. We were told this was put in place following the inspection.

●Staff recorded on Medicines Administration Records (MAR) when people received their medicines. These records showed that people received their medicines in the way prescribed for them. We were told there had been some supply issues. Generally, these issues were identified in a timely way, and records kept of ordering dates and subsequent follow-up requests. However, staff told us they spent a lot of time chasing up orders.

●Systems were in place to record when creams or other external products were applied, and we saw that staff recorded when these were used.

●There were suitable arrangements for storage, recording and disposal of medicines. This included those needing cold storage and those needing extra security.

●Regular medicines audits were completed, and we saw that areas for improvement had been identified and actions recorded, and incidents were reported and investigated.

●Staff were trained in safe medicines handling and had competency checks to make sure they gave medicine safely. The registered manager informed us that some competency checks were in the process of being updated.

Assessing risk, safety monitoring and management

●An assessment relating to people's risks was completed and were subject to regular review as part of the providers governance systems.

●Care records identified daily living risks in relation to matters such as falls, nutrition and continence. Risk management and reduction measures were recorded within the records to aid staff in keeping people safe.

●Within a care record we reviewed, we identified that a person's record did not reflect their current care relating to their catheter management. We provided the registered manager information relating to this. There was no evidence this had negatively impacted the person or exposed them to risk.

●Where a clinical need was identified, people had food and fluid charts maintained. Whilst records showed the charts were completed by staff, we saw that that fluid charts did not have a target or recommended daily intake. This information was however recorded within people's main care records. A target daily intake

would assist in identifying if people required additional support in relation to fluid intake.
●Where people were suffering from, or at risk of skin breakdown, accurate records including body maps were in place to monitor the care, treatment and progress.
●There were governance systems that ensured the environment and equipment was effectively maintained. This included checks in relation to electrical equipment, fire systems, water temperatures and mobility equipment.
●People had current individual emergency evacuation plans in place to ensure the right level of support was provided if needed. Records were readily available for emergency service personnel if required.

Systems and processes to safeguard people from the risk of abuse
●People appeared at ease in the company of staff and we saw staff communicated with people in a kind and friendly manner.
●All of the feedback we received about the staff was positive. When we asked people if they felt safe, one person told us, "It's a very good place, they look after me well." Another comment said, "[I feel] extremely safe, the staff check on me regularly, they are all lovely."
●There were appropriate safeguarding policies in place and staff received training in safeguarding adults.
●Staff were able to explain safeguarding reporting and escalation process and told us they were confident action would be taken to protect people by the service management.
●Staff had received training on how to safeguard people and were able to identify different types of abuse and explain both internal and external reporting processes. One staff member told us, "I would be more than happy to report and they are pro-active in house."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

●To reduce the risk of people being unlawfully deprived of their liberty, there were effective systems operated by the registered manager to monitor DoLS applications and authorisations.
●Where identified as being required, DoLS applications had been made to the relevant local authority.
●Where required, we saw records that mental capacity assessments were completed, and best interest decision processes were followed. An additional record of this was also held by the registered manager to ensure a full oversight of any restrictions in place was known.
●The service identified if people had an appointed Lasting Power of Attorney (LPA) in place. A record was held of the people in the service this applied to.

Staffing and recruitment
●The provider and registered manager ensured there were sufficient numbers of staff deployed to meet the needs of the people at the service.
●Staffing rotas were completed in advance to forecast staffing requirements. The registered manager told us unplanned sickness was covered by existing staff or agency staff where this was possible.
●People and their relatives felt that in general there were sufficient staff on duty. One person we asked told us, "Oh yes, there's enough staff, I don't have to wait long if I need help." Another person we spoke with told

us, "Possibly a few more staff when they get busy but generally it's OK."
●Some people did tell us that on very busy days they would have to wait a period for their bells to be answered.
●Staff we spoke with were generally positive about the staffing levels within the home. Some staff told us that on days there was unplanned sickness it could be challenging. When we spoke with the provider they told us that sickness levels were currently being addressed.
●Staff had been recruited safely. Relevant pre-employment checks had been carried out. This included Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.

Preventing and controlling infection
●We were assured that the provider was preventing visitors from catching and spreading infections.
●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 using PPE effectively and safely.
●We were assured that the provider was accessing testing for people using the service and staff.
●We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
●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.

Visiting in care homes
●People were supported to see visitors in line with current UK Government guidance.
●There were no restrictions on peoples' relatives and friends being able to access the service and see people living at Hatherleigh Care Village.

Learning lessons when things go wrong
●There was a reporting system in place for accidents and incidents.
●Staff were able to explain the reporting process they followed to report an incident or accident via the service's electronic care planning system.
●There were systems in place that ensured accidents and incidents were reviewed. Records were reviewed by senior management. Records we reviewed showed a post event analysis was undertaken.
●Where the need was identified, care records were adapted to reflect people's changing needs and reduce the risk of further harm.
●Where necessary, the service had escalated concerns to healthcare professionals to help reduce the risk of recurrence.

Good

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- Staff demonstrated they knew people well. We saw positive interactions throughout our inspection that demonstrated good relationships had been formed between people and staff.
- Staff had a very positive attitude towards the standards they wanted to provide. People that lived within Hatherleigh Care Village were referred to as 'family members' by staff. One staff member told us, "I love the family that are here and I get on really well with people's relatives."
- People spoke positively of their experiences in the service and the quality of life they had. One person we spoke with commented, "I think the staff are kind and accommodating." Another comment we received was, "They are caring and are good fun."
- Relatives spoke positively about care provision and staff. One commented, "I love the staff, they are lovely. They take their time with Mum when she becomes agitated. Mum is so much happier here."
- A review of some of the feedback received by the service showed positive comments were given. One read, "We feel Mum has settled in very well in Hatherleigh. Myself and my sister are very impressed with all the staff – they are very caring and attentive. We are very happy that Mum is in a lovely caring environment surrounded by happy respectful friendly staff."

