

Hinstock Manor Residential Home Limited

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Inspection report

Chester Road
Hinstock
Market Drayton
Shropshire
TF9 2TE

Date of inspection visit:
14 March 2017

Date of publication:
04 May 2017

Tel: 01952550242

Website: www.hinstockmanor.co.uk

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

Hinstock Manor is registered to provide accommodation and care for up to 51 older people who may have support needs owing to dementia and physical disabilities. There were 41 people living at the home at the time of our inspection.

This inspection took place on 14 March 2017 and was unannounced.

A registered manager was in post at the time of our inspection. 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.

At the last inspection on 2 and 3 December 2015 we judged that the provider needed to improve the service in all five key questions. We found that improvements had been made in all areas of service delivery.

People were helped to feel safe. Staff knew what action to take to protect people from the risk of abuse. Staff understood the risks to individual people's safety and shared information with other staff so people's safety needs would be met. There were enough staff employed to care for people and people told us staff knew their care and safety needs well.

Staff had opportunities to develop the knowledge and skills they needed to care for people. Further training for staff was being planned, so people's needs would continue to be met. People's right to make their own decisions was respected by staff. People enjoyed their mealtime experience, and had enough to eat and drink to remain well.

Staff took action to support people if they required medical assistance, and advice provided by health professionals was implemented. As a result, people were supported to maintain their health.

Caring relationships had been built between people, their relatives and the staff who supported them. Staff took action to show people they were valued and knew about their histories and preferences. Staff offered people reassurance in the ways they preferred when they were anxious. People's right to privacy was taken into account in the way staff cared for them. People were encouraged to make their own day to day decisions about their care.

People were involved in deciding how their care should be planned and risks to their well-being responded to. Where people were not able to make all of their own decisions their representatives and relatives were consulted. Relatives told us their suggestions for developing their family member's care further were listened to.

People's care plans and risk assessments were updated as their needs changed. People and their relatives

understood how to raise any concerns or complaints about the service. Systems for managing complaints were in place, so any lessons would be learnt.

People and their families told us the registered manager and senior staff were approachable and were positive about the way the home was run. The registered manager had introduced changes to benefit people living at the home. The registered manager checked the quality of the care provided and people and their relatives were encouraged to give feedback on the care provided.

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.

People were assisted to take their medicines safely.

People had risks to their safety and well-being well managed.

There were enough staff available to care for people.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had the opportunity to develop their skills further.

Where people required support from staff to make their own decisions, this was provided in ways which promoted people's rights and equality.

People were encouraged to have enough to eat and drink and to see health professionals so they remained well.

Is the service caring?

Good ●

The service was caring.

Staff had built caring relationships with people who were encouraged to decide how they wanted their day to day care to be given.

People lived in a home where staff took action to make them feel valued.

Staff cared for people so their rights to dignity and privacy were promoted.

Is the service responsive?

Good ●

The service was responsive.

People decided what care they wanted, with support from

relatives or staff where this was appropriate.

Staff shared information so people's changing needs were met.

People and their relatives were confident if they raised any concerns or complaints staff would take action to address them.

Is the service well-led?

The service was well-led.

People were positive about the way the home was managed.

Staff were supported to understand how they were expected to care for people.

There were checks on the quality of care provided and plans were in place to develop the service further.

Good ●

Hinstock Manor Residential Home Limited

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 done 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 14 March 2017 and was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

We looked at information we held about the provider and the service at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send to us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home. We spoke with nine people who lived at the home, four relatives, a visitor, five care staff, the deputy manager and the registered manager. Not all of the people living at the home were able to talk to us directly, so we spent time observing as people went about their day.

We looked at a range of documents and written records including two people's care records, records about the administration of medicines, incident report forms and two staff recruitment files. We sampled minutes of staff and relatives' meetings, staff rotas and complaints. We also looked at information about how the

provider and registered manager monitored the quality of the service provided and the actions they took.

Is the service safe?

Our findings

People told us they received assistance to have the medicines they needed to stay well. One person said, "I get my tablets every day and they always check they are correct." People we spoke with were confident staff would provide the care they needed to have additional medicines, when required.

Staff told us they were not allowed to administer people's medicine's until they had received the training they needed to do this safely, and their competency had been checked.

