

Monami Care Limited

Horncliffe House

Inspection report

35 Horncliffe Road
Blackpool
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Tel: 01253341576

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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 

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 in 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 12 people lived at Horncliffe House.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 13 May 2014 we found the provider was meeting all the requirements of the regulations inspected.

During the inspection visit to Horncliffe House all relatives and people who lived at the home we spoke with told us they felt their relative was safe and cared for. The registered manager had systems in place to check people's safety, including the safe management of accidents and incidents. Staff demonstrated they had a good understanding of protecting individuals from potential harm or abuse.

Some radiators were delivering heat at very high temperatures. This put people at risk of scalding or burning themselves.

We have made a recommendation the service seeks advice to ensure heat is delivered at safe temperatures from radiators.

We observed people's medicines administered at breakfast time and at lunch time. They were dispensed in a safe manner and people received their medicines on time. Staff had received related training to ensure medicines were administered correctly by knowledgeable staff. The registered manager and local pharmacy had carried out checks to ensure processes were completed safely.

The registered manager had completed an assessment of people's support needs. This was before they moved into the home. A relative we spoke with had been consulted and involved in the assessment and support plan. We found evidence of this in records we looked at. People who lived at the home said they were happy with their care and support provided to them by caring staff.

People who lived at the home were happy with the variety and choice of meals available to them. The service employed cooks who prepared homemade meals and comments were positive about the quality of food. One person said, "The food is great". Regular snacks and drinks were available between meals to ensure they received adequate nutrition and hydration.

The registered manager understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who lacked capacity to make their own decisions.

Staff we spoke with had a good understanding of how people should be treated in terms of respect and supporting people with dignity. For example we observed good examples of staff being respectful and patient towards people during our inspection visit.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were comfortable with complaining to staff or management when necessary.

The registered manager and owner used a variety of methods to assess and monitor the quality of the service. We looked at a number of audits that were undertaken by the registered manager and owner. This ensured the service continued to be monitored and improvements made when they were identified. People were supported to feed back about the quality of their care through surveys and meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

Radiator temperatures were too hot which put people at risk of scalding or burning themselves.

Recruitment procedures the service had in place were safe.

The registered manager had good systems in place for administration, storing, recording and monitoring people's medicines.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard and had knowledge of the process to follow.

Is the service caring?

Good 

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

People were supported to give their views and wishes about all

aspects of life in the home. The staff had a good understanding of people's needs.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which the service provided.

People's care plans had been developed to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and resolved.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits was in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Horncliffe House

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.

The inspection team consisted of an adult social care inspector.

Prior to our unannounced inspection on 05 January 2016 we reviewed the information we held about Horncliffe House. 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. There had been no incidents or safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included the registered manager, four staff members, seven people who lived at the home and two relatives. We also contacted the Blackpool commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked care records of two people who lived at Horncliffe House. We also reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

People who lived at the home and relatives we spoke with told us they felt safe with the care and support provided by staff. A relative we spoke with said, "We visit [relative] a lot and feel she is cared for and safe here." A person who lived at the home said, "It's not a particularly big home that's why I feel safe here."

We had a walk around the premises and found call bells were positioned in rooms close to hand. This was so people were able to summon help when they needed to. People we spoke with told us staff responded quickly when they summoned help. We found during the day staff answered call bells in a timely manner.

We spoke with staff about their knowledge and understanding of safeguarding procedures to protect people from abuse. The registered manager had ensured related training was provided for all staff. Staff had a good awareness of safeguarding and whistleblowing poor practice and reporting processes. One staff member said, "I have recently done safeguarding training".

Care records of people who lived at the home contained an assessment of their social and health needs. These included reviews of any risks associated with receiving care to manage risk. For example risks covered the premises and falls. Records were personalised and covered what actions the manager would take to manage risk.

Records were kept of incidents and accidents. Details of incidents looked at demonstrated action had been taken by staff following events that had happened. This was to ensure people were kept safe. For example one person fell and injuries were sustained. The report documented what action was taken and what support was put in place to reduce the risk of falling.

