Key inspection report

CARE HOMES FOR OLDER PEOPLE

Hatherleigh Care Village

Holsworthy Road
Hatherleigh
Devon
EX20 3GZ

Lead Inspector
Anita Sutcliffe

Unannounced Inspection
10th May 2009 08:30
This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:
- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.
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SERVICE INFORMATION

Name of service: Hatherleigh Care Village

Address: Holsworthy Road
Hatherleigh
Devon
EX20 3GZ

Telephone number: 0870 2869466
Fax number: 0870 2869467
Email address: hatherleigh@psphealthcare.com
Provider Web address: www.psphealthcare.com

Name of registered provider(s)/company (if applicable): PSP Healthcare Ltd

Name of registered manager (if applicable): Mrs Janice Hazell

Type of registration: Care Home

No. of places registered (if applicable): 48

Category(ies) of registration, with number of places: Dementia (48), Old age, not falling within any other category (48)
SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

   Care home with nursing - Code N

   to service users of either gender whose primary care needs on admission to the home are within the following categories:

   Old age, not falling within any other category (Code OP)

   Dementia (Code DE)

2. The maximum number of service users who can be accommodated is 48.

3. Room 26 may be used by 2 people making a decision to share until such times as room 48 has been completed. After that time the room may not be shared.

Date of last inspection: Not applicable

Brief Description of the Service:

Hatherleigh Care Village is a care home registered to provide care with nursing for up to 48 people of either gender, who may also have dementia. It is owned by PSP Healthcare and was newly registered on 18th November 2008.

The home is in the rural, market town of Hatherleigh, West Devon. Local amenities include a modern village hall, weekly market and auction, shops and pubs. Hatherleigh is also within easy driving distance of the larger town of Okehampton and Dartmoor National Park.

People’s accommodation is over two levels. Two shaft lifts provide level access between. Specialist equipment is available. Each bedroom has a ‘wet room’ en suite bathroom, television, telephone, wireless internet connectivity and a nurse call point. There is a separate assisted bathroom on each floor and the home offers a cinema room and beauty parlour on the ground floor. Each floor has lounge and dining room facilities.

There are care and housekeeping staff and 24-hour registered nurse cover.

We are told that there is an admission administration fee of £47.95 and on admission a payment of £100 on account is request toward personal items. Fees currently range from £533 to £933. This does not include: hairdressing,
optician, dentist, massage and reflexology therapies, newspapers, physiotherapy, chiropody, toiletries, transport and escort duties, TV licence and transfers of post death duties.

Information about the home is available on request from the home. This is the first key inspection of the service and so there is no previous inspection report.
SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 2 star. This means the people who use this service experience good quality outcomes.

We have collected information toward this first inspection of the service since it was registered November 2008.

Toward this inspection the service sent us its annual quality assurance assessment (AQAA). The AQAA is a self assessment that focuses on how well outcomes are being met for people who use the service. It also provides us with some data about the home, for example, staff numbers. We also sent surveys to 20 people who use the service (8 were returned, some completed with the assistance of or by family) 15 to staff (7 were returned) and 3 to health and social care professionals (1 was returned). We spoke with a community psychiatric nurse during the inspection visit.

We did two unannounced visits to the home, one on a Sunday morning. We looked closely at the care of one person very recently admitted, and two with longer term residency. With spoke with the family of one, looked at care records, visited rooms and watched staff interacting with them.

We toured the home and also saw several bedrooms. We sampled a lunch time meal. We looked at records, documents and some policies and procedures. We spoke with many care, nursing and domestic staff including the deputy manager, the manager designate and the person still registered as manager who, we are told, has a new post within the organisation.

People who use the service may be described within the report as clients, residents, service users or patients.

What the service does well:

People told us: “My mum moved here from the previous home in Okehampton when they moved and has settled in really well. She’s much improved since being with this home, so we have all got peace of mind.” And: “Highly recommended by many and five star home”.

