

Monami Care Limited

# Horncliffe House

## Inspection report

35 Horncliffe Road  
Blackpool  
Lancashire  
FY4 1LJ

Tel: 01253341576

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14 February 2018

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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 ● |
|----------------------------|--------|

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|--------------------------|--------|
| Is the service well-led? | Good ● |
|--------------------------|--------|

# Summary of findings

## Overall summary

Horncliffe House is located in a residential area at the southern end of Blackpool. The home is registered to accommodate up to 24 people who require assistance with personal care. The purpose built property is set on its own grounds with garden areas to the front and rear of the building. There is wheelchair access and a passenger lift for ease of access. At the time of the inspection visit 17 people were living at the home.

There was a registered manager. 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 in November 2015, the service was rated 'Good'. At this inspection we found the service remained Good.

At the last inspection we recommended water temperatures were checked regularly so that people were not at risk of scalding themselves. At this inspection they had addressed the issue.

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

We spoke with people who lived at the home and comments were positive in relation to care and support provided by the staff team. One person said, "The staff are fantastic nothing is too much trouble we get along like a house on fire."

We found staff were aware of treating people as individuals with importance placed on promoting dignity and respect. People who lived at the home confirmed staff treated them as individuals and delivered person centred care.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during their daily routines and delivery of their care. These had been kept under review and were currently being updated.

Staff had been appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs.

People told us they received their medicines as prescribed and when needed. We found appropriate

arrangements were in place for the safe storage of medicines.

We looked around the building and found it was clean and a safe place for people to live. We found equipment had been serviced and maintained as required. However some areas of the home were in need of updating. The registered manager acknowledged areas of the building required upgrading to improve standards throughout the home. Comments from relatives, staff and people who lived at the home spoke about the need for refurbishment of the home.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had been appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs.

People told us the standard of food at Horncliffe House was good and they were able to have a choice of meals. One person said, "The food is really good and I enjoy it."

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

People who lived at the home told us they enjoyed a variety of activities which were organised for their entertainment.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the service 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 has improved to good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Horncliffe House

## Detailed findings

### Background to this inspection

We carried out this comprehensive 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.

This inspection visit took place on 14 February 2018 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had a background dealing with older people.

Before our inspection on 14 February 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We also contacted the commissioning department at Blackpool County Council and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with a range of people about the service. They included eight people who lived at the home and four relatives/friends visiting. In addition we spoke with four staff members including the cook, care and domestic staff and the registered manager. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of two people, staff training documentation and arrangements for meal provision. We also looked at records relating to the management of the home and medication records of two people. In addition we checked staffing levels and had a walk around the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

We asked people who lived at Horncliffe House if they felt safe living at the home. One person said, "It is safe here I suppose because there is always staff around to help out they are wonderful." Also a relative said, "I do feel [relative is kept safe we feel better knowing staff look after her."

The registered manager monitored and assessed staffing levels to ensure sufficient staff were available to provide support people needed. Staff we spoke with told us they were satisfied with the numbers and mix of staff on duty at any given time. One staff member said, "Yes no problem with staff we have enough and if it gets busy [registered manager] would get more people in."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them.

We looked at how accidents and incidents were managed at the home. There were documents for accident and incidents to monitor for trends and patterns. Records looked at were completed and had information related to lessons learnt from any incidents. This meant the service was monitored and managed to keep people safe and learn from any incidents that may happen.

Care plans we looked at had risk assessments to identify potential risk of accidents to staff and people in their care. Risk assessments provided instructions for staff members when delivering their support. These included moving and handling assessments, mobility, fire and environmental safety. They had been reviewed and updated if circumstances changed. Individuals who lived at the home had been involved in the process to ensure support provided was appropriate to keep the person safe.

We looked around the building and found it was clean and tidy. The registered manager employed designated staff for cleaning of the premises who worked to cleaning schedules. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gels were provided for all staff and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care for people and also undertaking cleaning tasks. One person who lived at the home wrote in a survey, 'It's nice and clean.'

No new staff had been appointed to work at the home since the last inspection. We did not identify any concerns about recruitment procedures during that inspection.

