

Hatley Court Haven Ltd

Hatley Court

Inspection report

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10 November 2020

17 November 2020

18 November 2020

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09 December 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hatley Court is a residential care home that provides personal care. It is registered to provide care and support for up to 35 older people. At the time of the inspection 33 people, some of who lived with dementia, were receiving personal care. Accommodation was provided over two floors accessible by a passenger lift and stairs.

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

People were safeguarded from harm by staff who were trained and knowledgeable about identifying and reporting any potential abuse. Medicines were administered and managed safely but some records had not been completed. Risks to people were identified and managed well. There were enough staff, who had been safely recruited and met people's needs. Lessons were learned when things went wrong. There were mostly good systems in place to support good infection prevention and control practise.

The provider had ensured we were notified about events such as safeguarding. Audits in place were effective in identifying and driving improvements. The manager had identified and was addressing issues and had begun to build a supportive and positive staff team culture. One staff member said, "The manager is now managing the staff team as a manager should." Staff, including the manager, were supported in their role via mentoring, team meetings and supervisions. However, not all supervisions, best interest decisions and medicines administration records had been recorded correctly. The provider and manager took action to address this before we completed our inspection. People were involved in how the service was run. The provider worked well with others involved in people's care and support.

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 15 May 2019).

Why we inspected

We undertook a focused inspection to review the key questions of safe and well led. This was because we received concerns in relation to the management of the service, staffing, medicines administration, management of risks, infection prevention and control. Several safeguarding concerns had been raised with the local authority in relation to poor care. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. The provider had acted on safeguarding allegations and other concerns to help prevent the potential and risk of occurrences.

Please see the safe and well-led sections of this full report. The overall rating for the service has not changed from good overall but the safe domain has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hatley Court on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Hatley Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Hatley Court is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

We received information of concern about infection control and prevention measures at this service. As part of this inspection we included looking at the infection control and prevention measures the provider had in place. This was conducted so we could understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager left in March 2020. The current manager had only been in post since September 2020 and were going to apply to be the registered manager. This meant that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced prior to us entering the home, so we could ensure that measures were in place to support an inspection and manage any infection control risks. The provider was not aware of our inspection prior to our visit on 10 November 2020.

What we did before the inspection

Prior to our inspection we reviewed and analysed the information we held about this service. This included reviewing statutory notifications the service had sent us. A notification is information about important events which the provider is required to send us by law. We also viewed the information sent to us by stakeholders. Feedback was requested from the local authority quality assurance and safeguarding teams.

A Provider Information Return (PIR) is key information providers are requested to send us on their service, what they do well and improvements they plan to make. This information helps support our inspections. We did not request a PIR for this inspection.

During the inspection

We spoke with four people who used the service and five relatives. In addition, we also spoke with the manager, deputy manager and a visiting operations' manager, who was there supporting the manager for two days a week, as well as seven care staff and three other staff, including housekeeping and kitchen staff.

We reviewed the medicines administration records (MARs). We looked at two people's care plans associated with risks. We also reviewed one person's incident records, infection prevention and control policies and other records associated with the management of the service. Records were also requested from the manager to assist with our inspection.

After our inspection

We asked the provider for further documents and these were received within the requested timescale. These were reviewed and were included as part of our 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection we found concerns around the management of people's medicines. At this inspection we found enough improvement had been made to rate this domain as good.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults and reporting potential abuse. We found staff had ensured people were safe.
- There were strategies in place to manage or prevent behaviours that may challenge the service, including interactions by staff and prescribed medication. All relatives we spoke with felt their family member was safe.
- Staff told us about the different types of abuse and what the signs and symptoms were. Staff knew who they could escalate any concerns to such as the local safeguarding authority or the CQC. One person said, "I feel safe here as the staff are very careful hoisting me."

Assessing risk, safety monitoring and management

- Risk assessments and guidance for staff to support people safely, were contained in care plans.
- Staff were able to describe how they safely repositioned people and how any equipment was safely used.
- Risks were identified and managed but not all risks had been recorded. For example, individual risk assessments for risk associated with COVID-19, were not present. The manager told us they would now record all risks and actions taken to mitigate them.