People’s needs are fully assessed and staff are aware of what care and support are necessary. The standard of personal care people receive is very high. People’s care and nursing needs are fully planned so that staff know what care is wanted and needed. Where other health care professional input is necessary, such as G.P. or optician, this is arranged in a timely manner.
There is a varied programme of activities for people at the home and activities staff to help people make the most of their time at the home. There are plans to further expand what is available to people.

People are able to take any concern, complaint or worry to the management. The manager has an ‘open door policy’ ensuring he is available to people who use the service, their family and staff.

The standard of cleanliness and the facilities for handling laundry are of a very high standard. The home environment is pleasant, bright, safe and varied. People spoke highly of the facilities available to them. All at the home benefit from new equipment.

Staff are properly recruited and appeared competent. The manager said staff training is a high priority.

People benefit from an enthusiastic and motivated management team, keen to provide a quality service. Staff have good understanding of their roles and responsibilities and are well supervised.

The standard of record keeping is high. Accurate and appropriately detailed records are a legal requirement and protect people who use the service and the staff who provide their care.

The home is safe for people. Health and safety are properly managed.

**What has improved since the last inspection?**

This section does not apply as the service is newly registered and has not previously been inspected.

**What they could do better:**

Each person must have current and accurate information about the home available so they can decide if the home is right for them. Also, to let people know of the arrangements and facilities within the home.

Each person should have a contract or terms and conditions in line with the service they are purchasing or using. This protects both them and the organisation.

People’s assessment documents should record whether they have made an Advanced Decision about their care and whether they have made Lasting Power of Attorney arrangements, as these legal arrangements must be followed at the home.

The home should ensure that specialist and clinical guidance is sought and followed to optimise the home environment for people with dementia.
The way medicines are handled could be further improved so that both people who use the service, and staff who administer the medicines, are better protected.

All staff should be fully conversant with the local authority safeguarding arrangements and the whistle blowing policy should make clear what they should do if they have concerns. It should include how to take a concern to the local authority Safeguarding Team and the team contact details. This is so that vulnerable people are better protected from abuse.

There is insufficient provision for the storage of equipment at the home. This is a potential hazard and has a negative impact on people, especially where a bathroom cannot be used in comfort.

There must be sufficient nursing staff on duty at all times to ensure that nursing tasks, such as administering medicines, are completed within a reasonable timescale.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4. The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.
DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes
Statutory Requirements Identified During the Inspection
Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, 3, 4 & 5. Standard 6 does not apply as the home does not provide Intermediate Care.

People using the service experience adequate quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The admission procedure and arrangements could be further improved.

EVIDENCE:

Five people told us that they received enough information about the home before they moved in so they could decide if it was the right place for them. Two said they had not received enough information, one adding: “I was moved here straight from hospital but am pleased with the result.”

We looked at the current information available about the service provided. The documents provided a lot of detailed information. Unfortunately this varied between the two we were given as one had not been updated.
We spoke with a person very recently admitted. They were unaware of having been provided with information about the home, saying it “might have been taken by family”. They were frustrated not knowing “the daily routines”, for example, meal times. We looked but could not find this information within their room. The manager told us that they had a long chat with him about the facilities provided at Hatherleigh, but accepted that the information should be to hand.

Four people told us that they had received a contract; two said they had not and two made no response to the question. We discussed this with the registered manager who told us that people who had been transferred to the new home from Aalan House (also PSP owned) do not have updated contracts. As the service they now receive has changed, for example, their room, people should receive an updated contract or terms and conditions.

We looked at whether people’s needs are fully assessed and the home is sure they can be met before they are offered a place at Hatherleigh Care Village. A person recently admitted told us: “Facilities are good; staff are most helpful” and “assistance is much appreciated”. The records of his assessment described his needs and wishes and staff were also able to tell us what support and care they were to provide him. The registered manager confirmed that each person is informed prior to admission, in writing, that their needs can be met by the home. This protects both the person and the home and is part of the contract between them.