People told us they felt staff supported them with medicines as prescribed and at the correct time. One person who lived at the home said, "I sometimes forget my medications but the night staff always make sure I get what I need." We saw medicines were ordered appropriately, administered as prescribed and stored and disposed of correctly. Medicines records identified if people had any allergies. We found the service had

audits in place to monitor medicines procedures. Medicines were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This meant systems were in place to check people had received their medicines as prescribed.

We looked at documentation and found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. During our walk around the premises three window restrictors were faulty and could put people at risk. During the inspection visit a member of the maintenance team fixed the windows and ensured people were safe.



# Is the service effective?

## Our findings

People who lived at Horncliffe House told us staff were knowledgeable about their individual care needs and were happy with support they received. Comments from people who lived at the home and relatives confirmed this. For example one person who lived at the home said, "The staff work hard and know what they are doing." Another person said, "The staff help me a lot."

People who lived at Horncliffe House were supported by trained staff who had a good understanding of their assessed needs. A programme of up and coming training events for 2018 had been devised by the registered manager. Staff had achieved or were working towards national care qualifications. One staff member said, "No issue with training anything that is relevant will be provided." This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff employed at Horncliffe House made sure people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice. We observed during our visit people were not deprived of their liberty or restricted.

Prior to admission to the home the registered manager had completed an assessment of people's individual needs and produced a plan of care to ensure those needs were met. We found evidence in care records they or a family member had been involved with and were at the centre of developing their care plans. However not all care plans evidenced consent had been obtained. The registered manager rectified this during the inspection process and now all records had been signed by people who lived at the home or their representative.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. Records were informative and had documented the reason for the visit and what the outcome had been.

On the day of our inspection visit we observed breakfast was served to meet individual preferences for each person and where they chose to eat, for example their own room. There was no set time and people were given breakfast as they got up. People who lived at the home we spoke with confirmed this.

People who lived at Horncliffe House told us they enjoyed the meals provided for them. If something was not to a person's liking then choices were available. This was confirmed by people we spoke with. Comments about the quality of meals included, "The food is really good and I enjoy it." Another person said, "For example today I don't like what is on offer however I know I can have something else the cook is really good." We observed lunch was a relaxed and social experience with people talking amongst themselves. Also people were having lunch in their own rooms and this was their choice.

The staff had information about people's dietary needs and these were being accommodated. These included people who had their diabetes controlled through their diet. Fresh fruit was available for people who wanted it and offered throughout the day with drinks and light snacks. People's food and fluid intake were monitored and their weight regularly recorded. We confirmed this from records we looked at.

We had walk around the building and found although it was clean communal and bedroom areas required some updating and refurbishment. For example doors were marked in corridors and required painting. Chairs in the lounges were old and although stained were clean. Some refurbishment to the outside window fascia's had been completed. However some window frames were in need of repair. The registered manager acknowledged areas of the building required upgrading to improve standards throughout the home and hoped to improve the look of the home this year. Comments from relatives, staff and people who lived at the home spoke about the need for some refurbishment in the home. They included, "It is clean however it needs updating." Also, "I love the home but we could do with some investment to do the place up." One relative wrote in a survey. 'Accommodation acceptable but in need of modernization.'

There was a lift that serviced all floors and all rooms could be accessed by wheelchair users. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people who lived at the home.

## Is the service caring?

### Our findings

People who lived at the home and relatives told us they were happy at Horncliffe House and felt the care and support was, as one person said, "First class". Other comments included, "The girls are kind to me and care for me." A relative added, "The staff treat [relative] with respect and are very kind to her".

We observed positive interactions throughout the inspection visit between staff and people who lived at the home. For example staff took time to sit with people and discuss how they felt. One relative said, "What I like is that the staff talk to [relative] and spend time with her." We observed staff were not rushed when spending time with people. Staff told us this was a main part of their role to interact with people who lived at the home. People who lived there confirmed staff were caring and patient.