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

- People told us they received care how they wished and in line with their preferences.
- We observed people being offered choices throughout the day of the inspection and where a choice was made this was respected and acted upon.
- People we spoke with told us they were happy within the service and felt they could make decisions about their care. No concerns around being involved in choices about daily concerns were raised with us. One person we spoke with said, "I'm delighted to be here. It's friendly, you can do what you want."
- We asked some members of staff if they would recommend Hatherleigh Care Village to friends and family as a good place to receive care. All of the staff said they would. One staff member said, "I would recommend it, we give good care here."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed positive interactions to support this during the inspection.
- During our observations, including those over the lunch period. We observed and heard positive interactions. During the lunch period we observed a calm atmosphere and staff supported people in a respectful manner. Plate guards, aprons and appropriate utensils were supplied and staff ensured that people had sufficient to drink.

●Staff told us the steps they took to ensure people's privacy and dignity was respected. Staff gave examples of knocking on people's doors, covering people up when providing personal care and simply communicating in a polite and positive manner. One staff member said, "It's important that people look their best." Another comment was, "[It's about] treating people as we would expect to be treated ourselves."

●People were positive about the level of respect they received when being supported with personal care. One person said, "They are respectful during personal care, they always knock." Another comment was, "It's respectful during personal care."

●Care plans reflected people's individual needs and abilities showing what they could achieve independently.

●People's care records were primarily stored electronically to aid confidentially. We observed on a small number of occasions the remote terminal in use in the communal lounge area on the ground floor was left unlocked and information could be seen. This was highlighted to the provider and registered manager who took action to address this.

Good

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were effective systems in operation to monitor the quality of service provided and the health and welfare of people using the service.
- There was a clear management structure within the service and staff understood their individual roles.
- There was an extensive range of quality monitoring and governance systems embedded in the service. These were both clinical and non-clinical and were at both service and provider level. This meant the risks of poor care being received were reduced.
- Meetings were held within the service to communicate key messages. This was confirmed by staff we spoke with and supporting records we reviewed.
- The service had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. Performance ratings were displayed within the service and on the provider's website as required.

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

- When accidents or incidents had occurred, relatives or those acting on their behalf were informed as soon as possible. No concerns were raised about communication when we spoke with people's relatives or representatives. A relative we spoke with said, "They will contact me at home with any changes with Mum."

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

- The registered manager was committed to their role and was positive about the support received from the provider to enhance people's care.
- We received mixed feedback from people when we asked if they knew who the manager of the service was. Whilst some people knew who the registered manager was others were unsure, however they did not raise any concerns about this.
- We spoke with people about what they felt the service did well for them. We received very positive feedback. One person told us, "I just enjoy it here. I like singing and chatting. I liked the games when we had them." Another person said, "It's a lovely place even though I'm sharing a room. I can't recommend the staff more highly for the care they give. There's a nice atmosphere."
- Without exception, the feedback from staff was positive about the service management. One staff member told us, "The management team here are good." Another commented, "[Registered manager] is really good

to work for and I really enjoy it here. [Registered manager] is really good at being there for you and she understands how the job can impact you."
●When we asked staff if they would be happy for a friend or relative to be cared for at Hatherleigh Care Village, all told us they would.
●We observed a positive working environment which reflected the comments and feedback we received from people and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●There were systems to obtain feedback from people and their families and staff. This was achieved through frequent conversations and surveys. We reviewed a sample of the surveys we received from the provider which were positive.
●There was a memory tree in the garden area of the service where people, relatives and staff were able to acknowledge the passing of a person who used the service or former staff member. The registered manager told us they received donations from family members who had previously lived at the service.
●We saw staff meeting minutes and staff confirmed meetings were held periodically. All of the staff we spoke with felt communication was positive and effective throughout the service.
●Staff told us they felt they would be able to raise matters with the registered manager where they felt there could be improvements made in care provision. One staff member said, "We can feedback all the time and we have meetings. I always feel comfortable to express how I feel."

Continuous learning, improving care and working in partnership with others
●There was a system to review incidents and accidents to reduce the chance of recurrence and learning was undertaken where needed. Where reviews had identified the need, changes to care plans or living environments were made.
●During the inspection process, we identified that staff made paper records relating to care provision and retrospectively updated the electronic care records. Staff we spoke with told us this was due to the unavailability of computer terminals. We spoke with the provider about this following the inspection and immediate action was taken to provide an additional staff computer terminal.
●The registered manager explained that community links were currently limited due to the COVID-19 pandemic but there was a development plan in relation to this. People at the service had access to members of local religious groups who attended the service. Plans were also in place to hold an event with people, their families and members of the local community to mark the Kings Coronation.
●Staff worked with other professionals to ensure people's needs were met appropriately. The service was currently in the process of transitioning between GP services for people. This was being managed by the provider and the local integrated care board.
●We only received communication from 1 of the 4 healthcare professionals we contacted. The feedback we received was that at times they felt the service was difficult to gain access to or contact on the phone which we fed back to the registered manager. The professional also told us that care staff engaged with people in a caring and respectful way and that risk management for people was appropriate.