

Cranford Care Homes Limited







Huyton Hey Manor

Inspection report

Huyton Hey Road
Huyton
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Ratings

Overall rating for this service		Good	
Is the service safe?	Requires Improvement		
Is the service effective?	Good		
Is the service caring?	Good		
Is the service responsive?	Good		
Is the service well-led?	Good		

Overall summary

We inspected the service on the 3 December 2014. This visit was unannounced.

Huyton Hey Manor is a privately owned care home which provides accommodation for up to 27 older people. The service is located in the Huyton area of Knowsley and is close to local public transport routes. Accommodation is provided over three floors. The majority of bedrooms are located on the first and second floor which can be accessed via a passenger lift.

During our previous inspection of the home in October 2013 we found that the service was meeting the regulations we assessed.

The registered manager had been in post since September 2014. 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.

Summary of findings

People told us that they felt safe living at the service. Staff knew how to keep people safe from abuse and were aware of how to report any concerns they may have in relation to safeguarding people from harm. We found that improvements were needed around the building to help ensure that people were safe.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Procedures were in place to promote people's rights and the providers responsibilities in relation to the MCA 2005.

People told us that they enjoyed the food served and that they always had a choice.

Care planning documents and records were in place that detailed people's needs in relation to their care and

support. Staff showed that they knew people who used the service well and that they were aware of their likes and dislikes. We saw that staff supported people in a manner that was respectful and maintained their dignity.

Staff told us that they felt supported in their role. We saw that staff had the opportunity to attend training and that they were supervised on a regular basis.

Regular meetings were held so that people who used the service and their relatives were able to comment and contribute to what happens in the service.

The registered manager carried out regular checks around the home to help ensure that people were receiving the care and support they required. In addition, regular checks on people's care plans and medicines took place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's living environment was not always safe and required some improvements.

People told us they felt safe living at the home.

Safeguarding procedures were in place and staff had received training in safeguarding people.

Requires Improvement



Is the service effective?

The service was effective.

Records demonstrated that people's rights in relation to the Mental Capacity Act 2005 were considered when planning their care.

People received regular support from local health care professionals.

Staff received training and support to enable them to provide people with safe and effective care and support.

Good



Is the service caring?

The service was caring.

Staff were kind and patient when supporting people with their needs.

People and their relatives told us that staff were respectful.

Good



Is the service responsive?

The service was responsive.

People's care and support needs were planned for.

People were supported to maintain their independence and encouraged to participate in activities with the home and within the local community.

Good



Is the service well-led?

The service was well-led.

Staff felt supported by the registered manager.

Quality Assurance systems were in place to monitor the service provided to people.

Good



Huyton Hey Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 3 December 2014 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. The expert by experience had professional experience of working within and supporting people in this type of service.

We spent time observing the support and interactions people received in communal areas of the home. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care people receive to help us understand the experiences of people who could not talk to us.

We spoke with 12 people who used the service, five members of staff, the registered manager, three visitors and an external trainer who was visiting the service.

We carried out a tour of the premises and the immediate outside grounds. We spent time looking at records relating to people's care needs and this included looking at records of three people in detail. We also looked records relating to the management of the home which included staff duty rotas; policies and procedures in place and the recruitment files of the two most recently recruited staff.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make.

Before our inspection we reviewed all the information we held about the service. This included any notifications received from the registered manager; safeguarding referrals; complaints about the service and any other information from members of the public. We contacted the local authority who commissioned the service and they told us that they had no immediate concerns regarding the service. We also contacted the local Healthwatch team. Healthwatch is a new independent consumer champion created to gather and represent the views of the public. They told us that they had not received any concerns regarding the service.

Is the service safe?

Our findings

People told us that they felt safe at the home. Their comments included; “The staff are always around to help me when I need anything, they look after me properly. I feel like I’m in a safe place,” “I feel settled and safe here”. People also told us “When I press the buzzer they [staff] come quickly enough. I think there are enough staff” and “There are always staff around to help me if I need it.”

Visiting relatives told us positive things about the home. Their comments included; “I am happy he [their relative] is well looked after here, I’m confident they can care for him properly and safely” and “I’m happy my mum is safe here.”

We walked around the building and saw that improvements were needed in relation to the environment, to ensure people were safe. We saw that a number of window frames were rotted and in one person’s bedroom the edges of the glass were exposed and posed a risk to people. In other rooms the edges glass had been temporarily repaired. We spoke with the registered manager who explained that new windows had been ordered to replace those that were in poor condition. Due to the age and listing of the building, bespoke window frames were being made. The registered manager showed us evidence which demonstrated that the windows had been ordered and the timescales in which they would be fitted.

