Four Seasons (Bamford) Limited

Hulton Care Centre

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

This unannounced inspection was carried out on 26 and 27 June 2018. Hulton Care Centre is a two-storey detached building in Middleton, Greater Manchester. It is registered to provide accommodation for up to 28 people who require personal or nursing care. At the time of our inspection there were 27 people living in the home.

The service had a registered manager in place 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.

We last inspected Hulton Care Centre in May 2016. At that inspection we found a breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) in that the recruitment records for new staff did not contain enough information to determine their suitability to work with vulnerable people. At this inspection we found that safe recruitment policies had been adopted, with all employment checks undertaken. The service was no longer in breach of the regulations.

People who used the service were supported in a friendly, relaxed and comfortable environment. They told us that they felt safe, and staff working at Hulton Care Centre understood how to ensure people's safety and protect vulnerable adults from abuse. Potential environmental risks were assessed as an ongoing process to help prevent any accidents or injuries occurring.

The service used a dependency tool to determine how many workers would be required to meet people's needs safely, and we saw that there were adequate staffing levels with a good mix of registered nurses and care assistants. Staff were well trained and induction methods allowed them to get to know the people who used the service and how they liked their needs to be met. Regular training and supervision sessions allowed staff to update their knowledge.

The home was clean and odour free. Staff understood how to prevent the spread of infection and were observed using personal protective equipment. There was a supply of disposable gloves and aprons available, and colour coded cleaning equipment minimised the risk of cross infection.

When accidents and incidents occurred, these were appropriately recorded and reviewed so that future reoccurrences could be avoided. We saw that there were safe systems in place to manage and administer medicines, with checks on a daily basis to minimise errors occurring. Care records indicated regular contact with health professionals such as doctors, district nurses, and occupational therapists. The service was attentive to peoples nutritional needs, and followed advice from Speech and Language therapists and dieticians to ensure that food was served following their instructions. The weather during our inspection was hot, and people were regularly offered a supply of cold drinks.

People's choices were respected, and where they lacked capacity best interest decisions were clearly documented in case notes. Where people were unable to give their consent to receiving care and support, the appropriate deprivation of liberty orders were in place. Care plans gave good instruction to staff to ensure needs were met, and when we spoke with care staff they could tell us about the people they supported, but care plans did not always record their background, culture or preferences.

The service made good use of the space available; communal areas were well planned to allow separate areas for different social interactions. Although there was a lack of storage space for large equipment such as mobile hoists, when not in use these were stored where they would cause the least obstacle. Bedrooms were personalised and decorated in accordance with the person's wishes. People were treated with kindness and respect. The service had recently achieved a Daisy award for displaying high standards to support dignity in care, scoring 100% in their assessment, and ongoing training and supervision ensured good practice was ingrained. Many of the people who lived at Hulton Care Centre chose to spend much of their time in their own rooms; whilst their privacy was respected staff would spend time with them addressing their needs or providing stimulation or conversation. Care plans reflected peoples wishes at the end of their life, and we saw a number of cards sent from grateful relatives for the care, support and compassion shown to people who were cared for in death.

Risk assessments indicated where people were at risk, and care plans provided instruction to staff to minimise the risks identified. We saw that this had minimised the number of accidents or injuries, for instance, there were relatively few falls and nobody had developed pressure sores at the time of our inspection. Risk assessments and care plans were reviewed monthly.

The registered manager and area manager undertook regular checks and audits to ensure that the service maintained good standards of care and looked to improve the quality of service delivery. The home was well maintained and where complaints had been received there was evidence that these were dealt with appropriately. The registered manager was respected by staff, residents and their relatives, and had a visible presence throughout the home.

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.

There were sufficient, suitably trained staff who had been safely recruited, were available at all times to meet people's needs, and understood how to keep people safe from harm.

Suitable arrangements were in place to help safeguard people from abuse.

A safe system of medicine management was in place.

The home was clean and procedures were in place to prevent and control the spread of infection.

Is the service effective?

Good

The service was effective.

Staff were well trained and encouraged to develop their skills and knowledge.

Where people lacked the capacity to consent to care and treatment the appropriate authorisations were sought, and staff demonstrated a good understanding of consent.

People had good access to healthcare. Staff monitored their physical and mental health needs

Is the service caring?

Good

The service was caring.

Staff were friendly, welcoming and patient, and spent time sitting and talking with people who used the service,

Privacy and dignity were respected.

Staff were attentive to need and showed a good understanding of people's likes and dislikes.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's needs and wishes.

People were provided with activity and stimulation throughout the day.

How people wished to be supported at the end of their life was considered.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place who had promoted a homely and compassionate culture.

Systems were in place to assess and monitor the quality of service provision, and good systems to audit the quality of care provision were in place.

People who used the service were able to provide feedback on the service and their ideas were taken into consideration.

Hulton Care Centre

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 checked 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.

The inspection was carried out over two days on 26 and 27June 2018.Our visit on 26 June was unannounced. The inspection team consisted of two adult social care inspectors on the first day, and one inspector on the second.

