

GCH (Hertfordshire) Ltd

Halcyon Days

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

Halcyon Days 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.

Halcyon Days provides care and support to up to 57 people some of who live with dementia. At the time of our inspection 39 people were living at the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service does not have a registered manager. 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 felt safe at the service. Staff had received relevant training on how to safeguard people and understood their responsibilities to report any concerns. Risks to people's safety and well-being were identified and managed to keep them safe from harm. Assessments were in place that gave guidance to staff on how individual risks to people could be reduced. Medicines were stored appropriately, managed safely and audits completed. Relevant pre-employment checks had been completed for all staff and safe recruitment practices followed. People were supported by sufficient numbers of staff.

People felt staff were well trained. Staff had attended relevant training to undertake their role and spoke positively about the training they were provided. Staff felt supported and attended regular supervisions and appraisals. People's consent was obtained, and staff were aware of how to support those people who may not be able to provide their consent. People's nutritional needs were met and the deputy manager was reviewing how people were provided with additional nutritional snacks.

People told us that staff were friendly and respected their privacy. Staff knew people well and were knowledgeable with regards to people's individual needs. People felt staff knew what was important to them and knew how people chose to spend their day. People's privacy and dignity was promoted.

People's individual needs were assessed and people or where appropriate, their relatives were involved in the planning of how their support would be delivered. Care and support plans had been regularly reviewed to ensure that they were reflective of people's current needs. People were encouraged to provide feedback on the service they received and knew how to make a complaint.

People were not aware who the acting manager was. Staff were not aware of the plans to fill the managers vacancy, however were supportive and positive about the interim management of the service. People's care records were not always updated when people's needs changed. Quality assurance systems were in place and regular audits completed but although these were not effective, we could see ongoing development work was in place as a result of these findings. Staff were encouraged to attend team meetings which were held regularly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remained Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remained Responsive.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service remained not consistently well led.</p> <p>The service did not have a registered manager in post.</p> <p>Systems were in place but not operated effectively to identify areas of improvement.</p> <p>People's care records were not always accurately maintained.</p> <p>Staff felt supported by the interim manager and felt they demonstrated positive leadership.</p> <p>People, staff and relatives feedback had been sought.</p> <p>Notifications that are required to be made to CQC had been completed in a timely manner.</p>	<p>Requires Improvement ●</p>

Halcyon Days

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 04 and 09 July 2018 and was announced.

The inspection was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone using this type of service. The expert used for this inspection had experience of a family member using this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us about the service such as information from the local authority, and notifications submitted to us. A notification is information about important events which the provider is required to send us by law. Concerns had also been raised in relation to people's dignity, weight management and end of life care.

During the inspection we spoke with nine people, two relatives, six staff members, the deputy manager, and two members of the providers senior management team. We also 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 the care records and risk assessments of three people who used the service, to ensure these were reflective of people's current needs. We also reviewed records relating to the management of the service and sought peoples views about how the service was managed.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "Yes, [I feel safe]. On the whole (staff) are quite good." A second person said, "Yes, very safe. Staff are helpful."

People were protected from the risk of harm by staff who knew how to identify abuse and knew how to report any concerns they may have. Training records confirmed that all staff have undertaken appropriate training. During this inspection one person raised concerns regarding the conduct of one staff member. We reported this to the management team who took immediate action to remove the staff member whilst investigating the issue. One staff member said, "Safeguarding is ensuring they [People] are protected and kept safe, anything I am worried about or thinks not right I report and they [Management] are very quick to investigate it." Lessons learned from safeguarding was an area that was being embedded into team meetings and handovers. Although not a formal process in meetings and supervisions at the time, staff did review and discuss incidents as part of their daily handover.

Risks to people's health and well-being were identified and managed. We saw that staff completed a range of assessments to mitigate the risks to people in areas such as mobility, skin integrity, risk of falls and these had all been reviewed regularly. We saw for example one person had previously been cared for in bed. Over a period of time, we saw they began to regain their strength and mobility and were seen to be walking around the unit unaided. Appropriate equipment was in place for this person to mobilise, and staff had placed a sensor mat in their room to alert them when the person got up. It was seen that although this person at times would forget to use their walking frame, staff were alert to the risk and ensured they monitored this person. They had not experienced a fall recently, which demonstrated staff were aware of how to manage these risks safely. Those people at risk of developing pressure wounds had an appropriate care plan in place and equipment such as pressure relieving mattresses and cushions were routinely used.

