Abbeyfield Society (The)

Halcyon House

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?	Good

Summary of findings

Overall summary

The inspection took place on 30 & 31 October 2018 and was unannounced.

Halcyon House provides residential and nursing care for 31 people in single en-suite rooms.

Halcyon House 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 House accommodates 31 people in one single storey adapted building.

There is a registered manager in post. 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.

Everyone who lived in the home said they felt safe. There were robust measures in place to ensure people were safe. Risk assessments were in place for areas such as pressure care, safe environment, falls and mobility, and nutrition and hydration.

There were sufficient staff on duty to meet people's needs. Staff rotas showed a consistent number of staff were on duty each day. People told us call bells were answered within a reasonable time.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We found that staff had the skills, knowledge and experience to support people effectively and safely. Staff were supported by the manager through regular supervisions, annual appraisal and regular training. Staff had attended training in subjects such as first aid, fire safety, food safety, safeguarding and medication. New staff were required to complete an induction. Staff meetings were held regularly.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines to ensure errors were kept to a minimum.

The home was very clean and there were no odours. The home was well maintained and in good decorative order. People's bedrooms were personalised and were decorated and furnished to a high standard.

Regular checks and tests, such as gas, electricity, water safety, fire drills, fire alarm tests and external checks of firefighting equipment, were completed to maintain safety in the home.

People's needs were assessed and reviewed regularly to reflect their current health and support needs. People were supported to maintain healthy lives.

The service was working within the principles of the Mental Capacity Act. Mental capacity assessments had been completed to demonstrate people's ability to understand and consent to care.

People were supported to eat and drink enough to maintain a balanced diet and meet their dietary requirements. Drinks were offered at various times throughout the day to ensure people's hydration needs were met. Staff understood people's individual nutrition and hydration needs and we saw that meals were provided accordingly.

Everyone living in the home was very complementary about the attitude of the staff and the way they were treated. We observed staff speaking to people respectfully and in a caring way.

Staff knew people and understood their different communication needs. Staff supported people to make decisions about their care, support and treatment as far as possible. Records showed people's preferred routines, likes and dislikes.

People and their family members were involved in the planning of their care and family members kept up to date with matters relating to their relative's health and welfare.

People we spoke with told us they could get up and retire to bed at times which suited them. This information was recorded in their care records.

There was a complaints policy in place, which was displayed in the home. People living in the home told us they did not have anything to complain about.

There were activity coordinators in post. They provided a programme of different activities which included board games, quizzes, exercises, crafts and musical entertainers.

Quality assurance audits were completed by the registered manager, senior nurse and business manager which included, medication and health and safety.

People in the home had the opportunity to voice their opinions about the service at monthly residents' meetings.

The registered manager and provider met their legal requirements with the Care Quality Commission (CQC).

Further information is in the detailed findings below.

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.

The environment was monitored to help ensure it was safe and well maintained.

Staffing numbers were satisfactorily maintained to support people. Staff were safely recruited at the service.

Medicines were administered safely.

The service had policies and procedures to protect people from abuse.

Is the service effective?

Good

The service was effective.

Staff received training relevant to their roles and were supported through induction, supervision and appraisal.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed.

People's dietary needs were managed with reference to individual preferences and choice.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and helped them to maintain their dignity.

The staff demonstrated a caring attitude.

People told us they were involved in the planning of their care and made decisions about their daily activities.

Is the service responsive?

Good

The service was responsive.

People's care plans were person-centred and gave staff the information that they needed to safely and effectively meet people's needs.

The service was responsive to people's individual communication needs.

There was a programme of social activities in place.

A process for managing complaints was in place and people we spoke with and relatives knew how to complain.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post.

Quality assurance and auditing processes were robust and effective.

The Care Quality Commission had been notified of any reportable incidents.

Halcyon House

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 30 & 31 October 2018 and was unannounced.

The inspection team consisted of an adult social care inspector 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 care service.

Before the inspection we reviewed the information we held about the home. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service and other intelligence the Care Quality Commission had received. A notification is information about important events which the service is required to send to us by law. We also received feedback from the local authority commissioning team. We used all of this information to plan how the inspection should be conducted.

Due to technical problems at CQC, the provider was not able to have their Provider Information Return uploaded onto the system. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This meant that the document was not available prior to the inspection.

We looked at the care records for five people, four staff personnel files, staff training records, staff duty rosters and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen and dining room.

During the inspection we spoke with a total of eight staff, including the registered manager, the Business Support Manager and cook. We also sought feedback about the service and spoke with six people who lived in the home and two relatives.

Good

Is the service safe?

