HC-One Limited

Hulton Care Nursing Home (Nelson)

Inspection report

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Ratings

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

Overall summary

We carried out an inspection of Hulton Care Nursing Home (Nelson) on 1 and 2 April 2015. The first day of the inspection was unannounced.

We last inspected this home 10 February 2014 and found the service was meeting the regulations in force at that time. During this inspection we made a recommendation about the implementation and use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Hulton Care Nursing Home (Nelson) is registered to provide accommodation and personal care for up to 30 older people. Accommodation is provided in 30 single bedrooms, all of which have an ensuite facility. There is a separate unit to care for older people living with a dementia. At the time of the inspection there were 25 people accommodated in the home. The home does not provide nursing care.

Summary of findings

A manager was in post and they had begun the process to register with the commission. 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.

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding and we saw concerns had been dealt with appropriately, which helped to keep people safe.

We found the arrangements for managing people's medicines were safe. We found accurate records and appropriate processes were in place for the storage, receipt, administration and disposal of medicines.

We found staff recruitment checks had been completed before a member of staff started to work in the home. Staff had completed relevant training for their role and they were well supported by the management team. There were a sufficient number of staff on duty to meet people's needs.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People could help themselves to any item from the snack trays at any time they wished.

All people spoken with told us the staff were caring, compassionate and kind. We saw that staff were respectful and made sure people's privacy and dignity were maintained.

All people had a care plan which covered their needs and any personal preferences. We saw the plans had been reviewed and updated at regular intervals. This meant staff had up to date information about people's needs and wishes.

We saw there was a system of audits in place to monitor the quality of the service and people and staff were given opportunities to express their views and provide feedback on the service.

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 safe.

The provider had systems in place to manage risks, safeguarding matters and medication and this helped to ensure people's safety. People and their relatives told us it was a safe place to live.

The way staff were recruited was safe, as pre-employment checks were carried out before they started work. Staff were trained to recognise any abuse and knew how to report it. There were sufficient staff to meet people's needs.

Good

Is the service effective?
The service was not consistently effective.

We found people's mental capacity to make decisions for themselves had not been considered and there was a lack of guidance for staff to enable them to support two people with a Deprivation of Liberty Safeguard application.

People were cared for by staff who were well trained and supported to give care and support to people living in the home.

People were provided with a variety of nutritious food and were offered sensitive support to eat their meals.

People had access to healthcare services and received appropriate healthcare support. The manager had good links to healthcare professionals and was actively working with them to promote and improve people's health and well-being.

Requires Improvement

Is the service caring?
The service was caring.

We observed that staff were kind and caring and treated people with dignity and respect. People were supported to retain and build their independence skills.

Relatives spoken with expressed satisfaction with the care provided and confirmed they were made welcome in the home.

Good

Is the service responsive?
The service was responsive.

People were satisfied with the care provided. Each person had an individual care plan which informed staff about their needs and preferences.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Good

Summary of findings

Is the service well-led?

Good

The home was well led.

There was a manager in post who had begun the process to register with the commission.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff. Appropriate action plans had been devised to address any shortfalls and areas of development.

Hulton Care Nursing Home (Nelson)

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.

This inspection took place on 1 and 2 April 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, including notifications and adult safeguarding information. We also received information from Lancashire County Council's Adult Social Care Procurement Centre. The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with eight people who used the service and two relatives. We spoke with the manager, four members of the care team and the cook. We also discussed our findings with a relief manager, who was acting as a mentor for the manager of the home.

We looked at a sample of records including four people's care plans and other associated documentation, ten people's medication records, two recruitment files and four staff records, policies and procedures and audits.

Throughout the inspection we spent time in all areas of the home observing the interaction between people living in the home and staff. Some people could not verbally communicate their view to us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people using the service who could not talk with us.

Good

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, "The staff are lovely and really look after me" and another person commented, "I'm happy here, the staff are great." Similarly both relatives spoken with expressed a high level of satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "I've got peace of mind and feel (family member's name) is safe and well looked after."

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the manager and staff. Safeguarding procedures are designed to direct staff on the action they should in the event of any allegation or suspicion of abuse. Staff spoken with understood their role in safeguarding people from harm. They were all able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. The training records showed staff had received safeguarding training within the last 12 months and the staff we spoke with confirmed this. Where safeguarding concerns had been raised, we saw the manager had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

We noted staff had access to internal policies and procedures and information leaflets published by the local authority. The contact details for the local authority were displayed in all staff areas. This helped staff to make an appropriate response in the event of an alert.

