Hatfield Haven Limited

Hatfield Haven

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

The inspection took place on 8 August 2017 and was unannounced.

Hatfield Haven provides accommodation and personal care for up to 22 older people some who may be living with dementia. Care is provided on two floors. At the time of our visit there were 21 people living in the service.

Since the last inspection a new manager has been appointed. They told us that they had applied to CQC to be registered. 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.

When we last visited the service in 2015 we found that improvements needed to be made. During this inspection we found the provider and registered manager management team had made improvements.

People spoke positively about the service and the care that was provided. They told us they were listened to and staff were kind and caring.

People told us that they felt safe. Staff were clear about what was abuse and the steps that they should take to protect people. The likelihood of harm was reduced as risks to people's health and welfare was assessed. Risk assessments guided staff in how to reduce the risks and keep people safe.

Checks were undertaken on staff suitability for the role and there were sufficient numbers of staff available to meet the needs of the people living in the service.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

New staff received induction training to provide them with the skills to care for people. Staff files showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. However, staff needed to improve their knowledge and understanding around supporting people living with dementia. Staff were supported and supervision sessions gave staff the opportunity to discuss their work and identify any necessary training.

People who lived in the home were positive about the quality of the food and our observations were that people enjoyed their meals.

People had access to healthcare professionals and appointments were documented with outcomes implemented in care plans. We found staff had responded promptly when people had experienced health

problems.

Quality assurance systems were in place however, they were not yet fully effective as they had not identified some of the areas that we found where improvements needed to be made. People and relatives were encouraged to give their views about the service. A complaints procedure was available and people knew who to speak to if they had a concern.

The new manager was approachable and promoted an open culture.

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 was safe.

Medication was safely stored and administered.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks. Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective

Consent and the Mental Capacity Act was understood by staff.

Staff supervisions were undertaken on a regular basis and staff felt supported...

People were supported to have a balanced diet and to make choices about the food and drink on offer.

People were supported to maintain their health by visiting professionals such as chiropodist, dentists and GP's.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff were kind and considerate in the way that they provided care and support.

Is the service responsive?

Good

The service was responsive.

Care plans were regularly evaluated to ensure they continued to reflect people's needs.

They were activities to support people's social and well-being needs.

There were systems in place to respond to complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service was run by a committed manager who had a clear vision for the service.

The service was run by a committed new manager who had a clear vision for the service. They had started to make changes but these were not yet fully imbedded. There were quality monitoring systems in place but they had not identified some of the inconsistencies that we found.

There were systems in place to seek the views of people who used the service.

Hatfield Haven

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 8 August 2017. It was unannounced and was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection. During the inspection we spoke with three people that used the service, four relatives, seven staff, the manager and one visiting healthcare professional.

We used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care during the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home. We observed how people were supported during meal times and during individual tasks and activities.

We reviewed six people's care records, six staff recruitment records, medication charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

People and their relatives told us they and their family members felt safe living at Hatfield Haven. One person told us, "We are well looked after I always feel safe I just press my buzzer." A relative told us, "I visit my [Name of relative] regularly with my sisters and we are very happy with the way the staff support [my relative]. We all think it a nice safe home and we never have anything to worry about."

There were policies and procedures regarding the safeguarding of people. Staff knew how to keep people safe and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm or neglect. It was evident from our discussions with them staff had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. One staff member told us, "If I had any concerns I would go straight to the manager". Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

Risks to individuals were identified and management plans were in place to reduce the likelihood of harm. These assessments identified how people could be supported to maintain their independence. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. We observed staff supporting someone to transfer from a chair to their wheelchair this was carried out by competent staff the person's safety was considered at all times during the transfer.

We saw that there were processes in place to manage risks related to the operation of the service. For example, the manager arranged for the maintenance of equipment used including hoists, fire equipment and electrical appliances and held certificates to demonstrate these had been completed. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

There were sufficient staff to meet people's needs. Our observations showed the service was well staffed and in addition to care staff the service employed, housekeeping staff, a cook and an activities coordinator. Staffing rotas showed the home had sufficient skilled staff to meet people's needs, as did our general observations. For example, people received prompt support and staff were unhurried. We saw that people's buzzers were answered without delay.

People's medicines were stored and administered safely. We observed the medicines round as part of our inspection, and noted it was undertaken safely. The senior carer ensured people had a drink, and gave them time to take their medicines. People were protected by safe systems for the storage, administration and recording of medicines. Medicines stored at the right temperatures so that they did not spoil. Medicines entering the home from the pharmacy were recorded when received and when administered or refused.

The medicine trolley was kept locked when unattended, and the member of staff signed the medicines administration charts (MAR) after the medicines had been taken. We checked samples of medicines as well as Controlled Drugs and saw that they were appropriately signed for and the quantities in stock tallied with

the controlled drugs register. Staff recorded when they administered PRN medication such a pain relief. We saw that regular audits of people's medicines had been carried out on a regular basis. We noted a recent audit carried out by the pharmacy had identified some actions required these had been carried out.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

Good

Is the service effective?