Our findings

People told us they felt safe when receiving care and in respect of the security of the premises. Their comments included, "I feel safe here, I know there are always staff about and the doors are locked at night" and "Absolutely safe as I have my buzzer and staff are about all the time."
Relatives told us they were happy that their family members were in a safe environment. One person said, "The fact that they are safe 24 hours a day makes their quality of life, and mine better than when they were at home."

There were processes in place to help make sure people were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and we were aware of the action they would take to ensure actual or potential harm was reported. Staff had access to a 'safeguarding vulnerable adults' policy and whistle blowing policy to support safe practices. The registered manager had made referrals to the local authority in accordance with this procedure.

Risk assessments and care plans had been completed to help ensure people's needs were met and to protect people from the risk of harm. We saw risk assessments had been completed in areas such as, falls, mobility, pressure area care, nutrition and diet and for using bedrails. Risk assessments were subject to ongoing review and updated to report any change. Any actions or referrals required were completed in a timely way. Staff told us they were made aware of any changes in people's care needs during the daily handover.

Safety checks, including fire alarms, emergency lighting, water temperatures and bed mattresses were completed regularly. The registered manager and other staff recorded any requirements, such as replacement light bulbs, or repairs to help ensure the home was safe. We saw from the records kept that issues when identified had been addressed.

Equipment used in the home were monitored and serviced regularly; Safety certificates for electrical safety, gas safety, legionella and kitchen hygiene were up to date. The home had received a recent food hygiene inspection and received a 5 star (very good) rating. This ensured good safety standards in the home.

Personal emergency evacuation plans (PEEPs) were completed for the people living in the home to help effective evacuation of the home in case of an emergency. A signing in book was in place to record visitors to the home and to ensure an accurate record of people on the premises in case of an emergency such as fire.

A thorough recruitment and selection process was in place. We found copies of application forms and references. Staff had been subject to a Disclosure and Barring (DBS) check. The DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.

Appropriate numbers of staff were employed to meet the needs of people living at the home. The registered manager informed us there were currently some vacancies for care staff and nursing staff as well as a deputy manager position. These positions had been advertised and interviews were to be held in a few days' time.

The vacant posts were currently being filled by regular agency care and nursing staff.

Most people said there were enough staff on duty at all times but were aware of the staff vacancies and the regular use of agency staff; some people said they preferred to be supported by the regular staff.

Call bells were answered in a timely manner and people received support when they required it. There were two nurses and six care staff, including a senior carer working each day, with a nurse and two care staff at night. Ancillary staff including domestic and kitchen staff worked across seven days. The registered manager worked Monday to Friday.

Medicines were administered and managed safely and effectively. Staff were trained and their competency was checked each year. An electronic system, E-MAR was used to monitor and administer medication to people. The system had a safeguard built into it to ensure people received their medication as prescribed. For people who were prescribed medicines on an 'as required' (PRN) basis, such as, pain relief, PRN plans were in place to support this practice. We found one plan required more detail to support staff to ensure they were giving a person their medicines for anxiety consistently. In addition, we found that body maps were not used to demonstrate where a person required prescribed creams., to ensure staff applied it consistently. We brought these matters to the attention of the registered manager of the first day of our inspection; the matters were addressed by the end of the inspection.

A person received their medication covertly (hidden in food or drink and without their knowledge). We found there were sufficient details as to why this was necessary and guidance was in place for staff specifically how to administer this medication. We saw the service had followed the best interest process and documents were signed by the registered manager, the person's GP, their advocate and the pharmacist.

Medication was kept securely in a locked room and in three locked drugs trolleys. Some medicines need to be stored under certain conditions, such as in a medicine refrigerator, which ensured their effectiveness was maintained. The temperature of the medicines room and refrigerator were recorded daily and were in safe limits. This helped to ensure the medicines stored in this fridge were safe to use. Items stored in the refrigerator were correctly stored and identified when they were opened to ensure they were only used during the recommended time frame.

Audits were completed to provide assurance that medicines were managed safely and effectively. The audits seen were robust and up to date.

The home was clean with no malodours. Everyone was happy with the cleanliness in the home; one person told us, "The home is spotless." Visitors also praised the cleanliness of the home. We looked at some bedrooms, bathrooms and the communal rooms; they appeared clean and tidy. Hand washing gel and towels were present in the bathrooms and toilets, with sanitising gel readily available throughout the home. Domestic staff were visible throughout the inspection. They told us they worked to a schedule to help ensure everywhere was kept clean. Personal protective equipment (PPE) such as aprons and gloves were available and used by all staff when supporting people with personal care, cleaning and when serving food.

The service managed safety incidents well. Staff reported accidents and incidents. Records kept were well organised and documented the date and incident type so that each incident could be easily located. Accidents and incidents were analysed and an action plan was attached to each audit. This meant that any themes and trends could be identified to prevent further occurrence.

Good

Is the service effective?