We discussed information required under new legislation which must be recorded when assessing people’s needs. For example, whether people have made legal arrangements (known as Advanced Decisions) about their care and finances should they be unable to communicate their wishes. We were assured that the home’s assessment documents would be amended to include this.

Five people told us that they always receive the care and support they need and three people told they usually do. We looked at whether people’s specialist needs can be met by the home. Many aspects of the home promote independence, such as level access throughout and mobility aids. However, wash basins have mixer taps. To use these requires good eyesight, good eye/hand coordination and the ability to work out how to get either hot or cold water. These taps are unsuitable for the people who use the service, especially people with dementia. However, we saw pictorial information and other adaptation which help people find their way in the home.

We saw that staff interaction with people was supportive and attentive, helping them emotionally and physically. However, we spoke with a visiting community psychiatric nurse who told us that people with dementia at the home needed smaller living groups (something already being considered by the manager). He also felt the home, as yet, lacks the ability to care for people who have behaviour which is a challenge to others or themselves, for example, shouting.
or aggression. The manager told us that training in dementia care is already planned.

During the inspection the manager visited a person in their own home who was considering admission to Hatherleigh Care Village. We were told that the manager always personally visits any prospective service user. We were also told that people are always invited to visit the home prior to making a decision about moving in.
Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user’s health, personal and social care needs are set out in an individual plan of care.
8. Service users’ health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home’s policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 & 10

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be assured that their health and personal care needs will be met but privacy and dignity could be better promoted and the handling of medicines further improved.

EVIDENCE:

We looked in detail at the care plans of three people who use the service and discussed the plans with staff who provide care and nursing. A care plan should inform staff what support and care is both needed and wanted by the person and there must be adequate record of the care provided.

One staff told us through survey that the ways they pass information about people who use the services between staff always work well, four said it usually does and three said it sometimes does. One person added: “Communication between staff is not good, that is who are not involved
directly in care.” Three staff told us through survey that they are always given up to date information about the needs of the people they support and two staff told us they usually are. One staff said they sometimes are, adding: “Sometimes you find out later in the day not at hand-over.” Two staff, whose role is not care or nursing, felt they needed more information about people particularly ways of talking to people, such as if they have dementia. (Also see section called Choice of Home).

We found that people’s care plans contained up to date and relevant information about them. They had been regularly reviewed and updated. However, there was little evidence that the person using the service (to whom the plan belongs) had been involved in producing their plan of care. The manager told us they are working at ways to improve this; person centred plans are being introduced. Nursing staff told us that the current plans were “messy and complicated”. The registered manager agreed. Concern was also expressed that the current records/plans are not sufficient to protect the professionally qualified staff. A new format for care planning is being considered by the organisation.

Five people told us that they always receive the care and support they need, with comments: “My mum is very happy here and the staff are always helpful and cheerful” and “Very good.” Three people told they usually receive the care and support they need. We saw that the standard of personal care people receive is high; people looked well cared for.

Seven people told that they always receive the medical support they need and one person said they usually do adding: “The staff call for medical support from outside when required.” Records indicate that people’s health care needs are well met and they have access to outside health care experts as they should. A community care worker told us: “The service usually seeks advice and acts on it to manage and improve individual’s health care needs” and “Staff have the right skills and experience to support individual’s health care needs”.

We looked at how the home handles medicines for people. There is medicine storage on each of the two floors and for each the storage was secure. Records were clear and orderly. However, there were several areas where improvement must or should be made:
- All medicines must be checked into the home so that a full audit is possible.
- Where there is a hand written entry two staff should check the entry is correct. This protects the person and the staff.
- Where there is any change of medication change to the prescription should only accepted in a written form, not verbally. This protects the person and the staff.
• The temperature medicines are stored at must not exceed that stated by the manufacture. This needs to be checked as the room appeared to be too warm.
• The use of medicines must be part of recorded planned care especially where a medicine is to be administered ‘as necessary’ or ‘as required’.
• Medicines administered externally (such as creams and ointments) must be signed for as any prescribed medicine.