We saw staff took time to explain to people what their medicines were for and checked they were happy to take them. Staff asked people if they needed additional medicines to manage any pain they were experiencing, and people's wishes were respected. We also saw people's medicines were securely stored. The registered manager checked the electronic records of medicines given to people, so they could be assured people were receiving their medicines safely.

People told us they felt safe living at the home and said they got on well with all the staff who cared for them. One person said, "Staff always make sure I use the lift, so I feel safe." Another person told us they felt reassured, as staff always supported them when they chose to move around the home. A third said, "There is always someone around, they all come over and ask you if you are OK, if you need anything." A relative we spoke with said they felt reassured about their family member's safety, as, "They [staff] know where (person) is and what's happening for them."

Staff we spoke with knew what signs may indicate a person was being abused. All the staff we spoke with were confident senior staff would put plans in place to help to promote people's safety. Two members of staff we spoke with explained how they would involve external organisations with responsibilities for helping to keep people safe, if they had any concerns.

People we spoke with told us staff discussed risks to their safety. Staff explained how people prone to falls were regularly but unobtrusively observed. Staff reminded people to take their walking frame with them when they moved around the home.

Staff told us they found out about risks to people's safety by chatting to them and checking their care plans, so they would know how to support people to stay as safe as possible. Staff we spoke with knew the individual risks to people's safety. Staff told us these included risks linked to people falling, people's physical health and risks of people becoming anxious. A staff member said, "If a person has a fall, we complete the accident forms, inform the manager and if necessary the GP or ambulance team." We saw people were relaxed in the company of staff and staff did not rush people when they assisted them.

We checked two staff recruitment files and saw the registered manager had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions. We also saw the manager had obtained references for staff, so they were assured new staff were suitable to work with people.

People told us they did not have to wait long if they needed help from staff. Staff told us there were enough staff to meet people's care and safety needs as staffing had been increased. They said that senior staff and the registered manager always tried to secure additional staff to care for people. This was if there were appointments to assist with or someone had to go to hospital in an emergency. The registered manager said that they had not used agency staff since January 2016. The registered manager told us staffing levels were based upon the needs of the people living at the home. They had worked night shifts and listened to staff at meetings to determine whether staff levels had needed to increase.

Is the service effective?

Our findings

People and their relatives were positive about the skills staff had developed and the way they were cared for. One person told us staff had the skills needed to care for them so they remained well. We received positive views from staff about the opportunities they had to attend training. They said this helped them to develop their skills further for the benefit of the people living at the home. One staff member said, "We have asked for more dementia training and we have got it. I am excited about it."

We saw the registered manager had begun to plan additional training for staff. The registered manager told us they were doing this with assistance from the provider and two training coordinators. The registered manager said that the training provided for staff was to give them the knowledge and skills to meet people's needs. This included a focus on enhanced dementia care courses which all levels of staff would be attending.

We saw records which showed new staff had to complete key areas of training when they started their employment at the home. One staff member said, "The induction meant I knew people's needs well and helped me to understand each resident and what they want."

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 told us they were encouraged to make their own day to day decisions, such as how they wanted to spend their time and what they wanted to do. Staff we spoke with understood how to check people were in agreement to the care which was offered. The registered manager explained how they did spot checks to assure themselves people were being supported by staff to consent during personal care. The registered manager said, "I work with staff on shift, both day and night, to observe how they approach care."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS require providers to submit applications to a 'supervisory body' for authority to do so. Four DoLS had been approved at the time of our inspection. Where the supervisory body had made a decision, their decisions had been followed, so people's rights were protected.

The registered manager told us they and senior staff had received MCA and DoLS training and were confident they understood the process for making DoLS applications. Staff said, "We'll make decisions for people in their best interests. We know them and we have built up relationships with them so we know their preferences, likes, dislikes."

People told us they enjoyed their meal time experiences and were encouraged to decide what they wanted to eat and drink. One person told us, "The food is very nice and there is plenty of it." Another person said how much they enjoyed the food provided and told us, "I like being able to choose what I eat, it makes it that bit more special." A relative we spoke with said staff regularly checked their family member was having the right amount to eat. Staff we spoke with understood the links between people's dietary needs and their health and well-being. A drinks trolley was taken round and staff offered snacks such as, fruit, crisps or biscuits served with a smile. Staff ensured that these were left within people's reach. We saw people were supported to have breakfast after they had been assisted up for the morning. Staff said people had breakfast when they wanted to and there were no set times.