Our findings

People's needs were assessed to ensure they received the right support. Care records showed people's assessed needs and the support they required. Care plans were updated each month to reflect any change in people's needs. Changes in people's health were addressed by, for example an appointment with the GP, referrals to the Speech and Language Team, the tissue viability nurse or the district nurse.

People and relatives told us their care and support needs were met by the staff. A person who lived in the home said, "Its good quality of life here because I am well looked after." Relatives said, "My family member's quality of life is good. Another relative said, "My family member has a very good life here. They maintain their independence and have lots of friends who visit and also, they go out a lot as well. They are happy so we are happy."

The service's training programme provided a good basis of learning for staff and provided them with the skills, knowledge and confidence to care for people safely. Training was provided in subjects considered mandatory. This included moving and handling, fire safety, infection control, and safeguarding. Additional training was also provided which was more specific to the needs of the people staff supported, for example, catheter care and end of life care. Training was managed by the provider's training department, who informed the registered manager when training was available and which staff needed to attend.

Staff were supported in their work through regular supervision and appraisal. New staff had received an induction when they had started working at the home. Staff we spoke with said they were supported by the nursing staff and registered manager.

People living in the home felt that staff were trained correctly and all had the skills to support and care for them. People who used equipment to be hoisted said, "The staff do this correctly" and "I have to be hoisted and the staff are very good and efficient".

People were given enough to eat and drink to maintain a balanced diet. People were offered a choice of meals throughout the day. People had their dietary needs met. Where required meals were blended to avoid choking and some people were given enriched diets and dietary supplements. A four-weekly rolling menu offer a choice of meats and fish meals at lunchtime. People were offered a cooked breakfast and a hot lighter meal in the evening.

People told us they got plenty of snacks and drinks throughout the day and a milky drink in the evening. People had jugs of juice/water with lids on in their bedrooms.

People's feedback about the food was mixed. Two people said the food was "Excellent with plenty of choices". Other comments included, "The food is lovely and we get a menu choice", "Same old choice, day in day out ", "There are always 2 choices but the food quality varies day to day" and "Not good choices, everything involves mince! It's not very appetising". Visitors said the food was very good. One visitor said, "Seems to be very good and the staff are good encouraging my relative to eat." We saw from the minutes of

"residents' meetings" that food was discussed each month and any suggestions and changes were made.

The environment of the home was adapted to meet the needs of people and promoted their independence. The home was purpose built and offered level access into and throughout the home. Handrails were fitted through the home. Bathroom and toilets were fitted with adaptations and bathing equipment for people with restricted mobility.

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 with appropriate legal authority. 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. MCA DoLS require providers to submit applications to a 'supervisory body' for authority to do so. DoLS applications had been made to the local authority, however, authorisations were yet to be made.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Mental capacity assessments had been completed to demonstrate people's ability to understand and consent to care. People who had capacity had given written consent to receive the support within the home and to agree to any restrictive practices, such as bedrails.

Good

Is the service caring?

Our findings

People gave us positive feedback about the staff in Halcyon House. People who lived in the home described the staff as "really happy", "kind and caring", "exceptional" and "very pleasant". One person said, "The carers are kind and I trust them 100%."

All visitors told us staff were very kind and considerate to their family members. One visitor said, "The staff are wonderful with my relative but they [family member] also give the staff total respect."

There were no visiting restrictions and visitors said they were always offered refreshments. One visitor said, "We always get a cup of tea when we arrive or we know we can make our own." Another said, "We are encouraged to make drinks at any time, as you would if they were in their own home."

People said they were always treated with dignity and respect. Comments included, "The staff deal with everyone with dignity. They always knock before they come into my room", "The staff always treat me respectfully when they help me to have a shower. I have a shower twice a week which I enjoy. When I have a wash in my room the staff leave me to wash to my waist myself as I can still do this" and "The staff always treat me well. They let me dress myself but make sure I put things on the right way as I am partially sighted". Visitors felt said their family members were treated with dignity and respect.

People were treated with kindness, respect and compassion. We observed staff to be kind and friendly in their approach to people at the home. When supporting people to move from one place to another staff took time to chat with them. Staff acknowledged people in corridors and took time to say hello. When supporting people with their meals staff took their time, sat next to the person and engaged in conversation when appropriate to do so.

People's communication needs were recorded in care records. An importance was placed on ensuring people who used hearing aids or wore glasses had them on at all times. Some people used wheelchairs. We found their care records addressed effective and dignified communication with the person. Records stated, "Give [X] time, coming down to his/her level to speak to."

Good

Is the service responsive?