We looked to see if privacy and dignity are promoted. Staff were seen to be respectful to people when addressing them, also knocking before entering people’s rooms. A health care professional, who responded to survey, told us the service always respects individual’s privacy and dignity. However, on our first visit we were offered the use of a person’s room without their knowledge or permission. On our second visit we opened an unlocked bathroom door to find a person on a commode surrounded by stored equipment. We also saw health care records kept in a lounge in view of any person there; personal information about people should not be in view to other people.
Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 & 15

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported to lead fulfilled lives at Hatherleigh Care Village.

EVIDENCE:

Asked if there are activities arranged by the home that they can take part two people said always, two said usually, two said sometimes and two made no response to the question. One person told us: “My mum loves to sing. I couldn’t believe my eyes when I visited she was singing ’show me the way to go home’. I’ve never heard her sing this for years so she’s obviously happy which means a lot. A member of staff was reading a story to some clients”.

The home employs an activities coordinator for 18 hours a week. She told us there are a wide range of games and instruments available. There is monthly bingo; a cinema lounge, hair salon and the home are considering buying ‘sensory’ equipment (music, lighting etc). We were told: “We think of individual needs”. We saw activities listed which included: chair exercises, quizzes, arts and crafts, singing and a clothing sale was planned. The home has large screen
TV available, each bedroom has a TV point and wireless internet point. During the inspection a ‘coffee morning’ social gathering was held.

Efforts are made for the home to be inclusive in the local community. In June a local Sunday school will be performing, a ‘PAT’ dog comes to spend time in the home and there is local church involvement at the home. The home has transport available with disabled access arrangements.

Six people told us through survey that the staff listen and act on what they say; one said ‘mostly’ and one person made no response. People should be able to choose what they want to do and direct their lives as they wish. We found that people could not move around the home freely because of a key pad system. Access was only to those who knew the number; staff only. We confirmed with the manager that people had not been told the number, which essentially limited them to sections of the home. As part of the registration process it was agreed that the key pad number would be displayed, so people’s movements were not restricted. After discussing this with the manager we were told this would be changed as a priority.

Asked if they like the meals at the home, four people said always, three said usually and one made no reply to the question. One person told us: “My wife always enjoys all meals.” Another person said: “Hatherleigh Home is wonderful. My wife is eating her 3 meals plus her tea and biscuits every day. When she arrived the never ate....” However, a person we spoke with said: “Not bad but not excellent”. We saw the home uses fresh vegetables and fresh fruit was readily available. Two staff, who also eat the food, said the food was “alright” but “Sometimes the meat is a little tough”. The manager said this had already been identified as a problem and is being dealt with.

We saw that the dining areas are pleasant; we were told there is always a choice of menu. People said there was enough quantity of food and we saw that there is some flexibility in meal times. Staff assisting people to eat did so discreetly. The meal we sampled was tasty.
Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users’ legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16 & 18

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are protected through the complaints and safeguarding arrangements at the home but this could be further improved.

EVIDENCE:

Asked if they know who to speak to if they are not happy, four people told us they always did, two said they usually did and one person said they sometimes did. One made no reply to the question. All told us they knew how to make a complaint. The complaints policy is displayed at the entrance of the home and included in information about the home. It includes the contact details for the Commission and timescales within which the home or organisation will respond to any complaint.

The family of one person told us they felt they could take anything to the manager and it would be “dealt with properly”. There was one complaint recorded at the home. This was fully investigated and we were kept informed. We have not received any complaints about the home. The manager told us he operates an ‘open door’ policy, wanting people to keep him fully informed of any concern or issue.
All staff who responded to survey told us they knew what to do if a person using the service, their relative or an advocate or friend, has concerns about the home. One said: “Speak to a senior member of staff.” Another told us: “I direct them to the nurse in charge and if they are unable to deal with the concerns then inform the manager”.