The registered manager requested advice from health professionals where required. For example, the speech and language therapist had been into the home to offer guidance for supporting specific individuals and the equipment staff could use to do this better. Staff said because of this certain people had been eating better and so helping them stay healthy. We saw that each person was dealt with on an individual basis as though they were the only one, asking if they needed help, talking to them by name and encouraging them to do as much as possible on their own whilst staying close but discreet.

All the people and their relatives were positive about the care people received to see health professionals when they needed. One person told us, "Staff get the GP in if I am not very well." Staff gave us examples of the support they gave to people so they would be able to see health professionals and remain well. These included care from district nurses, people's GPs and support to attend health appointments, such as with hearing specialists, so people would enjoy the best health and well-being possible.

Is the service caring?

Our findings

All the people we spoke with told us staff were considerate and caring. A person told us, "They are all caring and spend time and listen to me." Another person said, "It is as caring as you can get, we are all very lucky to be here."

Relatives we spoke with were positive about the staff. A relative said their family member often told them the staff were always very caring. We saw staff left drinks within reach of people and reminded them to be careful as it would be hot. Staff always greeted people as they walked through the lounge. We saw that staff supported a person with poor mobility to walk from their bedroom to the lounge. Staff offered encouragement and did not rush, chatting with the person as they made their way.

Staff spoke warmly about the people they cared for. A staff member told us, "The people we care for are like friends. We know our professional boundaries but we do see them as our friends." We saw people enjoyed chatting to staff, and sought staff out so they could tell them about things which were important to them. We also saw staff spoke respectfully and warmly to the people they were caring for.

Staff told us they found out about people's life histories and what they considered was important to them by talking to them. A staff member told us, "We get to know people over time. You can't do it all from day one. We like to establish trust so that they feel comfortable about sharing moments of their lives with us."

People said staff encouraged them to make decisions about their care. A person told us how much they enjoyed making their own day to day decisions. For example, if they wanted to spend their time doing an activity or spending time on their own. Staff gave us examples of the support they gave to people to make their own decisions about their day to day care. We saw staff supporting people to do this on the day of the inspection. One staff member explained how they looked at people whilst talking to them so they could be sure they were agreeing to the care offered.

People told us staff supported them in ways which promoted their independence and took into account their rights to dignity and privacy. A person said, "Staff are mindful of my privacy when I have a bath." A relative we spoke with told us they were confident their family member's dignity needs were met by staff. They said it was important for their family member to be well presented and that staff paid attention to this.

Staff gave us examples of the actions they took so people's right to dignity would be promoted. A staff member explained how they ensured people were receiving their care in a private place. Another staff member told us how they encouraged people to maintain their independence by supporting them to do some elements of their own care. One staff member said, "I let people do as much as possible for themselves as they can."

We saw people's information was securely stored so people's privacy was promoted.

Is the service responsive?

Our findings

People told us they were able to choose what care they wanted and how this was to be provided. People said staff cared for them in the ways they preferred. A staff member said, "We ask people what they want. We have to make sure they make their own decisions."

Relatives told us they were consulted and kept informed about decisions about their family member's care, where people were in agreement to this. A relative said, "They keep you in touch with everything. They always give you a phone call and let you know if anything changes."

We saw people's care plans reflected their individual needs and risks to their well-being. Staff gave us examples of the actions they took so people received their care in way they preferred. A staff member said they initially worked alongside staff who knew people well, so they could find out the best way to care for them.

Staff told us they had opportunities to share information about people's changing needs. They did this at the start and end of each shift, so people would continue to receive the support they needed. Every person we spoke with told us their relatives were able to visit them at any time, and were made welcome by staff. Another relative told us staff had put plans in place so their family member's faith needs would be met. The relative told us their family member was comforted by the regular church visits which were made to the home.

One person told us, "They let me volunteer sometimes to help out with tasks, I prefer to be doing something." We saw how one person was assisted to engage in the activity of nail polishing. A member of staff made this activity really special for the person. They took care to ensure the person was comfortable. They put towels out and made sure they were at the right height for the individual to rest their hands upon. The staff member discussed the approach they would take before polishing their nails and took time letting the person choose the nail colour they wanted.