We looked at how the service managed risk. We found individual and environmental risks had been assessed and recorded in people's care plans. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration and falls. Other areas of risk included fire safety and the use of equipment. There was documentary evidence of control measures being in place and any shortfalls had been identified and addressed. This meant staff were provided with information about how to manage individual and service level risks in a safe and consistent manner.

Following an accident or incident, a form was completed and the manager carried out an investigation where necessary. The details were also entered onto a computer database and analysed monthly in order to check for any patterns or trends. This meant preventative measures could be taken to keep people safe. We saw completed accident and incidents forms during the inspection and noted appropriate action had been taken in response to any risks of reoccurrence.

We looked at how the service managed staffing and recruitment. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. The manager explained the staffing levels were flexible and adjusted as necessary in line with the needs of people living in the home. We noted there were five care staff on duty most days with some days identified when four staff were on duty. The manager reviewed the rota during the inspection and ensured five care staff were deployed every day. All staff spoken with confirmed they had time to spend with people living in the home and people told us staff were readily available whenever they required assistance. We observed call bells were answered promptly and we saw people's needs were being met. One person told us, "The staff always come quickly when I ask for help."

We looked at recruitment records of two members of staff and spoke with two members of staff about their recruitment experiences. Checks had been completed before staff commenced work in the home and these were clearly recorded. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

The recruitment process included applicants completing a written application form and attending a face to face interview to make sure the potential staff were suitable to work with vulnerable people. New staff completed a probationary period of six months during which their work performance was reviewed at monthly intervals. We noted the provider had a detailed recruitment and selection policy and procedure which reflected current regulatory requirements.

We looked at how medication was managed in the home. All people spoken with told us they were happy with the

Good

Is the service safe?

support they received to take their medicines. We observed a member of staff administering medication during the inspection and noted they took time to explain the medicines being administered. The staff member also offered people pain relief medication and was aware how best to support people when taking their medication.

Staff designated to administer medication had completed a safe handling of medicines course and undertook competency assessments to ensure they were competent at this task. We saw completed competency tests during the inspection. Staff had access to a set of policies and procedures which were readily available for reference in medication room. We noted the policies and procedures were updated during the inspection.

As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted all medication records seen were complete and up to date. We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

We looked at how the provider managed the safety of the premises. We found regular health and safety checks had been carried out on all aspects of the environment. For instance, water temperatures, emergency lighting and the fire systems. We also noted appropriate documentation was available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed the equipment was in full working order. The provider employed a maintenance officer and arrangements were in place for the on-going upkeep of the building. We saw a record of routine maintenance during the inspection and noted it had been signed when work had been completed.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff spoken with told us they had received training on the MCA 2005 and we found they had a working knowledge of the principles associated with the Act. We also noted there were detailed policies and procedures available on the MCA 2005 and DoLS for staff reference. At the time of the inspection, the manager had made two applications to the local authority for a DoLS. However, there was limited information in the people's files about the applications. This would have helped ensure staff supported the people in the least restrictive way. Staff spoken with were not aware of both applications. We also noted people's mental capacity to make decisions for themselves was not routinely considered during the preadmission and care planning process. However, the manager showed us new assessment documentation which she explained was due to be implemented for all people living in the home. We found the manager had started to complete the assessments on the second day of our visit.

We looked at how the provider trained and supported their staff. We found staff were trained to help them meet people's needs effectively. One person living in the home told us, "The staff are very nice and explain everything to you" and a relative commented, "I really trust the staff and they always have time to see me."

All staff had under gone an induction programme when they started work in the home and had received regular mandatory training. Training defined as mandatory by the provider included moving and handling, health and safety, fire safety, infection control, person centred care and safeguarding vulnerable adults. In addition, staff undertook specialist training on caring for people living with dementia, understanding and resolving behaviours that challenge and nutrition and hydration. The training was delivered in a variety of ways including face to face and e-learning on a computer system known as "Touchstone." The manager was able to print reports off the computer system in order to track each member of staff's progress. This meant there were systems to place to ensure staff completed their training in a timely manner.

Induction training was carried out over three months and covered the Skills for Care common induction standards. These are recognised standards new staff need to meet to enable them to care for people in a safe and appropriate way. The manager explained there were plans in place to bring the induction training in line with the new Care Certificate, launched in March 2015. This sets out the expected competencies and standards for all new staff working in health and social care settings. Staff spoken with told us the induction and on-going training was useful and helped them feel confident to support people who used the service. They confirmed there was always on-going training available. They all said they felt they worked in a supportive team and the manager was accessible and approachable.