We found that a set of stairs that lead to other floors which acted as a fire escape route, was cluttered with tools which would have made it difficult for people to use the stairs safely. We brought this to the attention of the registered manager who immediately arranged for the area to be cleared. The registered manager and the member of staff responsible for the tools fully understood the risks posed to people around the environment during our inspection.

People told us that they had received their medicines on time. One person told us that they had a health condition that required them to have their medicines at a certain time. Visiting relatives told us that they were satisfied that people had received their medicines when they should. One relative told us; “They [the staff] sorted out her medication since she came in here.”

We saw that a policy was in place for the safe management of medicines. The document stated that the service aimed to work within specific legislation relating to medicines

management. However, the policy did not refer directly to the Health and Social Care Act 2008 or the NICE (National Institute for Health and Care Excellence) guidance on medicines management in care homes 2014. Having up to date reference information available to staff helps ensure that they are able to administer medicines under current best practice.

An audit and monitoring visit which was carried out by community health services several months prior to our inspection, found general good practice in the management of people’s medicines. We looked at how medicines were managed and saw that appropriate storage facilities were available to keep people’s medicines safe. Medication administration records (MAR) were completed by staff when they administered people’s medicines. We looked at the MARs and saw that they had been completed appropriately. We saw that monthly medicine audits took place and that senior care staff were responsible for these checks. Staff told us that they also had regular checks carried out by the supplying pharmacy who were also available to staff to offer advice on the telephone if needed. Training records demonstrated that staff authorised to administer people’s medicines had received training in the role.

We saw that procedures were in place in relation to safeguarding people. These procedures were available to all staff within the home and included a copy of the local authority’s joint agency safeguarding procedures. Staff spoken with demonstrated a good awareness of what action they would take if they suspected or became aware of a safeguarding situation. Training records demonstrated that all staff had received training in safeguarding people. No safeguarding situations had been reported by the service since our previous inspection.

We saw that where required people’s care planning documents contained risk assessments to minimise harm to people when a risk had been identified. For example, we saw risk assessments for smoking; use of a wheelchair; moving and handling and nutrition. We also saw that risk assessments were in place for people who were at risk from falls. Staff explained that all falls were monitored and when a person experienced three falls they contacted the local falls team from the local community health service for advice.

A recruitment procedure was in place for the safe recruitment of staff. The procedures included obtaining

Is the service safe?

appropriate references and Disclosure and Barring Service (DBS) checks prior to a new member of staff commencing employment. We looked at the recruitment records of the two most recently recruited care staff and saw that they contained evidence that appropriate recruitment checks had been carried out.

Sufficient staff were on duty to meet people's needs. We did not observe people having to wait for care and saw that call bells were answered without delay. We saw that five

staff and the registered manager were on duty to support the needs of the 27 people living at the home. In addition, one person was supported by a member of staff throughout the day to keep them safe.

Systems were in place to deal with any emergencies that may arise. For example, we saw that contingency plans contained emergency contact telephone number for use in relation to utilities and services that the home relied on to keep people safe and well.

Is the service effective?

Our findings

People told us that they were happy with the service and food they received. Their comments included; “The food is very good here”; and “The food is good, they ask you what you want to eat, but there is always something else if you don’t fancy it.” “They come in the morning and ask me what I want, if I don’t like what’s on they will cook me something else.”

People told us that they had choices throughout their day. Their comments included; “I can move around the home as I wish, I can go to my room if I want” and “I choose to get up between 7am and 7.30am. I can wash and dress myself, and then I come down for a cup of tea. We get breakfast at about 8.30am.” Other comments included; “If I want to see a Dr I tell the staff and they arrange it”; “I get to see the Dr when I need to; the staff get in touch with them” and “They arrange for the Dr to come if I need it.” One person told us that they had recently been ill and that staff “Got the ambulance quickly and got me away to hospital. The heart nurse comes to see me now” and another person told us “They arrange for me to see the chiropodist and the optician.”

Visiting relatives told us they were confident in the ability of staff to protect the interests of people who used the service. Their comments included; “The staff are looking at what is going on all the time, they listen to what [people] are saying and they are very good carers. I trust them 100%.” Another relative told us “There’s training going on here all the time, the NVQ lady is here today.”

People told us that they had a choice of where they ate their meals. We saw that the majority of people chose to eat their lunch in the dining room or lounge. We sat with people during lunch and observed that people were given a choice of where they wished to sit. Napkins, aprons and condiments were available. In both the dining room and lounge we saw people being supported to have their meal in a calm unrushed manner. People were seen to be offered more portions of food and a selection of alternative foods if they chose not to have what was on the menu. The food portions were substantial and we saw that one person asked for some of the food on their plate to be removed and this was done immediately. We saw that two people spent some time chasing food around their plates. We discussed this with the staff team who told us that a number of plate guards were available in the kitchen. Staff

acknowledged that individuals may find it useful to use these pieces of equipment and they demonstrated a commitment to ensuring that the plate guards were made available during mealtimes.