People told us they had opportunities to do things which interested them. People chose to spend time doing things they enjoyed in the home. These included listening to music, chatting to staff and other people. We saw a sensory board hanging on a wall which was designed and created by people who lived at the service. We saw one person singing along to the music and when the song finished they said, "That was lovely." Another was occupied with colouring pencils. Staff took time to stop, smile and say hello as they went about their work.

The registered manager said they had three activity co-ordinators employed at the service. One was in post and another two were due to start the next day. These staff were booked onto 'activities for people with dementia' training, which would enhance service provision. A staff member said, "We have better activities on now. We worked with a local church to support 'dementia friendly' services. Each month people attend a service so that they can again be part of the community." Staff took particular care to provide tailor made experiences for people. For example, one person was taken to RAF Cosford, another to a Chinese restaurant

and a third to their favourite football stadium. The provider took people out and about in their car on spontaneous visits to local attractions which people said they greatly enjoyed.

People and their relatives told us they would be comfortable to make any complaints or to raise any concerns they had about the care provided. A person told us, "I have no issues and would talk to the staff as everyone here will listen to you." None of the people or their relatives we spoke with had needed to make a complaint. We saw that one relative had raised a written concern with the registered manager. We looked at the record of how they had dealt with the complaint. The registered manager had acted on their concern and followed their complaints process resolving the issue to the complainant's satisfaction.

Is the service well-led?

Our findings

People told us the home was managed in a way which ensured that they enjoyed living there.

Relatives we spoke with told us the registered manager and senior staff were approachable. They were able to contact them with ease if they wanted to make suggestions for their family member's care. A relative, who lived abroad said the registered manager telephoned them to discuss (person's) care plan and options of care with them. The manager had an 'open house, fancy a chat, we are here' notice on their office door. They also held a family and friends open meeting once a month.

Staff told us that one of the values of the service was; "To give the best care and make people as happy as possible." They said there was a clear message from the registered manager about what was expected of them in their role. The provider had increased staffing in the home and there was always a deputy manager on each shift. They felt they had worked well together and had clear direction from the registered manager to improve the service people received. This showed staff had a good support network.

All the staff we spoke with were confident the registered manager wanted people to receive good care. One staff member said, "The manager listens to us when we suggest something. For example, requesting more dementia care training." Another staff member told us "We have a policies and procedures handbook which includes the whistleblowing process. We feel confident to highlight any poor practice." All staff told us they were able to obtain guidance from senior staff or the registered manager individually, when they needed this. We saw this happen on the day of our inspection, when staff sought guidance from senior staff so they could be sure people had the pain relief they needed.

The registered manager told us staff were informed about how they were expected to provide care to people through meetings with their line managers and staff meetings. The registered manager said, "At the staff meeting we go through a monthly learning log. We go through all the incidents and discuss what happened and what we could do better."

The registered manager told us they kept their own practice up to date through research and attending training. They confirmed they and all staff had the opportunity to reflect on their practice through discussion with senior staff at their supervision appointments. The registered manager said the provider gave plenty of support and frequently took people out and about in the community.

The registered manager explained the recruitment of extra activity coordinators would reduce risks of people feeling lonely or isolated. They told us they also used residents' meetings to check people's views of the care they received.

Staff we spoke with highlighted that the registered manager and senior staff often supported them to provide care to people, and used this as an opportunity to check people received the support they needed. The registered manager said, "I work with staff and see how they behave with people." The registered manager also undertook checks to assure themselves people were receiving their medication in ways which

promoted their safety and that equipment people required was safe to use.

In addition, the registered manager completed audits for the provider so they too could be assured people received the care they needed. These included checks on any accidents or incidents, so that practice could be reflected upon and any lessons learnt. The registered manager was very conversant about the number of falls, who had them and what they did following them. Records we reviewed also confirmed this had taken place. For example, one person had foot issues and was referred to the podiatrist and then orthopaedic team to be reviewed.

We saw the registered manager had used questionnaires to check what people's relatives and staff thought about the quality of the care provided. People had been informed of the outcome of these surveys and any action the provider planned to take. The registered manager told us about plans to develop the questionnaires further, so they could use these to further develop in the care people received.