Before the inspection, we reviewed the previous Care Quality Commission (CQC) inspection report about the service and notifications of incidents that we had received from the service. We looked at the Provider Information Return (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We also contacted the local authority and health service commissioners, Rochdale Metropolitan Borough Council (MBC), Rochdale Heywood and Middleton Clinical Commissioning Group, and Healthwatch, Rochdale. Healthwatch Rochdale is an independent organisation, working to help people have their say on local health & social care services to seek their views about the home. We also spoke with the local authority Infection Prevention and Control Team. We did not receive any information of concern.

During our visits, we spoke with the home manager, the area manager, and the lead nurse, five care assistants, and a member of the domestic team. We spoke to eight people who used the service, two visiting relatives and a visiting professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

We looked around the building including some of the bedrooms on each unit, all of the communal areas, toilets, bathrooms, the kitchen and the garden areas.

We examined the care records for six people living at Hulton Care Centre, medicine administration records, the recruitment and supervision records for four staff, training records, and records relating to the management of the home such as the quality assurances systems.

Good

Is the service safe?

Our findings

We spoke with some of the people who lived at Hulton Care centre and they all told us that they felt it was a safe environment. One person said, "Knowing there are systems in place and people in reach keeps me safe", and another told us, "I am well cared for, I feel very safe". Visitors agreed, one relative commented, "As far as I am concerned they are all doing a fantastic job. It's all good, [my relative] is comfortable and safe." One person we spoke with told us how living at Hulton Care Service had helped relieve their anxieties. They said "[Where I lived before] I had to do everything, think about locking up before I went to bed, and family had to come and help with shopping and everything. They have their own lives to live. I am much happier knowing everything is done here and feel better in myself". When we asked another person if they felt safe they told us, "Definitely! Knowing there is someone 24 hours a day. I used to have carers at home but now I am here I realise how unsafe it was on my own. Being here takes my safety to a different level."

There were no restrictions on people's movements on each of the floors, with the only exceptions being to areas where it may not be safe, such as the laundry and kitchen. To ensure the safety of all the people who used the service, stairwells had key codes, but this did not restrict any access as people were able to use the passenger lift to move between floors. The front entrance was kept locked, with access via a secure key code. This would help to ensure that unauthorised people would have difficulty entering the home, and that staff were aware of who was in the building at any time. On the first day of our inspection, however, we noticed that there was open access from the back garden to the road, and a panel adjacent to a neighbouring garden was missing. This meant that people who used the service could exit the building without being observed. We raised this with the registered manager. When we returned for the second day of our inspection the registered manager informed us that she had raised this concern with the service's project team who had agreed to review the security arrangements outside the home and affix gates to prevent unauthorised access or egress.

A safeguarding policy was in place and protocols and procedures were in line with the local authority guidelines. Where safeguarding allegations had been raised, we saw that appropriate action had been taken, with full protective measures in place and thorough investigations carried out.

When we spoke with staff they told us that they received good training around the protection of vulnerable adults with regular refresher training and updates. They showed a good understanding of how to protect people from harm, and could tell us what they would do if they suspected a person was at risk of abuse. They told us how they recognised people's vulnerability and were vigilant to signs of abuse. They also told us that they understood the organisation's whistle blowing policy. Whistle blowing is the disclosure of information which relates to suspected wrongdoing or dangers at work. One care assistant told us that if they witnessed any person doing something inappropriate, "I would tell. I'm here for the residents and that means keeping them safe". The registered manager told us that staff were observant, would spot any concerns and report them immediately.

The service undertook regular checks to ensure that any environmental hazards were identified. The company employed a health and safety officer who would conduct regular checks and identify any risk

regarding the environment including communal lounges and bathrooms. They would also check any risk from legionella, water management (including thermostatically controlled taps to ensure water ran at a safe temperature), fire safety and general health and safety checks. Where issues were identified an action plan detailed how the risks could be minimised. Further generic risk assessments were undertaken to ensure equipment was safe, for example hoists and mechanical aids, gas equipment, hairdressing equipment and latex gloves.

We looked at maintenance records and safety certificates which were all in order. Electrical installation and gas equipment were checked by external contractors and records showed that these were safe. We also saw documentation for the lift, wheelchair, hoist and sling checks, the control of Legionella and portable appliance tests (PAT). This meant equipment was safe for staff and people who used the service. The registered manager showed us a home maintenance register which documented when equipment needed to be checked or replaced. A recent check of mattresses had shown one mattress had been replaced.

As we toured the building we saw that day to day risks were well managed. Where cleaning was in progress, the domestic staff placed signs warning people of wet floors. A colony of wasps had nested on the side of the building, and the registered manager had arranged for this to be removed. In the meantime, people were instructed to keep their windows closed.

A fire risk assessment had been carried out and the fire safety equipment was routinely checked. The service also conducted regular fire drills, including successful tests of means of escape, firefighting appliances and emergency lighting. Everyone living at Hulton Care Centre had a personal evacuation escape plan (PEEP). These explain how each person would be evacuated from the building in the event of an emergency.

We looked at six care records which showed that risks to people's health and well-being had been identified. These involved risks such as nutrition, continence, falls, skin integrity and communication. We saw that where risk had been identified as medium or high a corresponding care plan minimised the identified risk. Where people behaved in a way which challenged others, staff managed the situation in a way which safeguarded other people and did not undermine people's dignity and rights. One care staff member described how they would give the person time and space, and ensure the environment and other people were safe They told us, "We always need to be patient with challenging people".