We saw that people’s care planning documents contained a pre admission assessment. These assessments were carried out prior to people moving into the home to gather information about their specific needs and to ensure that staff were able to meet these needs. For example, we saw that the assessment gave the opportunity to record people’s needs and wishes in relation to their personal and physical care and their physical and mental health. The pre admission assessment also gave the opportunity to assess people’s needs and wishes in relation to their diet and the support they may need in relation to eating and drinking.

Staff demonstrated that they knew the needs, likes and dislikes of the people they supported. Staff were able to explain how they supported individual’s with specific tasks throughout the day. We saw that positive relationships had been built between the people who used the service and their relatives with the staff team.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Written guidance was available to staff in relation to Mental Capacity Act 2005 which included the key principles of the act and guidance from the Social Care Institute of Excellence (SCIE). The registered manager demonstrated a good awareness of the Mental Capacity Act 2005 and procedures were in place in relation to it. We saw that where required the registered manager completed applications for DoLS and sent them to the local authority on behalf of people. In order to ensure that restrictions on a person’s liberty are done so within the current legal framework DoLS applications must be submitted to the local authority to safeguard individual’s rights.

Care planning documents and records demonstrated that people had regular access to local health care professionals. For example, we saw evidence of GP, chiropodist and optician visits to people. The registered manager explained that they were working with local health care professionals to access dental services for people who used the service.

Staff told us that they felt they had the appropriate training, supervision and support for them to carry out their role.

Is the service effective?

Training information provided to us demonstrated that all staff had completed training in the Mental Capacity Act 2005; safeguarding, medicines, health and safety, fire safety, infection control and end of life care. A number of staff had also completed training in relation to epilepsy awareness, diabetes, dignity in care, activities and house of memories in order to support people living with dementia. In addition, all staff had completed an National Vocational Qualification (NVQ) level two or three and the manager was in the process of completing a level five qualification. A refresher training programme was in place for staff which included dementia awareness; end of life; mental health awareness, depression and deprivation of liberty safeguards.

We spoke with a visiting trainer who had been supporting staff learning for several years. They told us positive things about the service, such as the commitment the provider and the individual members of staff had to gain qualifications and to transfer their learning into practice to improve the quality of care for people. They told us that the numbers of staff had increased over the past three years. They felt that staff were competent and respectful in their role and that they used the knowledge they had gained through training, to better deal with the needs of people.

Is the service caring?

Our findings

People told us positive things about the staff that supported them. Their comments included “I get on well with the staff, they are brilliant”; “The staff are alright” and “I have no problem with any of the staff, they are a cracking bunch.”

Visiting relatives also spoke positively about the staff team. Their comments included “I wouldn’t wish my relative anywhere else, the staff are fantastic. I have heard about other homes, but this has got better”; “The staff treat the residents with respect, they are so kind, but they never raise their voice”; “The staff treat residents with respect” and ‘This is better than most homes I would not move her [relative] from here, I’d rather her be somewhere she is cared for like this.’

People who used the service and their relatives told us that they were able to visit anytime. Comments included; “I can come anytime I like, they don’t mind”; “I can come anytime there is no restriction on anyone visiting” and another visitor told us that they worked shifts and they were able to visit their relative late into the evening.

We saw that staff offered gentle reassurances to people when they became anxious. For example, one person was requesting the whereabouts of their relative who visited

them often. We saw staff sitting with the person explaining that their relative would be visiting and the time to expect them. Staff were seen to continually support the person with helping them tell the time whilst they waited for their visitor.

Throughout our visit we saw staff treating people with respect and in a manner that maintained their dignity. Staff were pleasant and considerate and supported people in a gentle manner. For example, we observed staff sitting directly next to the person they were speaking with and directing the conversation to them only. Staff were seen to support people around the home in a gentle manner explaining where they were going at all times.

At the time of this inspection none of the people living in the home were in receipt of advocacy services. The registered manager told us that in the event of a person requiring an advocate they would contact the local authority and seek advice.

We saw that a number events were advertised around the home for people and their relatives to attend. Staff told us that organising joint events helped people maintain contact with their relatives and friends. We saw that a meal had been organised for people and their family to attend at a local hotel.

Is the service responsive?

Our findings

People told us that they were aware of their care plan. Their comments included; “I know I have a care plan, and have had it reviewed”; “My care plan has been changed since I had a stroke” and a relative told us “My mums been here for three months. I know she has a care plan, but I’ve not seen it and we haven’t had a review yet.”