We found equipment had been serviced and maintained as required. Records were produced for us confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We found window restrictors were in place where they were required. Water temperatures checked were delivering water at above safe temperatures and could put people at risk of scalding or burning themselves. We found radiators in bedrooms and some communal areas were covered to protect people from scalding or burning themselves. However two radiators in the hallways delivered heat at very hot temperatures and were too hot to touch. Since the inspection the registered manager had addressed the issues and assured us they were no longer unsafe.

We looked at how the registered manager staffed the service to keep people safe. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. This was confirmed by talking with staff members. Comments included, "Although we only have a few residents the staffing levels are very good." Another said, "No we don't have any issues with the number of staff on duty night or day." A relative said, "We come here often and we have not been concerned about the amount of staff around. In truth it's very good."

We looked at recruitment processes the service had in place. Checks were in place that were required. They

included information about any criminal convictions recorded, an application form that required a full employment history and references. No new staff had been employed since the last inspection visit. The registered manager told us they were up to date with recruitment procedures should they need new staff.

We looked at how medicines were administered and records in relation to how people's medicines were kept. We observed medicines being administered at breakfast and lunch time. The registered manager gave out medicines to people. We found medicines were administered at the correct time they should be.

The registered had introduced regular audits of medicines to ensure they were correctly monitored and procedures were safe. We were informed only staff trained in medication procedures were allowed to administer them. We confirmed this by talking with the registered manager and staff.

We recommend the provider seeks advice and guidance about the delivery and monitoring of hot water temperatures to maintain people's health and safety.

Is the service effective?

Our findings

We arrived in the morning and people were still getting up in their own time and having breakfast. We observed staff responded to breakfast requests and helped people with personal care support. People told us they felt staff were aware of their needs and the support they required. One person who lived at the home said, "It's a relaxed atmosphere in the mornings and staff help me to get ready for the day ahead."

We spoke with staff about access to training courses and what training they had completed. Every staff member we spoke with told us there were no issues with training events offered to them. Staff told us access to training courses relevant to their roles was good. For example mandatory training identified by the registered manager and provider included, infection control, moving and handling and safeguarding adults. These training courses were updated annually or every two years. Comments from staff included, "No issues with training. I have recently updated my safeguarding and moving and handling."

Some staff members had achieved national care qualifications. One staff member we spoke with said, "I will be undertaking management training in health and social care. I know the manager and owner will support me." The staff member went on to say support would be provided for example in allowing time to complete the qualification.

We looked at staff supervision records to check staff were supported to carry out their duties effectively. Staff told us these supervision sessions took place on a regular basis. However staff also stated the registered manager was available any time to discuss any issues. One staff member said, "We do have supervision but with only having a few staff the manager is always available for a chat if needs be." Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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).

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the manager confirmed she understood when an application should be made and how to submit one. There were no current applications made to deprive a person of their liberty in order to safeguard them. We did not observe people being restricted or deprived of their liberty during our inspection.

We found staff catered for a selection of food preferences and dietary requirements for people who lived at the home. The service employed a cook however at the time of the inspection the cook was on vacation. Care staff were responsible for preparation of food. We confirmed by talking with the registered manager and staff any person preparing food had completed 'food and hygiene training'.

On the day of the inspection visit lunch consisted of fish, chips and peas with a choice of hot or cold drinks. We saw portion sizes were different to suit individual choices. For example one person who lived at the home said, "I don't like to be over faced so they make sure I get a little of everything. " We asked the person would they be able to request more food. They replied, "Yes definitely you can always have more." Everyone we spoke with enjoyed their lunch. Comments about the quality of food included, "The food is great we have a menu you know."

At lunch time we observed lunch being served in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We found by talking with staff and people who lived at the home, they had a choice. For example if it was not to their liking other options would be provided.

We found the kitchen was clean and staff had recorded food and appliance checks to maintain effective food safety management. Horncliffe House had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Nutritional risk assessments were completed and monitoring of people's weight. This was to ensure any issues or concerns would be highlighted and action taken to ensure peoples health was maintained.

Where people's health needs had changed, staff worked closely with other health providers to ensure they received support to meet their ongoing needs. For example evidence in care records confirmed visits to the service from GP's when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments.