Staff spoken with told us they were provided with regular supervision and they were well supported by the manager. This provided staff with the opportunity to discuss their responsibilities and to develop their role. We saw records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. Staff told us they could add to the agenda items to the meetings and discuss any issues relating to people's care and the operation of the home. Staff confirmed handovers meetings were held at the start and end of every shift during which information was passed on between staff. This ensured staff were kept well informed about the care of the people who lived in the home.

We looked at how people were supported with eating and drinking. All people spoken with made complimentary comments about the food provided. One person told us, "The food is very nice. I can't complain." We observed lunchtime on the first day and noted people were given appropriate support and assistance to eat their food. The meal looked well-presented and plentiful. We observed people were offered second servings if they wanted more to eat. The tables in the dining areas were dressed with place settings, tablecloths and condiments. Details of the meals were displayed on a board. A snack tray which

Requires Improvement

Is the service effective?

included crisps, chocolate and fruit was available at all times in the communal areas and people could help themselves as they wished. We also noted jugs of juice were available to help ensure people had a good level of hydration.

People were offered a choice of food every meal time and could request alternatives if they wanted something different to eat. The cook spoken with was aware of people's dietary needs and personal preferences. People's weight was checked at regular intervals depending on the level of their nutritional risk. This helped staff to support people to maintain a healthy diet. The cook was also provided with information about people's weights, so they could fortify meals for anyone who had lost weight. We saw in the care plan documentation that any risks associated with poor nutrition and hydration were identified and managed as part of the care planning process.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. We received feedback from a healthcare professional during the inspection who told us, they had worked very closely with the home manager to develop a healthcare plan for a person with complex needs. They also informed us that they had a monthly review with the manager to discuss all people visited by the district nursing service. We saw detailed notes of the meetings during the visit.

We recommend the service consider the relevant guidance and principles associated with the implementation and use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good

Is the service caring?

Our findings

People told us that staff treated them well and we observed warm and caring interactions between staff and the people using the service. All people spoken with expressed satisfaction with the service. One person told us, “All the staff are very caring and kind” and another person commented, “The staff are smashing, we have a lot of fun together.” Similarly relatives were happy with the care their family members were receiving. The relatives also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

People said the routines were flexible and they could make choices about how they spent their time. We noted breakfast was served throughout the morning so people could stay in bed if they wished to.

Staff spoken with understood their role in providing people with effective, caring and compassionate care and support. There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions. The manager explained she was exploring ways of increasing people’s involvement in the pre admission assessment and care planning processes.

People were encouraged to express their views as part of daily conversations, residents and relatives’ meetings and customer satisfaction surveys. We saw records of the meetings during the inspection and noted a wide variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice.

People said their privacy and dignity were respected. We saw people being assisted considerately and noted they were politely reassured by staff. We observed people spending time in the privacy of their own rooms and in different areas of the home. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about the operation of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in the care setting.

On a tour of the premises, we noted people had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

We observed staff encouraged people to maintain and build their independence skills, for instance in supporting people to walk. The manager also told us the provider had recently purchased specialist cutlery to support a person to eat independently. Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions.

There was information about advocacy services available in the home. This service could be used when people wanted support and advice from someone other than staff, friends or family members. People were given appropriate information about their care and support. Before people moved into the home they were provided with a residents’ guide, which presented an overview of the services and facilities provided in the home. This document was also available in a large print version. The residents’ guide and the statement purpose were freely available in the entrance hall. This meant people had ready access to the documentation for reference purposes.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received from staff. One person said "Everything is fine. The staff do everything they can to help." Relatives spoken with told us they were confident their family member was receiving the appropriate care. One relative commented, "My family is really impressed with the place. The staff are always friendly and helpful."

We looked to see if people received personalised care. In the provider information return (PIR) the manager sent us they told us everyone had person centred support plans. Person-centred care is based on the goals of the individual being supported, as opposed to the goals defined by others involved in their care. We looked at four people's care files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The plans were split into sections according to people's needs. Some files contained a personal profile, which set out people's past life experiences and significant events. This helped staff to stimulate meaningful conversations.

We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person's needs. Whilst people's involvement in the assessment process was not documented, the manager told us people had been involved in their assessment of needs and she had gathered information from relatives and health and social care staff as appropriate. A person new to the home told us they had been invited to visit the home before they moved in and had discussed their care needs with the staff. This process helped to ensure the person's needs could be met within the home.

