

Hunters Healthcare Limited

Hunters Down Care Home

Inspection report

Hartford Road
Huntingdon
Cambridgeshire
PE29 1XL

Tel: 01480456899

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Ratings

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

Summary of findings

Overall summary

About the service

Hunters Down Care Home is registered to provide accommodation and nursing care for up to 102 people. At the time of our inspection there were 91 people living at the service.

The service is a two storey premises located on the outskirts of Huntingdon. The service has communal lounges and dining areas on each floor and all bedrooms are single rooms with an en-suite toilet and washbasin. The service is divided into five separate units. People are cared for in a unit according to their needs and levels of independence.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt safe and were happy living in at Hunters Down. There were enough staff employed to ensure people needs were met in a timely way. Staff were knowledgeable about people's needs and how to support them safely. Staff received appropriate training and knew how to report their concerns internally and externally to local safeguarding authorities.

People and relatives told us staff were kind, caring and respectful towards them. Relatives confirmed they felt welcome at the home. People were involved in their care and where appropriate their relatives as well.

Staff received regular training, supervision and appraisals to develop further. Their skills and knowledge were regularly reviewed through competency assessments.

Activities were delivered and encouraged by staff. The variety of activities offered meant that every person found something of interest and could participate in group or individual engagement opportunities.

The registered manager had quality assurance systems to ensure the monitoring and improvement of the service, action plans were in place to drive improvement. Staff understood their roles and responsibilities. People, relatives and staff felt the registered manager was approachable. The registered manager had an open-door policy.

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

Rating at last inspection

The last rating for this service was good (published 27 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Hunters Down Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hunters Down Care Home 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and 12 relatives about their experience of the care provided. We spoke with eight care staff, the chef, the care manager and registered manager. 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.

We reviewed a range of records. This included four people's care records and medication records. We also looked at other records relating to the management of the service.

After the inspection

We reviewed evidence from the registered manager requested as part of the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. One person said, "I feel much safer here than being on my own at home. There is always someone around to help you if you need it." Another person told us, "Yes, I feel safe because there are lots of staff around. They help me to move around. They come quickly if I press my buzzer."
- There were safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff told us they received training and were confident in how to raise and escalate concerns when required.
- Safeguarding posters were displayed around the home to support visitors and staff to understand how to report anything they were concerned about.

Assessing risk, safety monitoring and management

- People had their individual risks reflected in their care plans. Staff demonstrated a good knowledge of people's risks. We found guidance for staff on people's slings when using a hoist was not documented appropriately in all care plans. We spoke with the registered manager who confirmed they will review this. However, we observed safe person-centred practices being completed by staff when they supported people using a hoist.
- Safe procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEP) in place so that staff were familiar how to assist people in case of an evacuation.

Staffing and recruitment

- People and relatives had mixed views about staffing. One relative said, "My [relative] doesn't understand that there are other people wanting help and they may have to wait sometimes although they don't always have enough staff." Another relative said, "There is plenty of staff."
- One person said, "I think the most I have had to wait when I have rung my bell is five minutes." Another person told us, "Some days they seem a bit short of staff, but it hasn't really affected me."
- The registered manager monitored staffing levels and had increased staffing levels where required to support people's changing needs.
- We noted during the inspection staffing levels were appropriate. People's care and daily support were managed in a calm and professional manner.
- There was enough staff on duty on the day of the inspection. Rota's were effectively planned and there were procedures in place to cover staff absence. One staff member said, "We have enough time to engage with people, but we would struggle if someone went off sick." A relative told us, "There are always carers

around."

Using medicines safely

- People's medicines were managed safely. One person said, "The nurse looks after my medication and they always wait with me while I take it." We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded.
- Staff received appropriate training and there were safe protocols for medicines prescribed on an 'as needed' basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Preventing and controlling infection

- The home was clean and fresh throughout the day of the inspection.
- There were cleaning schedules and staff training in place to help ensure good infection control measures were in place. Staff were seen to wear appropriate gloves and aprons when required.

Learning lessons when things go wrong

- The registered manager confirmed lessons learned were discussed with staff at meetings and supervisions, this included sharing good practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to Hunters Down Care Home and care plans were developed with relevant risk assessments.
- Staff received appropriate guidance and where required people received support by other health professional such as dieticians and speech and language therapists. This also helped to ensure care was delivered in line with good practise and recognised standards.