Staffing

- Enough staff had been recruited safely to meet people's needs. One staff member told us about the various checks in place, such as, a criminal records check, photographic identity checks, as well as providing recent employment references. Another staff said, "A few months ago it was a bit short staffed, but we now have more staff but less use of agency staff."
- Staff on duty had the necessary skills and knowledge and we saw they attended to people promptly and in an unhurried manner, such as for meals and medicines administration.
- One person said, "If staff are busy hoisting someone, I sometimes have to wait a while, no more than 10 minutes. They always let me know how long they will be. It isn't very often they are longer than a few minutes though."

Using medicines safely

- Staff were trained and had their competence to administer medicines checked regularly. Medicines were administered and managed safely including storage and disposal.

- We saw that the quantity of medicines held in stock tallied with the number of medicines administered. However, we found four occasions where staff had not signed for medicines they had administered. The manager told us they would act on this and undertake supervision of those staff who had omitted signatures from the Medication Administration Record (MAR).
- The service carried out regular audits of medicines and reported any errors with people's medicines. In addition, where any medicine was required to be administered covertly (this is where medicines can be lawfully hidden in food or drink), guidance and authorisation was in place for this.
- Information and guidance was in place for staff about when and how to administer people's as and when required (PRN) medicines. One person said, "I get all my medicines every day."

Learning lessons when things go wrong

- Incidents had been reported to the CQC including near misses associated with people's moving and handling. To help avoid further risk of harm and any potential recurrences, lessons were learned, such as amending risk assessments and ensuring staff were fully competent using hoisting equipment. The manager and provider undertook checks to ensure this learning was sustained.
- Staff supervisions were used as an opportunity for staff to reflect on what they could do differently next time.

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 using PPE effectively and safely.
- 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.

We have also signposted the provider to resources to develop their approach.

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.

Continuous learning and improving care

- The provider had quality monitoring systems in place to monitor care and drive improvement. These systems included audits and observations, were mostly effective in identifying and driving improvements. Not all records had been completed correctly including medicines administration, consent to care and risk assessments. The manager and provider told us they would address this matter immediately and they had a clear strategy for further improvements.
- Staff received support in their role and learning was shared amongst the staff team.
- The service did not have a registered manager. The new manager had been in post since September 2020 and was being supported two days a week by an operations' manager.

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

- Our inspection was prompted by concerns about the management of the service. The manager told us they had challenges in bringing the staff team together. Over the two weeks prior to our inspection they had begun to create an open staff team culture. The provider and manager had plans in place to further enhance staff team spirit and wellbeing.
- Staff were supported in a positive way. One staff member said, "The manager sits down and explains things to me, I learn every time and I feel very supported."
- One person told us, "[The manager] comes around at least once a day and asks if there is anything I want or needs changing. They keep the staff in line but in a nice way." One relative said, "The reason we chose Hatley Court was because the atmosphere was warm and welcoming. [Family member] is doing ever so well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved with decisions about their care and support and their choices and preferences were respected. Staff were seen asking people if they needed assistance such as, taking part in pastimes and hobbies.
- We saw staff using various techniques to assist people choose what to eat for lunch. We saw staff knew each person well enough to help them be involved in making decisions. People were given as much time as they needed to be listened to.
- Relatives we spoke with had found lockdown a difficult time for their family member, but technology was used to help interactions. All relatives felt that staff were wonderful, and kind and they would recommend

the service to others.

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

- Services are required by law to report certain events to CQC, one of which is any allegation of abuse. We had been notified as required and appropriate actions had been taken to safeguard people.
- The provider was correctly displaying their previous inspection rating in the home and on their web site.
- Staff understood their responsibilities and were reminded of these during spot checks, staff meetings and supervisions.

Working in partnership with others and 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

- Records showed, relatives told us, and the safeguarding team confirmed the manager and staff team worked well with others and took onboard their suggestions to work more closely together.
- Safeguarding investigations and actions taken showed the provider understood the duty of candour. The provider and manager worked well with others to provide people with joined up care.
- Records showed where incidents had occurred that there had been learning and apologies to those affected. A relative told us, "If we need to ask about [family member] we ring them or the office."
- People were supported with contacting their relatives using technology. One relative said, "I have been able to visit weekly until the latest lockdown. It is now on a need's basis. I write letters and deliver provisions as needed."
- Relatives told us they felt staff had informed them of what was happening at the service, particularly during COVID-19 lockdown. One person said, "If I ever need to speak with the manager, I just ask a staff member if it's urgent, or if not, I wait till they come to see me. It's at least once a day anyway."
- Staff confirmed they felt the management team were approachable if they had any suggestions or concerns. One staff member told us, "The [manager] is very good at listening and they are now managing the service well."