We saw staff had an appreciation of people's individual needs around privacy and dignity. For example we witnessed staff knocked on bedroom doors before entering. We saw examples during the day of how staff reacted sensitively to people's needs. For example one person requested to go to the bathroom and needed support by two members of staff. This was from the lounge area to the bathroom. Both staff gently helped the person to a wheelchair and all three were seen laughing and joking throughout the activity to manoeuvre the person safely. We spoke with the person who said, "They do things gently and privately always showing respect which is really nice."

By talking with staff we found they had an understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness. Staff were aware to treat people as an individual and promote independence where possible. For example one person who lived at the home said, "I have been able to walk better since I came here." They went on to explain how more independent and confident they felt since the staff supported them.

We found care records of people who lived at the home documented their preferences and choices in terms of social, health needs and their religious beliefs. Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described support people received and activities they had undertaken.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. Information was written down and provided for people. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

## Is the service responsive?

### Our findings

During the inspection visit we talked with people at the home and found staff were responsive to their needs. They told us care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided.

Care plans of people who lived at Horncliffe were reflective of people's needs and had been reviewed. The registered manager told us they were one or two months behind with some care plans due to staff and management illness over the Christmas period. Staff spoken with were knowledgeable about support people in their care required. Completed assessments of the person's expressed needs, preferences and ongoing requirements were included in people's care plans.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the management team's assessment procedures identified information about whether a person had communication needs. These included whether the person required for example, large print to read. This was to ensure people who lived at the home had access to information in different formats, such as easy read.

Documentation was in place if appropriate that promoted communication between health professionals and people who cannot always communicate for themselves. They contained clear direction as to how to support a person and included information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication.

An informal activity programme took place daily as well as outside entertainers. They received positive reaction from people who lived at the home. For example one person wrote in a survey, 'I do enjoy the 'memory man' with the memory box that comes often.' Also, another wrote, 'I like the entertainment.' A person who lived at the home said, "The singer is great and I do like the quizzes." Also another person who lived at Horncliffe House said, "There are some activities but [relative] doesn't always want to join in. Sitting talking is more [relative's] thing."

We saw many examples of staff responding to people's hobbies and supporting them to enjoy themselves. For instance we observed one person using an iPad (hand held computer). They wanted it propped up to make it easier to use. A member of staff improvised by getting a small plastic stand, sticking it to the small table and placing the iPad on the stand. The person who lived at the home told us it worked well.

People's end of life wishes had been recorded so staff were aware of these. The registered manager informed us they do not have anyone on end of life care. However staff had been allocated in 2018 training in end of life care. This was confirmed by staff members we spoke with and documentation we looked at. One staff member said, "I know end of life training is coming up." This showed the registered manager understood the importance of providing end of life support and how this should be delivered.

## Is the service well-led?

### Our findings

People who lived at Horncliffe House told us the registered manager and her staff were friendly and approachable. They felt the home was well led and had a say how things were run. For example a relative said, "A good manager and always approachable." Also a person visiting said, "My [relative] is settled here, the staff and manger run the place well."

We found the service had clear lines of responsibility and accountability. The registered manager was knowledgeable and familiar with the needs of people they supported. In addition staff told us the staff team had worked together for many years. One staff member said, "You find staff don't leave here we have been around for years most of us."

The registered manager had systems in place to monitor the quality of service provided. Regular audits had been completed. These included reviewing the services medication procedures, care plans and staffing levels. This showed the service was being monitored and improvements made where necessary.

People who lived at Horncliffe House had been given the opportunity to give feedback about the way they were supported and cared for. They told us they could talk with the registered manager at any time. They told us they were constantly asked about how things could improve and if they had any suggestions. They did hold staff/resident meetings however these were not often. More informal discussions were held daily with people who lived at the home. One staff member said, "We are only a smallish home so we talk everyday about things and ways to improve."

Surveys completed by people who lived at the home and relatives in August/September 2017 confirmed they were happy with the standard of care, meals and activities organised. They also said they felt safe and the home was well managed. For example two comments included, 'I like to join in with activities' and, 'I am pleased with it all.'

We saw evidence of the management team working with other organisations in the ongoing improvement of people's lives. For example social workers and care co-ordinators. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.