Some people who used the service required assistance with moving and handling using mechanical aids, such as hoists or stand aids. We saw that equipment was clean and well maintained. Staff were able to use this equipment effectively, and took care to ensure that transfers were safe.

People were free to walk around the building, but many of the people supported at Hulton Care Service chose to spend times in their own rooms. Where this was the case, staff would periodically check that they were not in need of anything. All bedrooms had a call alarm fitted within easy reach of beds. Staff were generally quick to respond but as we toured the building on the first morning of our inspection we heard the buzzer from one room close by. A care assistant was nearby but did not show any urgency in answering the call, or reassure the person or check that the person was in immediate need. We spoke with the registered manager who agreed to remind staff of the need to promptly respond to calls and buzzers. Later in our inspection we heard that alarm calls were answered quickly.

When we last inspected the service in May 2016, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that the recruitment records for new staff did not contain enough information to determine their suitability to work with vulnerable people. During this inspection, however, we saw that the service had made improvements, and was no longer in breach of this regulation. We looked

at four staff records and saw that these had been reviewed to include information about previous experience and qualifications, explanations for any gap in employment and an up to date photograph of the person. All the files we looked at had a certificate from the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks helped the registered manager to make informed decisions about a person's suitability to be employed in any role working with vulnerable people. Application forms, interview records, and references were stored, and staff files for nursing staff included their personal identification number to show they were registered with the Nursing and Midwifery Council. The registered manager kept a chart in her office showing when their registration was due for renewal. Files for new employees contained interview notes, including details on previous work experience. Checks had been made to ensure that the staff were eligible to work in the United Kingdom.

We saw that there were enough staff on duty on the days of our inspection. In addition to the registered manager and a nurse at each shift there were five care assistants and an activity coordinator during the day; four care assistants in the evenings and two overnight. We looked at staffing rotas for the previous six weeks and these reflected the number of staff we saw. Rotas were clear and legible showing little sign of amendments and a low level of staff absence. We were told that there was a low rate of staff turnover. The service calculated a dependency score for staffing levels based on needs of service users and this was reviewed each month to ensure that there were sufficient staff on duty. We were told that if there were issues such as deteriorating care needs then staffing addressed according to risk/need, and that earlier this year an extra care assistant had been employed to cover the 'twilight' shift, as a person who used the service presented a greater risk of falls and injuries during this period. This ensured people's needs were safely and effectively met. When we spoke with care assistants, they told us they felt there were enough staff on duty. One told us, "There are enough staff, but we work well as a team". They explained that they would be rostered to work on either floor of the building so they were aware of their responsibilities to meet personal care needs and conduct hourly checks. They told us that mealtimes were arranged in rotation which meant that they did not feel overworked at busy periods so, "We always have time to interact with people". Sometimes, care assistants would be required to work twelve-hour shifts. They told us, "Yes, the hours are long but the time flies by. We spend a lot of time with [people who use the service] so we don't notice how long we've been working".

We saw that there were appropriate systems in place for the effective ordering, control, management and administration of medicines at Hulton Care Centre. Nursing staff were responsible for ordering medication and would complete a weekly check of all medicines and reorder any stock required. Any unused medicines were returned to the pharmacy which meant that there were no excessive stocks kept on the premises.

There were systems in place to minimise risk of medicine errors, including weekly stock checks and daily audits. Medicines were provided using a monitored dosage system. This minimised the risk of giving the wrong dose to people and provided an efficient system of storing and accounting for medicines.

A locked medicines room was used to store the medication trolley and all other medicines for the service. Refrigerator temperatures were checked daily and a record of temperatures was kept, in order to ensure medicines were stored at the correct temperature. If medicines are stored at the wrong temperature they can lose their potency and become ineffective. Controlled Drugs were stored in a further locked cabinet, and the controlled drug register was countersigned when administered. We checked the balance of controlled drugs for two people and found them to be correct. Nursing staff and senior care assistants administered medicines, and the nurse on duty would keep the keys to the medicine cupboard and trolleys on their person throughout their shift.

When we asked people about their medicines they told us that they were administered in a kind, prompt and caring manner. One person remarked, "All that is organised for me. Never missed a dose as far as I know, they are very good with those things".

Each person requiring medicines had a Medication Administration Record (MAR). This is a form that records the details of any medicines prescribed, when they are taken, and if they are refused. Staff recorded all newly delivered medicines on the MAR, which also included details of the medication and dose required; details of the general practitioner (GP), medical conditions, and any known allergies. We looked at the Medication Administration Record sheets (MARs) for three people who received medication from staff and found these were fully completed. The staff who administered medicines were knowledgeable about why they were prescribed. One person who used the service told us, "The girls give me my tablets. I know what I am taking and I get that every time".

Where topical medicines, such as skin creams and ointments were required these were kept in people's rooms, and applied by care staff. A separate chart was used to indicate that the creams had been dispensed. Similarly any prescribed thickeners, which may be required to help people to maintain or increase their weight, were kept in people's rooms. However, as we toured the building we found in one room a part empty jar which had been prescribed for a person in another room. We informed the registered manager who took immediate action to remove the thickener.