Our findings

People received effective care from staff who had been supported to obtain knowledge and skills to provide good care. One relative told us, "The staff know what they are doing; they know the best way to work with [my relative]."

Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs. The training plan showed that the majority of staff's compulsory training was up to date. During our last visit we identified staff required some more training around people living with dementia. From our observations and discussions with staff during this visit it was obvious that staff had some knowledge on how to work with people who were living with dementia. However, they would benefit from more in-depth face to face training to increase their understanding of how to support people living with dementia. This would be beneficial as most of the people they supported were living with some form of dementia. We discussed our findings with the manager and provider who agreed to look into further training for the staff.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia

Staff confirmed that when they commenced employment at the service they had received an induction. Records showed that the staff's induction was in line with the 'Care Certificate' this consists of industry best practice standards to support staff working in adult social care to gain good basic care skills. These are designed to enable staff to demonstrate their understanding of how to provide high quality care and support; this is gained over several weeks. Staff confirmed that opportunities were given whereby they had shadowed a more experienced member of staff for several shifts before they were deemed competent to work on their own.

Members of staff told us they felt supported by the manager. Records we looked at showed formal supervisions were being undertaken on a regular basis as well as annual appraisals. The manager told us told us that regular team meetings and handovers take place where staff are kept update about each person. Records we looked at confirmed this. Staff also told us the manager supported them in their professional development to promote and continually improve their support of people.

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).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 were being met. The manager had made the appropriate referrals to professionals for

assessment when people lacked capacity and needed constant supervision to keep them safe. This met the requirements of Deprivation of Liberty Safeguards (DOLs). People told us that they had a say in how they were supported and we saw people being offered choices. Staff were able to demonstrate and explain their understanding of the Mental Capacity Act 2005 (MCA).

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. We saw staff offering people drinks and snacks such as cakes and biscuits as well as fresh fruit which were cut up into bite size pieces to look more appetising and to make it easier for people to eat.
We observed a lunchtime meal. Most people managed their food independently with minimal support needed from staff. When support was necessary this was carried out in a positive way with staff giving people the time they needed and offering verbal encouragement.
We did not observe the use of 'show plates' these are used when people need a visual prompt to understand the choice of food they are being offered. When we spoke with people they were not able to tell us what they were having for their lunch. We were told by staff people chose their food the day before for some people living with dementia they would not be able to retain this information. Staff told us they used pictures to help people make a choice. However on the day of our inspection we did not see these being used. We discussed this with the manager and chef who told us they would start to use 'show plates'.

The chef was knowledgeable about people's nutritional needs and knew people well; We saw they listened to people when feedback was given. For example, they had made spaghetti on toast and it had not been popular therefore it was removed from the menu. We observed the chef chatting to people in the afternoon about the food and asking if they had liked their lunch.

The service had appropriately assessed people's nutritional needs and the Malnutrition Universal Screening Tool (MUST) had been used to identify anyone who needed additional support with their diet. Support from speech and Language Therapist (SALT) had been sought where a risk of malnutrition had been identified as well as swallowing difficulties. Staff had received guidance and details were documented within support plans and associated risk assessments in supporting people identified to be at risk.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. People told us that staff took appropriate action to contact health care professionals when it was needed. One relative told us, "They get the GP out if necessary and keep me fully informed." We saw in people's records details of appointments and outcomes.

Good

Is the service caring?

Our findings

The staff provided a caring environment. We received positive comments from people and their relatives. A relative told us, "My [relative] hasn't been here very long but they are doing so well. I am so pleased with all of the staff they are excellent they seem so much more settled here and know all the staff."
Staff interactions with people were considerate and the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated affection, warmth and compassion, for the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly we observed people being given a hug when appropriate. People were not rushed and they were given time to respond to a question. People were comfortable with staff interactions. One staff member told us, "I love my job; I like the homely feel and the way we all sit together."

We looked at six people's care plans and saw that they contained some information about people's likes and dislikes and their personal history. Care plans had been reviewed since our last visit and gave more information about people's past life. One relative showed us a book they had been asked to complete as their relative had recently moved into the service this contained a number of questions that would help the staff to build up a relationship with this person. They told us they thought this would be helpful in supporting people living with dementia and therefore not able to always remember people and important events in their life. For example, about their hobbies and interests and what music they liked to listen to.

The staff encouraged people to make day to day choices, and their independence was promoted and encouraged where appropriate according to their abilities. We saw that staff knocked on bathroom doors and waited for a response before entering, this showed us that people were treated with respect. We observed people being spoken to discreetly about personal care issues so as not to cause any embarrassment. We saw screens being used to protect people's privacy and maintain their dignity.

People and their relatives were actively involved in making decisions about their care and their independence was promoted. One person told us, "I can do what I like; I like to stay in my room most of the time which is fine by the staff." One relative told us, "I was asked for a lot of information before my [relative] came to live here."