Staff told us they receive training in the safeguarding of vulnerable adults from abuse. We asked them where they would find the policy on whistle blowing (how to alert concerns, which might be abuse, outside the home). The policy is within the staff Handbook. However, it does not make it clear that staff should alert concerns outside of the home if they are not dealt within internally, it does not describe how staff are protected in law if they do so and it does not provide contact details for the local Safeguarding Team or the Commission.

We asked the manager how he would respond to an alert which might be abuse. He was not aware of the correct procedures, instead wanting to investigate himself. However, where a concern had been raised, which might have been theft, he had informed the authorities as he should.
Environment

The intended outcomes for Standards 19 – 26 are:

20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users’ own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):


People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home environment is clean, fresh, safe and equipped and furnished to a high standard.

EVIDENCE:

All rooms provide en suite wet room with shower, toilet and sink and are of a size which meets current recommendation or exceeds it. Each room includes provision staff call bell, telephone, TV and internet access. Rooms we saw were well furnished, equipped and included safety measures, such as window restrictors on the first floor. People told us they were very happy with their room. One person asked if they had been able to choose their room, said: “Not really, but it is a lovely room”. Another told us: “I have all the facilities I need”.

Hatherleigh Care Village
Communal areas available include quiet space. There is a hairdressing salon and a cinema lounge. Each floor has a dining area; all areas are well furnished and equipped. The laundry facility is very substantial, well equipped and ensures hygiene and cleanliness is achievable. A sluice facility on each floor means waste can be readily and correctly disposed of. People told us through survey that the home is always fresh and clean, one adding: “I’ve spoken to several people about its likeness to a first class hotel”. We saw many staff cleaning and were told of the well structured cleaning routines at the home.

When we visited on the Sunday morning we found the heating system was faulty and there was no hot water available. Staff told us that the fire alarms had sometimes sounded for no known reason. We also found several occupied rooms which had no bulbs in the over bed lights. The manager told us that ‘teething problems’ were being dealt with.

We found equipment was stored in communal areas and were told that storage space was a problem at the home, sometimes impacting on people’s care (also see outcome for Health and Personal Care). All equipment at the home is new and staff told us they are very satisfied with the equipment available for their use, protecting both people using the service and themselves and increasing people’s independence.

Gardens surrounding the home are well tended and pleasant in appearance. There is level access throughout the home and into the gardens; a fence helps provide a safe environment where people may be at risk from the road or wandering away, but does not obstruct the views.
Staffing

The intended outcomes for Standards 27 – 30 are:

27. Service users’ needs are met by the numbers and skill mix of staff.
28. Service users are in safe hands at all times.
29. Service users are supported and protected by the home’s recruitment policy and practices.
30. Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 & 30

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People receive a service from a staff which is properly recruited and trained and usually in sufficient numbers to meet their needs.

EVIDENCE:

Four people told us that staff are always available when needed. We were told: “The staff are always around so we have a good chat with mum” and “Always someone around.” Four people told us that staff are ‘usually’ available when needed. Five staff told us there are usually enough staff to meet the individual needs of all people who use the service, one adding: “Care staff always seem extremely busy and kitchen staff are finding it difficult to carry out their tasks with their hours.” Three said there are sometimes enough staff to meet the individual needs of all people who use the service. One told us: “During sickness and holidays there is never enough staff to cover, more so during emergencies”.

When we visited on the Sunday morning there was one nurse on duty. She had not completed giving people their ‘morning’ medicines by 10:45. We were told this is not unusual. As lunch time medicines, we were told, are to be administered from 12:30 there is not an adequate time between. This has the
potential to impact negatively on people’s health. There were 32 people resident in the home at the time, but the layout of the home (two floors and long distances) must be taken into account when staff workload is considered. When the home was registered we were told that an action plan, to identify the required staffing structure, included the provision of a trained nurse for each floor. The manager told us that two nurses on duty is the norm and this is what we found for our second visit.