People told us that they had no worries or complaints about the home. Their comments included; “I don’t have any worries here, but if I did I know I can talk to the manager. I am sure she would listen if I wanted to talk to her” and “If I’ve had any worries I can talk to the manager, she is very approachable. I’ve talked to her in the past and she has sorted things out but it was not about anything significant.”

Each person had their own individual care plan which documented their day to day needs. We looked at the care plans of three people and saw that they contained information in relation to their day to day needs. For example, their needs relating to personal care and physical needs, dietary needs and preferences and weight, social interests, hobbies and religion, specific health needs and information relating to what was important to the person. In addition, we saw that information relating to a person’s typical day was included in their care planning documentation.

People told us that there were activities available for them to participate in which were planned by two activities co-ordinators. Details about the activities available were displayed in the home. We saw that the activities on offer to people in December included bingo, Christmas parties, a carol service, clothing sale, Christmas card making, memory box introduction and music and health sessions. A selection of books and newspapers were available for people around the home.

A number of people told us that they spent time in the summer gardening and growing plants. One person told us “We spend a lot of time in the summer growing things and pottering about.” On the day of our inspection we saw people leaving the home to access the local community. For example, one person went out for a walk, another person went out for lunch and another person told us they were going to the local betting shop. People had the opportunity to maintain their faith within the home. A

weekly service was held for people of all denominations to participate in communion. Two people told us that they visited a local church club each week. They told us; “We go out once a week for a couple of hours, it’s become part of our weekly routine now. We usually have a couple of drinks then come back here.” A visiting relative told us “I know that they do have outings to Blackpool and places like that, they also have entertainers come in and they have a sing-a-long.”

A complaints procedure was available around the home for people and their visitors to access. In addition, a complaints/suggestion box was available for people to post any thoughts or concerns they may have about the service. The registered manager told us that this box was accessed and managed by the provider only which gave people the opportunity to comment on all of the service anonymously if they wished. Since our last inspection the Care Quality Commission had not received any concerns about the service. Records within the service demonstrated that they had received two formal complaints which had been addressed within 28 days of the complaints being made.

The registered manager met regularly with people who used the service and their relatives to discuss issues relating to the running of the home. People told us; “I have been to the residents meetings, they are very good” and “I’ve been to the residents meetings, they are very useful. We talk about the food or any complaints we might have.”

In order to further gather the views of people who used the service a survey was made available. The survey asked for people’s views in relation to food and catering; personal care and support; daily living; the premises and the management of the home. We saw a summary of people’s responses which indicated that the majority of people who had completed the survey were satisfied with the service they received. The registered manager told us that they were in the process of looking at how they could make improvements to the service following people’s comments by way of developing an action plan that would be available to all.

We saw that a newsletter was available around the home to keep people and their visitors informed of what was planned. The September edition included information regarding new menus, entertainment and activities, maintenance around the building and information about

Is the service responsive?

how to share suggestions and complaints. The newsletter also contained information about a monthly drop in session for any family and friends who have specific concerns or suggestions and would like to chat about them

Is the service well-led?

Our findings

There was a registered manager in post who registered with the Care Quality Commission in September 2014. People told us positive things about the home. One person told us “I came in here after my last home closed; I’ve felt comfortable since I came in here.” Relatives told us; “Mum settled quickly as it’s a home from home” and “Staff are so approachable.”

We saw that staff attended partnership meeting with other community based services. The manager told us that staff attending these meeting helped to ensure that new policies, procedures and best practice are implemented within the home.

Staff told us that they felt well supported in their role by the registered manager. They confirmed that they received regular support and that the registered manager was always available to offer advice.

We saw that systems were in place to monitor and maintain equipment, fire detection equipment and the environment. A handy person was employed to carry out the testing and maintenance of equipment and repairs around the building. We saw that records were maintained of these monitoring checks.

Regular audits were carried out to help ensure that the procedures and practices in place around the home were safe and met the needs of people. For example, we saw that regular checks of people’s care plans; accidents and incident; falls; risk assessments and medicines were carried out by senior staff. In addition the manager carried out weekly quality audits to monitor the care and support that people received. We looked at the most recent audit that had been completed on 28 November 2014.

The registered manager demonstrated that the registered provider or their representative visited the home on a regular basis. During these visits they conducted their own audit of the service being provided and any improvements identified was shared with the registered manager to action.

The registered manager told us in their provider information return (PIR) of their plans to improve the service people received in the next 12 months. These plans included changes to the system of care files so that they are more person centred; update the homes decoration and to focus on each member of staff becoming a dignity champion.

We contacted the local authority who commission the service on behalf of people and the local Healthwatch team. They told us that they had no immediate concerns about the service provided at the home