Staff support: induction, training, skills and experience

- Staff we spoke with confirmed they received support from the senior staff and management team and could approach them at any time for support or guidance. Staff told us they received basic core training and regular refresher training. One staff member said, "I have completed my level two and three training and if we want further training I can talk to the care manager."
- Staff had regular supervision. One staff member told us, "They discuss training and make sure we are alright."

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

- People and relative's gave mixed reviews about the food. One person said, "I quite like the food and you get a choice. You can always get a drink if you want one." Another person told us, "I'd like to know where the chef learnt to cook. We are always having casseroles and stews. They do ask me if I want anything else and I say? can have an omelette or a jacket potato." A relative said, "y [relative] does not have any teeth now so they are on a soft diet and it is very good. I help them eat and I know that [staff] monitor what they have."
- People cared for in bed received effective support to help them eat. The dining experience in the communal areas was peaceful and managed in a calm and caring way by staff.
- Staff always offered people choice during their meal time and plenty to drink.
- Where required people's food and fluid intake were monitored to ensure their health and wellbeing.
- The chef had systems in place that ensured people's dietary requirements were met.

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

- Staff were able to identify when people`s needs changed and took appropriate steps to ensure good care.
- People were referred to GP, dieticians, Chiropractors and other professionals when required. One relative said, "[Staff] are good at calling out the doctor, the nurse was here yesterday and the staff always keep me advised of anything that happens."

- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interest.

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

- The standard of décor throughout the home was homely and well presented. One relative said, "The premises seem fine. They have just refurbished my [relatives] room."
- We found there was good signage in the home to support people and staff. People's bedrooms were personalised and there were lots of communal areas for people this also included access to the garden.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff always sought consent to care from people by various means. One staff member said, "We always ask people what they want."
- Mental capacity and best interest decisions were completed appropriately. DoLS applications were submitted to local authority by the registered manager to ensure that any restrictions applied to people`s freedom in order to keep them safe was done lawfully.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us staff were kind and caring. One person said, "[Staff] are very caring, they are very kind." A relative told us, "Yes, they are all very nice staff. Very pleasant."
- We saw caring interactions between staff and people. Staff offered support and reassurance where necessary. A staff member tenderly embraced one person who clearly needed reassurance.
- Staff, and the management team, demonstrated that they knew people's needs and preferences. One relative said, "I think the staff are very good, they are very helpful, they take time to talk to my [relative] and they have really got to know them"
- A staff member told us, "People always get good care." One person told us, "The staff are lovely and very friendly and they help me get washed and dressed. They don't rush me and seem really patient." A relative said, "[Relative] is getting excellent nursing care here and it is more personalised than when they were in hospital."

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

- People and where appropriate, their relatives were involved in decisions about the care people received. A relative told us, "We have regular discussions about their care plan and they ask me to sign it."
- Care plans evidenced that people's life histories were used to shape people's care. Care plans demonstrated people were regularly involved in reviews. One relative said, "We discussed [relatives] care plan before they arrived and it all seems fine. It was a very smooth transition from hospital to here and very quick."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their dignity was promoted. One person said, "I am undoubtedly treated with dignity and respect. We have nice chats. I have no concerns. I am pretty happy here." A relative told us, "[Staff] definitely treat [people] with dignity and respect. The staff are very kind. I cannot complain about that aspect at all. When they are giving personal care, they do not make them feel uncomfortable at all."
- Records were stored securely, and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the previous inspection, we found that people's needs were not always responded to in a timely manner. This meant that on some occasions people had to wait for their care needs to be met. However, we found staffing levels were appropriate to meet people's needs
 - People and their relatives told us that staff were responsive to their needs. They received care and support in a personalised way. For example, ensuring people had the right mobility aids to promote their independence, health and well-being.
 - One relative told us, "My [relative] has diabetes and I have always checked their feet and I still do. Whenever I look at them they are always clean. They always smell nice, so I know they are keeping them clean."
 - Care plans were personalised and reflective of people's likes, dislikes and preferences.