Although there was a lack of storage space for large equipment such as mobile hoists, when not in use these were stored where they would cause the least obstacle. Corridors and doorways were free of clutter, with adequate space to safely manoeuvre wheelchairs. Bedrooms and communal areas such as bathrooms, toilets, dining areas and lounges were clean, well lit, and free of any unpleasant odours. The service employed domestic assistants for eight hours each day to ensure that the building was clean and tidy. At the time of our inspection the housekeeper was on sick leave, but existing staff were covering shifts to ensure good standards of hygiene and cleanliness were maintained. Staff we spoke with told us that they had received training and understood the importance of infection control measures and hygiene, such as the use of personal protective equipment such as tabards, vinyl gloves and other protective measures when handling food or completing personal care tasks and cleaning. Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care. We saw staff used protective equipment when dealing with personal hygiene or serving food, and dispensers for disposable items were conveniently placed on corridors. Communal toilets and bathrooms had a supply of liquid hand wash and paper towels and each had knee or foot operated pedal bins to prevent the spread of infection. The laundry had separate areas for clean and soiled items to ensure that there was no cross contamination. The home followed the national colour coding scheme for cleaning materials to minimise risk of cross contamination. For example, mops and buckets were colour coded so different ones were used in the kitchen areas, bathrooms and laundry areas. The kitchen was clean and well organised with food stored appropriately and fridge and freezer temperatures recorded daily to ensure that any perishable items were kept at the right temperature.

The service encouraged openness and transparency, and where things went wrong appropriate action was taken. For example, where poor recording for wound care and lack of wound care documentation had led to concerns about a person's safety, a review of wound care documentation was undertaken and all staff had supervision sessions reinforcing the importance of good record keeping, and signed to say that they understood the importance of wound care. In response to concerns about missing laundry, the laundry assistant told us that they had located a company that provided buttons inscribed with people's names which they could sew on to clothes to identify to whom they belonged.

Good

Is the service effective?

Our findings

At the start of their employment all staff undertook an induction programme which included a two-day orientation, meeting and spending time with residents. During their probationary period they would shadow a more experienced member of staff, and complete mandatory courses including the Care Certificate, which is a nationally recognised qualification designed to equip staff to deliver all aspects of care. We saw when we looked at staff records that they received ongoing training throughout their employment at Hulton Care Centre, and a training matrix recorded any training staff had received and noted when refresher training was due. The staff we spoke with confirmed that they had attended training, and that this had assisted them to provide people with the support they required. Copies of any certificates were kept in their personnel records. They told us that training and personal development was encouraged, and in addition to mandatory courses such as manual handling, infection control, safeguarding, dementia care and first aid, they had also attended other courses which would be helpful in their day to day role and to assist personal development, for instance, one person told us that they were currently undergoing a course in phlebotomy. Nursing staff also received additional training to maintain their registration with the nursing and Midwifery Council and to keep up to date with best practice. Additional training in medication and the safe administration of medicines was provided for senior care workers.

Supervision meetings provided staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. The registered manager admitted that maintaining supervision records had been overlooked previously but the service had taken steps to ensure all staff had an opportunity to meet with their supervisor every three months, and appraisals had taken place or been scheduled for the year. A staff appraisal gives the manager an opportunity to discuss progress over the preceding months and consider areas of strength, areas of improvement and opportunities for development. When we spoke with staff they confirmed that they received formal supervision. One person told us, "Supervision is good, I feel like they take my views on board, and I can say how I feel about the job". We looked at seven supervision files. These showed regular supervision was taking place, and targeted either performance or well-being of the member of staff. There were also some group supervisions to discuss concerns or issues. Supervision notes were signed by both the supervisor and the member of staff.

The care files we looked at showed that attention was given to people's nutritional needs, and people were supported to maintain a healthy diet. Dietary needs were assessed and where risk or any religious or cultural requirements were identified information was passed to the kitchen. A white board and laminated information which was updated weekly included specialist dietary needs of diabetic, choking risks and where liquidised or soft diet was needed. When we spoke to kitchen staff they could tell us the specific needs and preferences of the people who lived at Hulton Care Centre, and prepared individual meals accordingly. This was confirmed by some of the people we spoke with; one person told us, "We got a lot on our plates, but they have realised I like small portions and they don't outface me now". We saw that Malnutrition Universal Screening Tool (MUST) charts were used. People were weighed monthly to ensure that they were maintaining weight. We noted that where there were concerns about a person's weight they had been referred to the dietician for further advice and support.

Most of the people we spoke with told us that they enjoyed the food provided. One person told us, "I am a fussy eater, but overall the food is nice", and another said there was, "Lots of choice at mealtimes. I am more than happy with the food". However, another person told us, "Some days the food is better than others. The worst things are stews, too salty and the gravy is too thick. I just don't order them now but the other food is lovely".

Breakfast was served to people as they rose. We saw one person who told us they liked to have a lie in having a late breakfast. On the first day of our inspection the main choice of meal was ham and cheese omelette with salad or chicken casserole.