People and staff told us there were sufficient numbers of staff available. One person said, "Yes, I think there are enough [staff]. I haven't heard anyone complain." A second person said, "I don't think they need any more [Staff] at the moment." One member of staff told us, "It gets busy, but overall we can get done what we need to without rushing about. Staff will always say we need more staff but in all honesty, we have enough for now." We observed that staff attended to people's needs in a calm and unhurried manner and call bells were responded to promptly. One person with a pendant alarm told us, "They come all right if I ring but I don't press it for anything really. They are very nice and friendly and helpful." We saw that due to new people moving into the home the deputy manager had increased staffing accordingly for one unit.

We looked at the recruitment files for three staff members who had recently started work at the service. We saw that relevant pre-employment checks had been completed for these staff. These checks included criminal records checks, written references and evidence of their identity. Where temporary agency staff were used, a profile of their skills, abilities and training, along with verification of their character had been seen. This ensured that staff employed were of sufficient good character to work with people using the service.

People's received their medicines in accordance with the prescriber's instructions. We checked people's medication administration records (MAR) and found these were complete with no errors or omissions. Physical stocks tallied with the stock records demonstrating people had received their medicines when required. People's preferences and allergies were clearly recorded, and a review of people's medicines, particularly those to manage behaviours that challenge were regularly carried out. Staff maintained accurate records for receipt and disposal of medicines, and stocks were regularly checked. Where people required their medicines to be given covertly staff had sought the advice of the GP, relatives and asked the pharmacist to authorise the use of covert medicines to ensure this was safe, and a liquid alternative was not available.

People told us that staff assisted them with their personal care using appropriate personal protective equipment. We observed throughout that staff used aprons and gloves when assisting people. The home was bright, clean and presentable. People told us they lived in a clean environment. One person said, "I am a fusspot about cleanliness and I have to say they are very good cleaning things up. There are none of those smells you get in other places."

Staff spoken with were aware of how to evacuate people in the case of a fire. One staff member said, "We evacuate, and where we can't we take people to a place of safety, such as an area between two fire doors." Staff confirmed they carried out fire drills and regular checks were made of fire equipment. The fire brigade had recently visited Halcyon Days to ensure actions from their previous visit had been actioned. These had been completed and the service had passed their fire inspection.

Is the service effective?

Our findings

People told us staff competently supported them with their care and support needs. One person told us, "The staff do the best job they can do with the support they are given, maybe it would be better when they get a new manager." A second person said, "I would say they [staff] get the training, they look like they are capable I suppose."

Staff received the training they needed to help them do their jobs effectively. Staff told us that they had opportunities for on-going training and the provider was developing their training program further. Staff told us they had been booked onto specialist training courses to better enable them to support people's needs. One staff member said, "They have been looking at additional courses we can do I was going to do advance care planning but the training people couldn't provide it, so in the meantime [Interim manager] has asked me to take on a champion role in nutrition with extra training. I think its good to have extra responsibility."

Staff felt supported in their roles and received formal supervision on a regular basis. One staff member told us, "I feel like we are getting a lot more support, [Since registered manager left] Interim manager shows us a lot more things, like showing me how to carry out the best interest decisions better and showing me how to review the care plans in more depth." A second staff member told us, "Supervisions are held regularly and I had my yearly appraisal. [Team leaders] are great I feel supported and feel they are all there to help us and to help each other. It feels like a real team where we learn from each other."

We observed throughout the inspection staff obtaining people's verbal consent prior to assisting them. Staff clearly explained how they wished to assist and waited for the person to respond. Where people declined and were not ready or did not wish to be helped, then staff acknowledged this and returned later.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had completed MCA and DoLS training that helped them understand issues around capacity and supporting people effectively with decision making. We saw that written consent had been obtained from people relating to the support they received at Halcyon Days and the interim manager was in the process of reviewing the consent arrangements for people who held legal authority to make decisions on people's behalf.

On Nightingale Unit the lunch tables were nicely laid. On Kingfisher the tables were not laid; cutlery and place mats were brought after residents were seated, However food choices were offered to people at the tables, and alternatives offered where people did not like the food on offer. Residents did not routinely wear

clothes protectors with staff offering people a choice and people were encouraged to help set up the dining rooms and clean away the left-over lunch. However we did notice that where people clearly enjoyed being able to help staff, a system of monitoring the food waste needed to be implemented. This would help to ensure people's food intake was accurately recorded.