Care plans described how people wanted to be supported during the end stages of their life and their wishes were recorded. Where people had made a decision about resuscitation a completed 'Do Not Attempt Resuscitation' (DNAR) directive was in place. Where possible people had been involved in their care plan and when this had not been possible a family member had been consulted about the care their relative needed.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed this and told us they were able to visit their relative whenever they wanted and at a time of their choosing. One person said, "When I wanted to look around the home I was told I could come any time which was refreshing because other homes I contacted I was told I had to

make an appointment." During our inspection we talked to a relative who told us they visit their relative every day during the lunchtime and are always made to feel welcome.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service the manager carried out a detailed assessment. Following this initial assessment, care plans were developed detailing the care, treatment and support needed for staff to provide support to people. Care plans were informative and contained information about how best to support people.
During our last visit we gave feedback to the manager about the environment not being 'dementia friendly'. During this visit we noted that a lot of work had been carried out over the last few months to improve the environment. This included the purchase of new furnishings. The service was bright and colourful and a handrail mounted around the service enabled people to move around the home independently. A number of sensory items had been wall mounted at eye level. For example, we observed some wooden boards with chains and wheel castors in place and during the inspection we noticed one person touching them as they walked by.

The head of care told us other sensory dementia friendly items had been purchased such as 'twiddle' items we were shown these and dementia aprons. However, on the day of inspection we did not observe these being used by anyone. We mentioned our observations to the manager and provider who told us they would source some additional training in dementia for the staff team.

The service employed an activities co-ordinator to support people with social activities and hobbies. The provider told us the member of staff was being supported from another staff member from one of their other homes by giving them ideas of meaningful activities. People and relatives told us there was always something happening and said they were happy with the activities on offer. One relative told us, "There was an activity last week with a balloon we didn't know that [my relative] was so competitive they had a lovely afternoon banging the balloon lots of people joined in. The activities here are very good there is always something going on [my relative] is very happy here.

The service had access to a mini bus that was shared by other homes and the activities co-ordinator told us this was regularly used. The service has a 'face book' page and this evidenced trips out and activities. For example, we saw that a show had been put on by one person who played the keyboard to the other people in the service.

People told us they had a hairdresser visit on a weekly basis. The hairdressing salon was decorated with photographs of 1940 hair styles as well as having butterfly murals which gave the room lovely nostalgic feeling.

The vicar visited on a weekly basis and carried out a service for people wanting to take part.

People told us they had no complaints but would talk to the manager if they needed to. People's comments included, "I have no complaints but if I did I would go to the manager." We saw in people's rooms they had details of how to complain in easy read format.

Requires Improvement

Is the service well-led?

Our findings

The manager had only been in post for a few months and had made an application to become registered by the commission. Staff spoke highly of the new manager and told us, "She is wonderful, full of life and can deliver structure and order." The member of staff said there had been some confusion over people's job roles and that the new manager was helping to sort this out.

We observed the manager interacting with people and supporting the staff team. The manager told us they thought it was important to gain people's confidence by being approachable and visible during the first months in their new role. The manager told us they had been supported by an external auditor the provider had sourced who had carried out regular audits and highlighted areas where improvements needed to be made. We were shown the most recent audit which gave clear timescales where things needed to be done the manager had already carried out some of the objectives.

During the day of inspection when we looked at people's support plans some of them were mixed up and it was difficult to find what you were looking for. When we discussed our findings with the manager and auditor we were told they had been dropped. The manager told us they had ordered a lockable trolley which will mean they can be moved around easily.

The manager told us they were in the process of making changes to some forms and had devised an improved shift planner and handover form as well as other recording forms. The manager told us these forms had been used in her previous service and had worked well to enable clear oversight of falls and accidents an incidents with the home as well as ensuring clear lines of communication. We noticed from some minutes of a staff meeting that the new forms had been discussed with the staff as well as the reasons for them. The manager told us they would ask for feedback after a few months to see if the staff team thought they were beneficial.

We discussed our observations of care practice with the manager and provider, particularly around the support provided to people with dementia. We had some concerns that best practice was not always being implemented for example in the promotion of choice at meal times. We concluded that staff required some additional training and supervision to increase their knowledge in working and supporting people living with dementia. We saw that audits had been undertaken but they were not always looking at people's experience and had not identified some of the issues that we had found. We have recommended that additional training on dementia care is organised and audits focus on how this is being implemented.

We discussed our observations with the manager and provider around the lunchtime and the lack of stimulating activities available for people. The manager showed us the activities which had been purchased but not used by staff on the day of our inspection. This may have been due to lack of experienced staff on shift. It was clear from our observations staff required some additional training and supervision to be able to increase their knowledge in working and supporting people living with dementia. This had not been picked up on the quality audits that had been carried out or by the observations of the management team during the day of our inspection.

Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns which could be addressed to reduce the likelihood of reoccurrence. Healthcare professionals told us that they had a good relationship with the staff and manager and that communication between both parties was good.

People were asked for feedback on the service through the use of questionnaires and residents/relative meetings. We noted from the minutes people had asked for more outings and this had been actioned by the use of the minibus.

The manager told us they were supported by the registered provider who visited the service on a regular basis and responded immediately to any situations when requested. Staff also told us that the registered provider was very supportive and approachable and visited the service on a regular basis.