People who were able chose where they wanted to eat their meal, and many had chosen to eat in their own rooms. To ensure that lunch was a pleasant experience for the people who lived at Hulton Care Centre, the registered manager told us that meals were served in rotation; People who needed most assistance, or specialised diets were served first, followed by people who chose to eat in their rooms. This meant that staff were not rushed and could support people to eat and provide room service. They would then serve people who wanted to eat in the dining room. One person told us, "I eat in my own room, that's my choice. The food is always hot".

We observed one person being supported to eat in their room. The care assistant reminded the person of the choice made earlier in the day and told them what was on their plate. They asked if they needed assistance to cut up the food, and as they helped, they initiated a conversation about vegetables. Independence was encouraged; the care assistant allowed the person to do as much for themselves as they could and offered to fetch a spoon to help.

The dining room was nicely set out with seven round tables each with seating for two. Tables all had tablecloths, and were set with flowers, condiments, cutlery, cups and saucers, glasses and napkins. Four people had chosen to eat in the dining room, two sat together and two others sat apart. One person told us, "The food is very attractive, edible and the choice is good. It is always nicely presented". Plate guards were in place to help people to eat independently, and people were offered clothes protectors before these were put on.

The weather on both days of our inspection was hot. We overheard staff encouraging people to take plenty of fluids and throughout our inspection cold drinks and a supply of ice-lollies were offered to keep people refreshed and maintain their hydration.

Care records we looked at, and the people we spoke with confirmed that they had access to a range of healthcare professionals, including doctors, speech and language therapists, chiropodists and occupational therapists. People receiving residential care were seen as required by district nurses. We were told that when they were admitted into Hulton Care Centre, most people chose to keep their own general practitioner (GP). One person told us, "I am with the same doctor I had when I was at home. He knows me well and that matters". One visiting healthcare professional told us that they were not called out unnecessarily; If staff identified a concern they would consult, and agree if a visit was required or not. Commenting on the quality of healthcare, they told us, "Staff are helpful and follow my instructions. Care is good from what I have seen".

When we toured the building, we found that the design and adaptations suited the needs of the people who lived there. People's rooms were decorated and furnished to reflect their tastes and preferences, with personal belongings and pictures. The dining room had sufficient space to seat all the people who used it, and when not being used for meals could be used for group activities. A main lounge had been thoughtfully partitioned using furniture to make good use of the available space. Separate areas allowed for privacy and

small group conversations. Most people chose to watch television in their own rooms but one area in the main lounge had a large screen TV. It was not always on, but we saw people who used the service could choose to switch it on if there was something they wanted to watch; during our inspection several people who used the service gathered to watch the football world cup which was being televised. Further partitioned sections in the main lounge included a 'pamper' area, where staff could support people with nail and beauty care, and a 'saloon bar' equipped with hand pumps and a supply of bottled beers, wine and sherry which were served in the evenings. A large conservatory was attached to the main lounge and nicely furnished, but this was not used by people who used the service during our inspection as it was too hot. The registered manager informed us that she had ordered an air conditioning unit for this room, which was due to arrive the day after our inspection. A large garden with grassed and patio areas had seating, umbrellas and shades, and was used by some of the people who used the service.

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. The service had a detailed MCA policy and staff had been provided with training in this legislation and were able to feedback how they put it in practice.

Staff were able to explain the best interests process and when it was required and were able to give examples of where they made decisions for people and where people were supported to make their own decisions. They were aware of the importance of asking people for consent before undertaking any care delivery. One care assistant told us, "I always ask, sometimes they [people who used the service] have a joke, and tell me I should know, but they might want something different for a change". Another told us, "We can never pressure them and always give people choices, even little things like mints: Everton or polo?"

We saw that people's care records had been signed by people who used the service where possible. The care files we looked at had individual capacity assessments for people's needs and this was reflected in people's care plans.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had an effective system for monitoring any applications and authorisations to ensure they were reviewed appropriately. When we inspected Hulton Care Centre six people were subject to authorised deprivations, and the registered manager kept a record of when the authorisations had been applied for, and when the service might need to seek renewal.

Capacity assessments were held on people's care files to demonstrate that a formal capacity assessment had been carried out before the DoLS application was made. Best interest meetings had been held to support the decision making process for people who could not make decisions for themselves. For example, where people were unable to consent to having bed rails to stop them from falling out of bed at night. This was seen as the least restrictive option.

Good

Is the service caring?

Our findings

There was a calm, peaceful and caring atmosphere throughout our inspection. We spent some time observing people in the main lounge area and watching staff interventions with the people who lived at Hulton Care Centre. People were relaxed and settled; two asked for some music, and chose some 1950's songs. One person sang along as Nat King Cole crooned. The activity coordinator spent time with individuals on a one to one basis. They were using a set of picture cards which they used to stimulate reminiscence and build conversation. They were considerate to people's needs and frailties, so for example after sparking an interest in a person, they brought them a large print book on the subject. As they brought the book over they said that it was a heavy book and offered to bring over a small table for them to rest it on. One person said to us, "I don't like to use the buzzer but they tell me I have to. They hide my walking frame at night time so I use it. They don't want me going to the toilet without them there in case I fall. I understand and agree with that."