Our findings

People's needs were assessed before receiving a service. Care plans had been developed where possible with each person, identifying the care and support they required. People and their relatives (where appropriate) told us they had been involved in the planning of their care and providing information about people's preferences and daily routines, their likes and dislikes and social background. This gave staff some personal information about the person so they could be supported in their usual and preferred way. Care documents included care plans, risk assessments, "About Me" profiles and daily reports. "About Me" documents provided personal information about the person, with family information, life histories and preferences in regard to activities and food. The daily reports provided an overview of the care and support given by the staff. These documents were reviewed on a regular basis by the registered nurses. All of the relatives said they were always kept informed of their family members health and were kept updated when necessary.

Electronic records were used, with care staff using iPads to record daily notes. We saw that staff made the record of the care and support offered, including any pressure area care after the support was completed. This gave an accurate record of the care given in real time. Paper copies of care records were printed out for agency staff to have access to.

People said they had choices over their day but mobility issues stopped some from going out. People told us they went to bed at the time they wanted to and got up when they wanted to. Visitors said their relatives did have choices or control of their day.

The registered provider had a complaints policy in place and available to people. No complaints had been made. Visitors and people who lived in the home said they had never had reason to make a formal complaint. Everyone knew who to complain to and all said they would complain, if they felt they had a reason.

Activities were organised to encourage social interaction and physical activity by dedicated activity coordinators. Activities provided included board games, quizzes, art and crafts, weekly chair exercises, bingo and movie afternoons. Musical entertainers visited each month. Most of the people we spoke with said they took part in some form of activity. One person said, "I take part in any activities I can. It gets me out of my room and passes some time." Another person said, "I take part in quizzes or anything that I can listen to as I have limited eye sight." Another said, "I love the exercise classes." A visitor told us, "My relative is extremely happy and the staff let their friends visit to play bridge with them once or twice a month and they were all made welcome."

People's religious needs were clearly documented in their care record. People were supported to attend their local church; local ministers visited the home regularly visit people and to provide Holy Communion.

The home had an enclosed garden/ patio area which contained tables, chairs and a pergola. The registered manager told us they had spent many times there during the good weather in the summer period and had

enjoyed barbeques.

The provision for end of life care was provided at the appropriate time. Staff liaised with people's GPs to review their prognosis. Staff received training in this. Information was recorded with regards to people's end of life wishes. Some people had recorded their wishes and details of these were kept in the person's care plan. Do Not Attempt Resuscitation (DNAR) documents were completed as necessary and a clear record was kept of whom these decisions applied to.

Good

Is the service well-led?

Our findings

A registered manager was in post. 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 who lived in the home knew the registered manager by name. Those we spoke with said they were approachable and all felt they would act if they made a complaint. Visitors knew the registered manager by name; they said hoped they would act on any comments/complaints.

People we spoke with said the home had a pleasant atmosphere. Comments included, "Its lovely, fine", "Very nice, welcoming", "It's warm and happy", "It's very friendly", "It's quite good, very pleasant and friendly".

The management structure for the home was clearly defined and the registered manager was supported by a business manager, compliance manager, as well as a senior nurse and a senior carer. The deputy manager's position was currently vacant. Staff told us they received a good level of support from the management team who they described as 'approachable'. They told us they attended staff meetings and communication was good. Information and notices for staff were displayed on a notice board near the staff room. One staff said, "Any information I need to get about the residents I get from the handover."

The governance arrangements provided a clear and accurate picture of the service. This included the completion of scheduled audits in key areas; these were completed by the registered manager, the business manager, compliance manager and heads of department. For example, infection control, medicines, care records, health and safety and staff training. Monitoring tools, for the analysis of accidents/incidents also ensured emerging risks were recorded and risk management plans put in place or updated. Any areas for improvement and required actions from the audits were recorded and acted on in a timely manner. An audit was submitted each month for external monitoring to the Clinical Commissioning Group (CCG), reporting on the quality of care provided. For example, people's particular health needs, staffing numbers, falls, DoLS and safeguarding referrals.

Quality surveys were yet to be given to people living in the home and/or their relatives, since the new registered provider had taken ownership of Halcyon House in December 2017. However, the business manager told us how they had met with people, relatives and staff regularly in 2018 to discuss any issues, following the change of registered provider. Surveys were planned to be undertaken in the near future.

Policies and procedures provided guidance to staff regarding expectations and performance. These were subject to review to ensure they were in accordance with current legislation and 'best practice'.

People's care records and staff records were stored securely which meant people could be assured that their personal information remained confidential.

The registered manager understood their responsibilities in relation to registration. For example, notifications had been submitted in a timely manner.

The registered manager engaged in partnership working with local commissioners and services such as, the local Clinical Commissioning Group (CCG) to ensure effective outcomes for people.

The registered manager attended a monthly registered managers forum. They said this meeting provided information and guest speakers attended to discuss topical issues.