Meeting people's communication needs

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

- People's care plans detailed what communication needs people had. We saw staff adapting their verbal communication to people's ability and gave them time to respond when required.
- One staff member described how one person communicated using gestures when they required pain relief, these details were reflected in the persons care plan. Staff used communication in a way that supported people's independence and promoted their dignity.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they liked and attended varied activities on offer. Relatives told us, they were pleased with the activities. One relative told us, "People had a choice of whether they wanted to join in, there is enough to do. They can go outside if they wish."
- There were activities throughout the day and these were alternated in the different units There were regular visits by entertainers and days outs for people such as: a boat trip, attendance at local carnival. activities also included therapy dogs and visits by children from a local primary school. Each month the local church offers the sacrament.
- A relative told us, "I take [name] into the garden when the weather is better, it is quite nice out there. They

tend to do the activities in the afternoon on this unit. My [relative] loves to dance and if they are anxious staff will play their favourite song and that always calms them down."

- Staff supported people to maintain relationships and family and friends were free to visit at any time.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain, they had been given information about complaints but none of them had raised anything formally. They would speak to the Manager or Senior staff if they were unhappy with anything. One person said, "I have never raised any concerns." A relative told us, "The manager deals with any concerns quickly."

End of life care and support

- People had their preferences and advanced care wishes documented.
- The home had achieved the Gold Standards Framework (GSF) This enables staff to deliver more personalised care within the care home providing people with a better quality of life consistent with their wishes.
- After death analysis was completed to assess the outcomes and to identify improvements and learning for all staff. The care manager told us, "We complete a debriefing bereavement session with staff after a residents' death. This is to support the staff with their feeling of loss and also to identify areas where we feel we can support further."
- We provide a "farewell walk" where staff members, family members and even residents from all over the home line up in the reception area to honour our resident as they leave the Home for the final time.
- There was support for families the care manager told us, "We have developed bereavement packs which contain lots of local information for relatives which we have been told really helped." This information contained contact details to support relatives with useful contact details.
- Families were made to feel welcome around the clock when end of life was assessed as being near. This included the use of a guest room for the relatives to stay in at any time. They could also stay in their loved ones' bedroom. The care manager told us, "This has been a successful addition. We also offer comfort boxes for the relatives during their stay with us. These boxes contain basic toiletries in case they need it."
- Relatives had written feedback, following the loss of their loved one. These comments included; 'Firstly, I would like to thank you all for the love and care you gave [name] whilst they were living with you. They really did think that Hunters Down was their home and that's something you should all cherish'. And, 'I would like to thank all the staff who helped look after my [relative]. They were cared for with grace and dignity by all the staff I met' And, 'I would like to thank all the staff for their excellent care, kindness and consideration. My family and I are most grateful for the support given to us during their stay and on the morning of their passing. It is a comfort to us that [relative] spent their last days in the care of your excellent staff'.
- Relatives and friends were welcomed back to the home. The care manager told us, "A memory tree was planted in Kings garden where the names of our residents that pass away are all hung in lanterns. We have held memorial services in our garden where the memory tree is and have invited relatives of our former residents to place a lantern if they chose to. Former relatives are welcome to come into the home and spend some time under the tree at any time."

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

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

- The provider was committed to providing a high standard of care to the people they supported.
- People and their relatives spoke highly of the service. One person said, "You do see the Manager walking round and they do pick things up that need improving."
- People we spoke with told us, "I would recommend the home, it is pretty good." "It is very different to what I was expecting, so much better." And, "There is nothing I would change here." "I don't think there is anything that could be improved here." A relative said, "I would recommend the home to others."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of being open and transparent when things went wrong. They notified CQC and the local authority about any notifiable incidents or accidents and they discussed with people and staff about what went wrong.
- The provider had systems and processes in place to ensure people received care and support in a safe way and in line with current best practice and legislation. Any areas for improvement identified during audits had actions in place to resolve.
- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to manage all the aspects of the service. Staff told us they knew their responsibilities and how they were expected to deliver care and support to people. One staff member said, "We have a hand over and discuss how people are and we are given our duties for the day."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home where managers as well as staff attended.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided. Feedback about Hunters Down Care Home from people was positive.
- The provider and registered manager continuously looked for ways to improve the service. The registered manager felt supported by the management structure the provider had in place and the provider maintained a good overview of the service with appropriate quality assurance checks in place.

Working in partnership with others

- The management worked in partnership with health and social care professionals to meet people`s needs effectively. For example, Providing people with appropriate medicines and support during end of life care.