Staff were attentive but not intrusive, and care was delivered to people at their own pace They dictated their own routines, for instance one person who was having a late breakfast told us that they liked to stay in bed until late. We were told that there were no set times for people to get up or go to bed and meals were provided when people wanted to eat rather than at set times. As we walked through corridors we heard staff chatting with people in their rooms, and as one care assistant walked past a person they supported they greeted them with a high five. No opportunities to engage people were missed. They were vigilant to need, regularly checking that people were comfortable and content, and in communal areas they encouraged them to join in with conversations and activity. One care assistant told us, "We're encouraged to spend time with them, that way we get to know their likes and dislikes and build relationships".

People were clean, well dressed and groomed and well cared for. Those we spoke with told us that they regularly had a shower or a bath. This was recorded in the case records we looked at, but the service did not keep charts indicating this. One person remarked, "I have only been here a matter of weeks, but my family have said how well I look".

The registered manager told us she wanted Hulton Care Centre a place she would be happy for an older relative to live in, and believed that this was the case. We saw people were treated in a person-centred way; their values and beliefs were respected and people were shown care and compassion by all the staff, who were without exception warm, friendly and open. Staff spoke warmly about the people they supported, "They've all got their different ways," one told us, "but I've taken to them all, I don't mind who I'm working with". They were able to tell us about some of the ways people liked their care to be delivered, their backgrounds and their character. Another told us, "I love 'em all, can have a laugh and a joke, and it makes my day as well as theirs!" The people we spoke with told us they enjoyed "Having a laugh and a bit of banter". On the evening of the second day of our inspection there was a convivial atmosphere, some people had congregated to watch the world cup together on television and others were enjoying a glass of wine or sherry.

Shortly before our inspection the service had received accreditation for the Daisy mark. The Daisy Standards are designed to foster an environment where Dignity in Care is at the forefront of everything that is done. It is

an award-winning accreditation scheme that aims to demonstrate recipients of the Daisy mark deliver high standards of care. The registered manager was proud to tell us that Hulton Care Centre was only the second care organisation to receive 100% marks in its assessment. People were treated with dignity, and their wishes respected. For example, we saw notices on people's doors - which also had panels with their names – saying whether they would like their door open or closed at night. We witnessed one person being transferred from their wheelchair to an arm chair in the communal loungeusing a hoist. The person was wearing a skirt, and was offered a blanket to cover their legs but refused. The care assistants manoeuvred the hoist so that the lady had her back to the others in the room and discretely moved her without compromising her dignity. They explained what they were doing at each stage and made sure the person was comfortable before moving off. Staff were vigilant and discreet regarding continence issues, and dealt with this in a kindly manner, without causing any attention. We overheard a care assistant saying to a person, "I'll just take you to your room for a minute," before helping the person to wash and change.

Many of the people who lived at Hulton Care Centre chose to spend time in their rooms. This meant we heard call alarms sounding frequently. When we asked people about this they told us, "I don't wait long for them when I buzz. They always make sure the buzzer is in reach," and another told us, "I get myself ready for bed, press the buzzer and they come straightaway to turn off my light and close the door".

We saw that people were consulted about how they liked their care to be delivered and care plans documented any conversations with family members. The care records we looked at showed that people and their relatives had been consulted in drawing up and reviewing care plans. All the people who lived at Hulton Care Centre had care and support needs, but staff recognised that this did not make them totally dependent and people were encouraged to do as much for themselves as they could. Abilities were acknowledged, and personal choice respected. Staff understood when people wanted assistance and were sensitive to each person's individual needs. We saw that people's personal belongings were treated with respect, and privacy was respected. For example, staff would knock on people's doors or ask for permission before they entered bedrooms.

There were no restrictions on visiting. The registered manager told us, "This is their home and I want them to treat it that way, so there are no restrictions on visitors, and there is a tea and coffee bar for visitors to help themselves as they would if they were visiting their relative in a family home". Visitors had access to quiet areas or people's rooms to speak to their relatives in private if they wished.

Information held about people, including all care records were securely stored in locked offices when not in use. This helped to protect the personal information held about people who used the service. Staff had access to the notes and we saw that they regularly consulted care plans and assessments to ensure that they were providing appropriate care and support.

Good

Is the service responsive?

Our findings

People who lived at Hulton Care Centre told us that care and support were delivered in a way that was person centred and responsive to the needs of the people who lived there. One person who told us, "I usually decide everything. I can get up and go to bed when I like, I need a hand sometimes but it is usually when I am ready and not dictated by the staff." A visiting relative said, "I've no concerns whatsoever. They have got to know [my relative] well in the time they have been here, and all needs are being met. We are very happy with how this has turned out". The service responded well to people's wishes. For example, one person told us, "I have a shower every week, a good strip wash in between. That suits me".