Nursing and care staff are well supported by administration, domestic, maintenance and kitchen staff, each with clear areas of responsibility.

We looked at the recruitment records of two people recently employed at the home to see whether recruitment practice protected people from those who may be unsuitable to work with vulnerable adults. We found the staff records were well organised and that all necessary checks are complete before staff start work in the home.

Asked through survey if their induction covered everything they needed to know to do the job when they started, four staff said ‘very well’, three said ‘mostly’ and one said ‘not at all’. However, staff spoken with at the home said they were perfectly satisfied with their induction training.

Asked through survey if they are being given training which is relevant to their role, helps them understand about people’s needs and keeps them up to date with new ways of working, all said yes except one who told us her role was not that of a carer. Comments included: “Mandatory training is given as well as in house training monthly (DVD and test sheets) like dementia, dying and bereavement etc, plus NVQ’s. If we require any other it is provided as well.”

Staff told us that all staff, including housekeeping staff, are encouraged to take National Vocational Qualifications (NVQ) and all have regular health and safety training. Asked about training, one staff said: “Training is good. You understand things better”. The manager told us: “Training is a huge priority”.

Staff we observed working appeared competent and skilled in their work.
Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users’ financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users’ rights and best interests are safeguarded by the home’s record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 32, 33, 34, 35, 36, 37 & 38

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is managed in the best interest of people who use the service.

EVIDENCE:

The person registered as manager of Hatherleigh Care Home is Janice Hazell. She transferred with staff and people residing at the former nursing home, Aalan House, having managed it for ten years. Toward this new registration she was found to be a suitable person to manager the nursing home. However, she now intends to take an operational role in the company and a new manager has been employed to manage Hatherleigh Care Village. He started in post eight weeks before this inspection. Management at the home have
experience and we found much commitment to high standards. They confirmed that they receive regular training updates and they told us they feel well supported by the organisation PSP.

We found senior staff very committed to high standards and looking at how to further improve. Talking with staff we felt that problems, which occurred when the home was new, (feelings of not being valued), have now been addressed. The home has arrangements to ensure continual quality assurance, such as questionnaires for people, but it is too soon for us to determine how effective these will be.

The financial viability of the service was considered as part of the application to register with the commission. The business plan and cash flow forecasts gave a good indication of the service to be provided and suggest financial viability.

We were told that people are supported to look after their own financial affairs and family act as advocates where this is not possible. The home keeps a balance of money for people to pay for incidentals, such as hairdressing, if this arrangement is wanted. We were told that a strict record of the running balance is kept. However, each bedroom has a lockable storage facility for valuables and money so people are able to keep their own securely.

Staff told us that there is a programme of continual supervision as well as meetings at different levels: nursing staff, care staff, domestic staff etc. Policies and procedures are under regularly reviewed.

Records which were examined, for example, care, health and staff recruitment, were clear and accurate. These are required by regulation for the protection of people and the effective and efficient running of the business.

We asked the management how they were ensuring people are able to make decisions about their lives and what they knew about the Mental Capacity Act and the Deprivation of Liberty Safeguards, which protect people who are unable to weigh up information to make decisions. We were told that steps have been taken to ensure this new legislation will be met. The home made application for one person to apply as it appeared that they wanted to walk out of the home but were unsafe to do so alone.