People told us that they enjoyed the meals that were provided to them and confirmed they could choose what they wanted to eat. One person told us, "It's not bad at all. There is a choice. I've had one meal I really disliked in all of the meals I've had here." A second person said, "The food is very nice. I have no complaints." However, we found that snacks for people who were required to have a soft diet were limited and not appetising or varied, and staff knowledge in the kitchen was not sufficient to manage people's nutritional needs. For example, staff in the kitchen did not routinely fortify people's meals and care staff told us they did this to ensure people at risk of weight loss received a high calorie diet to promote weight gain. Kitchen staff did not prepare home cooked snacks for people such as cakes or biscuits, so to address this we saw that activity staff took on this as a planned activity. We shared our findings with the provider and local authority who provided specialist support and training to staff to improve their awareness and practise.

People's health needs were met. However, our inspection identified concerns regarding the management of people's nutritional needs by the visiting GP. We found there had been an over reliance of the use of supplementary shakes to aid weight gain, and that some inappropriate supplement prescriptions had been given. Our findings were supported by the local authorities dietician team who reviewed the arrangements to support people's nutritional needs. We referred our findings to the local authority and inspector responsible for monitoring that surgery. However, in other areas we saw care plans addressed people's health needs and records confirmed that people were supported as appropriate to make and attend health appointments. A range of health professionals visited to support people such as district nurses, chiropodists, speech and language therapists and dieticians.

Is the service caring?

Our findings

People told us that staff were respectful to them. One person told us, "They are always kind and caring. I've never seen anything unkind, no, certainly not." A second person said, "I have never felt uncomfortable or embarrassed and certainly think the staff treat me with care and respect."

Staff knew people well and were familiar with their daily needs and routines. People appeared comfortable in the company of staff and interactions between staff and people were friendly and relaxed. Staff were seen to spend time with people and engage them in meaningful conversation and shared jokes among themselves. However, two people told us they felt at times one staff members humour was not funny and could be intimidating. They said, "[Staff] generally are kind and caring. [One staff member] though thinks it's funny to attack me words-wise. They are kind lots of times but I don't like it. Their snappy ways don't suit me at all." Although we were satisfied that the vast majority of staff interacted with people in a kind, caring and sensitive manner, we observed this staff member and provided feedback to the provider regarding their conduct to ensure these concerns were followed up.

People's care was regularly reviewed with the person and where appropriate with their relative. Part of this review process included spending time with people to ensure they were happy with how their care was provided. The information within support plans reviewed people's short and long term goals and how staff could provide personalised support that also promoted people's independence. The detailed information in the plans enabled staff to understand how to support people in their preferred way and to ensure their needs were met.

People's privacy and dignity was maintained. People told us that staff knocked on their doors before entering and gave them space when they wanted to spend private time in their rooms. One person had a notice on their door requesting they were supported by only female staff. When asked if staff respected this wish, they confirmed they were only assisted by female staff. A second person with the same request told us, "[Male staff] will bring tablets or a drink but they don't undress me." People confirmed that staff supported them in a dignified manner. One person confirmed this by telling us, "I've not seen anything [People being assisted with care] the doors are closed in the morning because people are getting dressed."

People told us they could meet their visitors in private and were supported by staff to maintain contact with their relatives. People's care records were stored safely and securely and staff were aware of the importance of maintaining people's confidence and protecting their personal information.

Is the service responsive?

Our findings

People had comprehensive care and support plans which were kept under review and updated regularly. Care and support plans were individualised to reflect people's needs and included clear instructions for staff on how best to support people. We found that each plan included information on people's personal background, their history and life experiences, preferences and their interests.

Staff that we spoke with demonstrated a good knowledge of what was important to people which enabled them to provide care in a way that was appropriate and personalised to the person.

A monthly activity planner was completed by activity staff in discussion with people at the resident meetings. This meant people were able to provide ideas together for outings and what they would like to do. Access to a minibus meant that groups of people could go for day trips to places such as garden centres, parks and shopping. People were also individually supported to attend events and groups that they wished to, for example one person regularly went to a sensory impairment group, and other people had regular trips to places such as the pub and garden centre which they liked to do.

People gave us mixed feedback about the activity provided in the home, however most people were positive. One person said, "I can do as little or as much as I want, I am looking forward to the entertainer later, and enjoy the little impromptu games we do, it can get boring at times but the staff get us going when they can." A second person said, "[Activity staff] are pretty good, they get us planting plants, get people talking and answering questions. They are not in at the moment, I don't know when they'll be back but they are very kind." The interim manager had recently recruited a new activity staff member and was waiting on a final reference before they could start, however this had led to a lack of some stimulation for some people, particularly on Kingfisher unit. Care staff tried to engage with people on a one to one basis, however were not always able to. People spoken with told us they felt this would once again improve once the new staff member started. One person said, "Its been a bit dreary here lately and now they have this new activity person I'm sure things will go back to the way things were." One staff member said, "Some days there is not much going on, like at the moment Kate is organising a fete, but then other days its lovely with games, sitting in the garden. Sometimes the needs of the residents means we can't spend the time we need."