We looked at six care records. In addition to assessment and reviews these contained useful information about the person including personal details and contacts, best interest decisions and Deprivation of Liberty Safeguarding authorisations where appropriate. Care plans were divided into sixteen separate sections covering all aspects of personal care and activities of daily living, such as mobility, dietary requirements, personal care capacity, physical and mental health. Information contained in care plans gave a good outline of the individual's needs and preferences, and the actions staff should take to support the person to maintain their independence, meet their personal preferences, and reduce any potential risks. For example, in the dietary requirements for one person we saw plans instructed care staff to maintain independence and noted support and equipment to assist with eating including adapted cutlery and crockery or feeding cups. This section also noted concerns for staff to be aware of, such as signs of gum disease. When we spoke with staff they told us that the plans were easy to follow. Information in individual files included any current medicines the person had been prescribed with a copy of the medical leaflet provided with the medicines and a description of why they were being used written in a way that could be understood by care assistants unused to medical jargon, and explained to the person taking the medicine. Records also provided care assistants with a log to record professional and family visits.

Where a risk had been identified action to reduce or eliminate the identified risk was recorded in detail. Charts were completed to record any staff intervention with a person, such as recording food and fluid intake, and when staff turned a person in bed where there was an identified risk regarding pressure areas. Attention to detail had minimised risk, for example we looked at a Waterlow assessment for one person which showed the person to be at high risk of developing pressure sores but records showed that this person had not had any sores since their arrival at Hulton Care Centre, although a body map from the time they were welcomed to Hulton Care Centre indicated a small red mark at the time. Records showed that close observation and attention prevented this from developing any further. However, we noticed that charts were not always filled in correctly. For example, nutrition charts did not always state the date the chart had been completed, and were ambiguous about the amount of food consumed. One chart we looked at stated 'ate four sandwiches'. It was not clear if this was four full sandwiches or two slices cut into quarters. We spoke to the registered manager about this and she agreed to reinforce to all staff the need to ensure all documents and forms were correctly and accurately completed.

Some care records included a document entitled 'Map of my life', which provided a short history of the person with important people and milestones. This was a useful document for staff who were unfamiliar

with the person to learn a little about their likes and dislikes, background and culture. We were told that this was a work in progress, and in part was reliant on families to provide missing information. The service had also begun to use a diary for each person entitled 'My Journal' which was kept in their room, and used to record interactions, daily events and information which might be useful for unfamiliar staff.

We saw that care records were reviewed on a monthly basis, and where there had been changes risk assessments and care plans were amended to reflect any changes in need. There was evidence in care plans that people had been consulted about their care. However, we found that the care documents did not always reflect the person as a whole. Information held about individuals in assessments, daily notes and care journals, and what people know about individuals, was not clearly summarised. We spoke to the registered manager and asked that the service consider using information about people's background, culture, likes and dislikes to help with planning interventions and reviewing the impact of the service on the person's independence and needs. She agreed that information could be complied into a short document which would assist staff unfamiliar with the person to provide more person-centred care

When we asked people about activity and stimulation at Hulton Care Home, one person told us, "I fill my day, it's surprising how quickly the day passes". The service employed an activity coordinator, who arranged regular group activities such as Arts and craft, reminiscence sessions, bingo and quiz nights. They also arranged for local entertainers to come to Hulton Care Centre, and we were told that one in particular was very popular, and was booked to visit every six weeks. They were arranging a barbecue for the following month, and people told us they were looking forward to this, as there was a Hawaiian theme. Some people told us that they were designing lei necklaces for this event, but, "I won't be wearing a grass skirt!" People also told us that they had recently attended an award ceremony where long servicing staff were presented with awards for their service, and that they had enjoyed that evening. However, many of the people who were supported at Hulton Care Home chose to spend the majority of their time in their own rooms, and were content with their own company. One person said, "I like my radio, I read and do the crosswords. I like my own company so I haven't really joined in the group things. I have lived alone a long time so I like my own space". And another said, "I don't join in, only with bingo. I like my door open so I can watch the world go by. I get the paper and they are always coming into my room to check I am okay. I like the company". To accommodate people's wishes, we saw that the activity coordinator spent much of their time talking and supporting people to remain stimulated on a one to one basis, and staff were seen throughout out inspection involved in conversation and discussion with the people they supported.

We looked at how the service managed complaints. We saw that the service had a complaints policy and people who used the service told us that they were aware of how to complain if they needed to. none of the people we spoke with had raised a complaint but felt their families would help them to raise issues should any arise. When we looked at the complaints log we saw that there had been very few, but when they did arise there was evidence of a full enquiry and where the service was at fault apologies were given, with suggestions to help mend any suspicion or distrust the allegation may have caused. The complaints policy was displayed on noticeboards throughout the home areas with contacts of where and who to make a complaint or any concerns, whether this be in writing or verbally to the home manager.

There was evidence that people's wishes for their end of life care had been considered. When we looked at care plans we saw that they included some information about how people would like to be supported at this time, including palliative care plans for when people were approaching the end of their life. Plans focussed on managing pain and consideration of the person's psychological, social and spiritual support needs. We saw that this had been discussed with the person, and included the level of involvement they wanted from family and friends. Reference was made to providing support to family and relatives. Where appropriate a 'do not attempt resuscitation' form (DNAR) signed by the person's GP was kept at the front of the person's

file. A DNAR form is a document issued and signed by a doctor, which advises medical teams not to attempt cardiopulmonary resuscitation (CPR).