All staff receive training in health and safety, such as the safe handling of chemicals, infection control and fire safety. We saw no concerns regarding the home environment and all equipment is new. We were informed that there has been a recent fire safety audit and a fire risk assessment is available. We found no health and safety concerns.
SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable)  3 Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls)  1 Standard Not Met (Major Shortfalls)

“X” in the standard met box denotes standard not assessed on this occasion “N/A” in the standard met box denotes standard not applicable

<table>
<thead>
<tr>
<th>CHOICE OF HOME</th>
<th>Score</th>
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<tbody>
<tr>
<td>Standard No</td>
<td></td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>5</td>
<td>3</td>
</tr>
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<th>Score</th>
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<td>11</td>
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<tr>
<th>STAFFING</th>
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<th>COMPLAINTS AND PROTECTION</th>
<th>Score</th>
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<td>17</td>
<td>X</td>
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<td>18</td>
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</table>
Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>OP1</td>
<td>4,5</td>
<td>Information about the home (Statement of Purpose and Service User’s Guide) must accurately describe the current available service so that people can make a fully informed decision as to whether the home is suitable for them. The Service User’s Guide must also be available to each person admitted.</td>
<td>30/06/09</td>
</tr>
<tr>
<td>2</td>
<td>OP9</td>
<td>13(2)</td>
<td>All medicines must be checked into the home so that a full audit is possible which reduces the likelihood of mistakes or mishandling.</td>
<td>30/06/09</td>
</tr>
<tr>
<td>3</td>
<td>OP9</td>
<td>13(2)</td>
<td>Where a medicine is prescribed to be given ‘as necessary’ or ‘as required’ it must be clear within the person’s plan of care under what circumstance it may be administered. This ensures its use will be consistent.</td>
<td>30/06/09</td>
</tr>
<tr>
<td>4</td>
<td>OP9</td>
<td>13(2)</td>
<td>All prescribed medicines, including creams and lotions, must be signed for when administered so that a full audit of their use is available.</td>
<td>30/06/09</td>
</tr>
<tr>
<td>5</td>
<td>OP10</td>
<td>12(4)</td>
<td>People’s privacy and dignity</td>
<td>30/06/09</td>
</tr>
</tbody>
</table>
must be upheld at all times.

<table>
<thead>
<tr>
<th>No.</th>
<th>OP19</th>
<th>23(2)(l)</th>
<th>Suitable provision must be made for storage at the home and the current arrangements are negatively impacting on people who use the service.</th>
<th>30/10/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>OP27</td>
<td>18(1)</td>
<td>There must be sufficient nursing staff on duty at all times to ensure that nursing tasks, such as administering medicines, are completed within a reasonable timescale.</td>
<td>30/06/09</td>
</tr>
</tbody>
</table>

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out out.

<table>
<thead>
<tr>
<th>No.</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OP2</td>
<td>Each person living at the home should have a contract or terms and conditions which is relevant to that accommodation and service.</td>
</tr>
<tr>
<td>2</td>
<td>OP3</td>
<td>As part of people’s assessment of need it should be recorded whether they have made an Advanced Decision about their care and whether they have a Lasting Power of Attorney arrangement in place.</td>
</tr>
<tr>
<td>3</td>
<td>OP4</td>
<td>Specialist services offered, in this case for people with dementia, should comply with the relevant specialist and clinical guidance. This pertains mostly to the home environment.</td>
</tr>
<tr>
<td>4</td>
<td>OP7</td>
<td>Effort should be increased to ensure that people are fully involved in planning their care. Where they are unable, the reason should be recorded and this should be regularly reviewed. Capacity must be assessed in relation to decision making.</td>
</tr>
<tr>
<td>5</td>
<td>OP9</td>
<td>The temperature at which medicines are stored at must not exceed that stated by the manufacture. This should be checked as the room in which they were stored appeared to be too warm and this will affect the effectiveness of the medicine.</td>
</tr>
<tr>
<td>6</td>
<td>OP18</td>
<td>All staff should be fully conversant with the local authority safeguarding arrangements and the whistle blowing policy should clearly describe how to alert concerns outside of</td>
</tr>
</tbody>
</table>
the home and necessary contact details to do this.