People told us that they felt about to talk to staff if they had a concern or complaint. One person told us, "If I'm not happy then I speak with the manager, speak up in the meetings or tell the staff and things quickly get fixed." The service had a procedure in place to manage any concerns or complaints which was accessible to people. Records including the outcome of any concerns or complaints were recorded and monitored by the provider.

Is the service well-led?

Our findings

The provider had a clear approach to providing people with person centred care and ensuring that staff put people at the centre of what they did was a key principal of the organisational approach. Halcyon Days did not have a manager who was registered with the Care Quality Commission. Since the previous registered manager left, the service had been managed on a day to day basis by the deputy manager with support from senior managers. Staff spoken with were positive about the interim leadership and management of Halcyon Days. One staff member told us, "Things are still the same in many ways, [since registered manager left], I feel like we are getting a lot more support, [Interim manager] shows us a lot more things." A second staff member said, "I think that [Interim manager] is trying their hardest to keep the place at the highest level."

Although the provider was clear about how they wanted care provided, staff told us they did not feel well informed about the management arrangements. None of the staff spoken with were able to tell us about the long term plans for either the interim manager taking on the role, or whether a new manager would be recruited. People were equally unclear on the management arrangements. One person told us, "I don't know who the manager is, I'm sure I should know." We asked whether they felt the home was well managed, and the replied, "Generally it is, it's a difficult job to do."

Staff spoken with told us that they had monthly meetings and that these were important to them to raise their concerns. One staff member said, "Staff meetings are regular we can talk about anything, any problems, that's our time to say. We get feedback from management on things like maintenance, changes in staff, like some are going onto nights, issues that have arisen like staff sickness. A lot of the things we bring up is the staffing because I think we are struggling to get more staff." A second staff member said, "They make the minutes available to us if we don't attend, there are issues that can be brought up, things we can suggest."

The interim manager told us they were in the process of reviewing all training provided to staff, and were booking additional courses. However, when we looked at the training provided to staff we found core areas of training such as nutrition, hydration, dignity and end of life had not been provided and were considered to be optional training modules. We were made aware by the interim manager that these areas are due to become mandatory and will be provided, however ensuring training that is planned meets all people's needs is an area that requires improvement.

During the inspection we identified concerns with how aware the kitchen staff were of meeting people's nutritional needs. We shared our findings with the interim and senior managers, and spoke with the local authorities dietetic team, who will provide ongoing support and development to kitchen and care staff. However, the audits used to monitor the quality of food provided to people had not been effectively used to enable the provider to identify this as an area of improvement.

The provider had systems in place to monitor the quality of care provided to people. We saw that regular visits were undertaken by senior management where areas such as staffing levels, safeguarding, training,

complaints and care records were audited. We reviewed a copy of the providers compliance monitoring tool [CMT] that recorded the findings from a variety of auditing and monitoring. This did not ensure that identified areas for improvement were actioned. For example, we found examples where people's relatives held power of attorney over decisions relating to health matters. The CMT had recorded that for two people they held the incorrect authorisation, but not for others we identified. For those people at risk of weight loss and who required weekly monitoring this had not occurred, and not been identified through routine auditing. Where the auditor had identified gaps in people's care plans these were not documented sufficiently to identify what needed to be actioned and time frames for completion were not reasonable. For example in May 2018 actions identified were noted as 'Few actions' or 'Couple of actions' which did not clearly identify the gaps in the care record for staff to monitor and review. These timeframes were scheduled to be completed in May 2018, but remained outstanding at the time of inspection. We saw numerous similar omissions. This meant that although systems were in place to monitor and improve the quality of care people received, they were not effectively applied.

People's feedback about the quality of care they received had been sought, in addition to the views of staff and health professionals. At the time of the inspection this information was being analysed, and the results would be shared with staff, people, relatives and visitors to the service. Where feedback suggested improvements were required, the interim manager told us they would form part of the overall improvement plan for the service.

Notifications that are required to be made to CQC of particular events had been made in a timely manner. Where necessary the interim manager had also referred incidents, accidents, safeguarding to the local authority and had positively supported any investigation in a timely manner.