We saw a number of Thank-you messages from relatives of people who had passed away at Hulton Care Centre. One mentioned "How much we appreciated the care, thoughtfulness and kindness you have shown [our relative] during his short stay…you have made his passing a little easier for us as well as for [our relative]," and other cards mentioned, 'kindness care and compassion', 'love and care', and spoke of kind words on the person's last day.

Good

Is the service well-led?

Our findings

All the people who used the service we spoke with told us they would recommend the service to others. One said, "if anyone could get here they would be very lucky. You see things on the television but here is lovely." A care assistant told us that before starting work they had been offered a number of jobs in other care homes, but chose to work at Hulton Care Centre, "I chose this: it was about the atmosphere, I felt it was right. Warm and friendly and everyone is there for the residents." Another care assistant reflected on the culture of the service and the role of the registered manager. They told us, "It's a lovely home. [The registered manager] has done a really good job. She wants it to be a home from home and has made it work."

It is a requirement under The Health and Social Care Act that the manager of a service like Hulton Care Centre is registered with the Care Quality Commission. When we visited the home had a registered manager who had been registered as manager for over three years, and was present throughout our inspection. They promoted a positive culture which put the people who lived at Hulton Care Centre at the centre of service provision. The registered manager told us, "I run [Hulton Care Centre] as if my Dad lived here. I wouldn't have any concerns if he did because of the care and attention staff give. We don't have pressure sores or wounds, and we have very few accidents." When we spoke with staff they told us that the registered manager was approachable, and had a good understanding not only of the needs of the people they supported, but their own day to day issues with the service. They told us that she was supportive and accommodating of their needs, but recognised the first priority was meeting the needs of the people who lived at Hulton Care Centre. Staff felt well rewarded, for example, the service had recently had an award ceremony to honour staff who had worked at the service for a long period, and people who used the service were encouraged to nominate the 'carer of the month' who received a small reward.

They told us that there was an atmosphere of cooperation and that all the staff worked well together. When we asked them care staff told us, "We all get on very well", and one person who had worked at a different home told us "Everyone here has been supportive. In my last place I felt it was just me working, here its different, I'm part of a team. The support has been good". The service employed nurses, care assistants and senior care assistants. All were aware of their roles but we saw mutual cooperation and respect for one another's role and position. Communication between staff was good, and records of daily handover sessions provided staff with a chronology of events when they had not been on shift. We saw minutes of staff meetings and nurse meetings to discuss any arising issues, and all staff had been involved in three monthly Dignity meetings, which culminated in receiving the Daisy mark for providing dignity in care.

We looked at the most recent staff engagement survey, and saw that where issues had been raised action was taken to follow suggestions. For example, staff asked for a four-week rota, which was implemented, and the registered manager agreed to hold an 'open surgery' following a suggestion made through the survey

People who used the service and their relatives were given the opportunity to comment on their care provision. Resident meetings were held every three months, and we saw from the minutes that these were attended by a number of the people who used the service. These meetings gave people who used the service an opportunity to raise any issues of concern and reach a collective agreement on issues which

affected how the service was managed. From each meeting an action plan was formulated and followed up. Common themes included maintenance, laundry and cleaning and activities but ideas were acted upon, for example, the idea to have a themed summer barbecue. The service also had an I Pad electronic system, with a terminal kept next to the signing in book at the entrance to the home. This was easily accessible by visitors and people who used the service who could use the keypad to give feedback on a daily basis. This could be accessed anonymously by anyone visiting the home at any time to raise concerns, compliment the home and staff or give suggestions on how to improve the service. The system was monitored by Four Seasons, the parent company for Hulton Care Centre.

There were systems in place to audit all aspects of service on a daily, weekly, monthly or longer basis. For example, we saw medicines checks were carried out on a daily basis, and the registered manager told us that she produced audits twice monthly for the parent company. These covered topics such as bed rails, wound care, infection control, and safeguarding alerts. Following a recent mattress audit one mattress had been condemned. We looked at a recent audit undertaken by the registered manager regarding falls. All falls were recorded and a falls analysis was completed every three months, cross referencing the number of falls, time of the incident, location, nature of any injury and any immediate action taken. This had helped reduce the number of falls, and when we spoke with the area manager for the service they told us that this was a particularly strong point of Hulton Care Centre. Further audits conducted by either the registered manager or the service providers included amongst other things, housekeeping, activities, staffing and training, food safety and home governance. An audit of dining led to the introduction of 'nite-bite', so snacks such as cakes and crackers, would be available to people late in the evening or at night.

We saw that all policies and procedures were regularly updated to ensure that they conformed to the most recent guidance, best practice and legal requirements, and encouraged self-independence.

We checked records regarding the maintenance and upkeep of the premises. The service employed a maintenance officer who ensured that any repairs required were logged and quickly completed either by the maintenance officer or appropriate contractors. Records were kept showing that checks on all aspects of building upkeep had been carried out, including gas safety, electrical tests, fire risk assessment and emergency evacuation procedures and checks to prevent legionella. A timetable showed when these checks were next due.

Before our inspection we asked the local authority and health service commissioners for their views on the service. They did not raise any concerns with us about Hulton Care Centre.