We saw documentary evidence to indicate people's care plans had been reviewed and updated on a monthly basis or more frequently in line with people's needs. However, some people spoken with could not recall discussing their care plan with the staff. The manager acknowledged this was an area for development and had plans in place to address this issue. This will help ensure people are supported to have an active contribution to the care planning process so they can influence the delivery of their care. The manager regularly checked people's care plans and developed an action plan in response to any shortfalls.

People told us there were limited opportunities to participate in activities. The activities organiser had recently changed their role in the home and the manager explained a new person had been recruited, but their employment checks had not been fully completed. People said until recently they had enjoyed a number of varied activities, including trips out in the local area. The manager hoped to improve people's access to activities with the new member of staff. In the meantime, a member of the care staff would be designated on the rota to arrange group activities in the home. We noted people's care plans contained information about their hobbies and interests and activities had been discussed at the residents' meeting.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the manager in the event of a concern. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure was also available. The procedure was incorporated in the residents' guide and included the relevant timescales for the process to be completed. We looked at the complaints record and noted the manager had received five complaints in the last 12 months. We found the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainants. This meant people could be confident in raising concerns and having these acknowledged and addressed.

Good

Is the service well-led?

Our findings

All people, relatives and staff spoken with told us the home ran smoothly and was well organised. One person told us "The manager is brilliant, she always chases everything up and nothing is too much trouble for her" and a member of staff commented. "I'm so glad she got the job, she totally understands the home and cares about the residents and staff."

At the time of the inspection, the deputy manager who had been acting manager, had been in post as the manager for approximately two weeks. We noted she had started the process to register with the commission. It is important to have a registered manager as they along with the provider have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. It is also a condition of the registration of the home.

The manager told us she was committed to continuously improving the service. She told us she was supported in this by her mentor and other managers in the company, who often visited the home. The manager was also part of the wider management team within HC-One Limited. She met regularly with colleagues to discuss and implement policy changes and share best practice in specific areas of work. The manager described her key challenges as the development of the care plans to ensure people living in the home had a greater involvement and ensuring the plans were more closely aligned with the index. The manager also explained she was due to implement a new initiative known as "Resident of the day." This involved staff focussing on one particular person living in the home and checking every aspect of their care and well-being. This meant people's care was considered in detail at least once a month. It also helped staff to gain a better understanding of people's needs and wishes.

The staff members spoken with said communication with the manager was good and they felt supported to carry out their roles in caring for people. They said they were confident to raise any concerns or discuss people's care at any time. All staff spoken with told us they were part of a strong team, who supported each other. The manager operated an "open door" policy, which meant arrangements were in place to promote on-going communication and discussion. The manager was provided with a daily diary by the company which set out tasks for the day. This ensured all management tasks were fully completed on a daily and monthly basis. We attended a heads of department during the inspection. This gave the management team the opportunity to share information and any pertinent issues relating to the care of people living in the home.

Staff received regular supervision with their line manager and told us any feedback on their work performance was constructive and useful. Staff were designated specific tasks by use of a numbering system on the rota. This approach meant staff were aware of what was expected of them and they were clear on their responsibilities for the day. All staff spoken with told us this system worked well. There were clear lines of accountability and responsibility. If the manager was not in the home there was always a senior member of staff on duty. Staff were invited to submit an annual satisfaction questionnaire. We were sent the results of the survey carried out in 2014 and noted an action plan in the form of "three promises" had been devised and implemented by senior managers in the company.

People and their relatives were given the opportunity to complete an annual satisfaction questionnaire. This enabled the home to monitor people's satisfaction with the service provided. According to a management report seen during the inspection a survey had been distributed in 2014, however, there were no results available at the time of the visit. We noted the manager had recently sought feedback from people using the service by use of a questionnaire. We saw the returned forms during the visit and noted people had indicated they felt safe and well cared for in the home.

The manager used various ways to monitor the quality of the service. This included audits of the medication systems, care plans, infection control, health and safety, staff training and staff supervisions as well as checks on the environment, such as the fire systems and water temperatures. These were to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made. However, we noted action had not always been taken in a timely manner in response to an audit of people's care plans.

The home was subject to quality monitoring checks by a senior manager who undertook monthly provider visits. As

Good

Is the service well-led?

part of the visit, audits and action plans were checked and feedback was sought from people living in the home, relatives and visiting professionals. We saw the senior manager had complied detailed reports of their visits to the home. This meant shortfalls could be identified and continual improvements made.