Is the service caring?

Our findings

People who lived at the home and relatives told us staff were caring and kind towards them. Comments from people included, "Most of the staff have been here for years, they know me very well. They are all kind people I have not got a cross word about any of them." Relatives we also spoke with told us staff were caring. We did not receive any negative comments about staff and the way they cared for people who lived at the home.

We arrived unannounced in the morning and initially we observed staff showing respect and patience towards people. For example one person was being supported with breakfast. The staff member sat with them and was patient whilst the person took their time to eat their breakfast. They assisted them in a sensitive way so that the person received support in a dignified way. We spoke with the staff member afterwards. They told us when people needed help with personal care it was important to be patient and ensure they received support in a dignified way.

Throughout the day we observed people moved around the premises from communal areas to their own bedroom and dining area with staff oversight. Routines were relaxed and arranged around people's individual and collective needs. For example one person enjoyed listening to music and singing along in the dining room on their own. A staff member said, "That's fine [person] enjoys listening and dancing along to the radio." People had the choice of spending time on their own or in other areas of the premises.

During the day of our visit, we observed staff were patient and kind to people who required encouragement or took their time to move around the home. Staff had a good awareness of each person's needs and how best to support them. For example one person was supported by two staff members to move from the lounge to the dining area. This took time but throughout the support both staff encouraged the person to take their time. One staff member said, "When somebody needs support and is unsteady you have to be patient and encourage them to give people confidence."

We observed staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on all doors before entering. Staff also addressed people as they wanted to be. People had their bedroom doors closed if they chose to and their relatives were offered private space to visit them. Staff talked with people in a respectful, caring manner and demonstrated a good awareness of their support requirements.

Information was contained in people's care records of their preferences in terms of food, social interests and hobbies. We spoke with staff and it was evident they were aware of how to use a care approach that met with people's needs and wishes.

Relatives visited the home during the day and we observed staff welcomed them when they arrived. Comments from relatives included, "We come at different times of the day and we are always treated well and welcomed." Another said, "The staff are always kind and respectful to [relative]."

Prior to our inspection visit we contacted external agencies about the service. They included the commissioning department at the local authority. We received no negative comments or concerns about the service.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They had information details should people and their families require the service. This ensured people's interests were represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

People who lived at the home were supported by staff who were experienced, responsive to their needs. Staff also had an understanding of their individual support they required. The registered manager encouraged people and their families to be fully involved in their care. This was confirmed by talking with relatives during our visit.

Care records of two people we looked at were developed from the assessment stage to a plan of care, where the person who received the care and relatives were involved. Relatives we spoke with confirmed this. We spoke with the registered manager to encourage people to sign their care plan where possible. This would show evidence people who lived at the home were involved in the development of their care plan.

There was a section in care records of people who lived at the home on personal history and life experiences. However more details and information would be beneficial for staff to ensure they were aware of individuals past history. This would enable staff to build relationships and get to know people better. The registered manager told us they would add to the personal history of people and consult relatives.

Throughout the inspection we observed staff spent time with people. They made sure they received care and support that was centred on them and were responsive to people's needs and wishes. For example one person was talking for a while with a staff member and then chose to return to their room. The staff member supported the person to their room and sat with them for a while to help them feel relaxed and comfortable. We spoke with a staff member who said, "We do have time to spend with people and support them to do what they choose to."

People who lived at the home told us they were encouraged to participate in a range of activities in the afternoons. However two comments from people included, "I know the weather is not good but I would like more going on." Also, "Once the weather gets better I do hope to get out more often." We discussed with the registered manager about activities and she told us they were looking to have more trips out. They also were arranging trips to local entertainment venues such as the theatre.

On the day of the inspection visit carpet skittles was arranged for the afternoon. One person said, "I join in with the games." Another person told us "The hairdresser comes today which is good." A member of staff told us they try and put activities on in the afternoons. One staff member said, "It is sometimes difficult with only a few residents not all want to join in."

We found the complaints policy the provider had in place was current and had been made available to people. This detailed what the various stages of a complaint were and what timescales were involved. This was to resolve the complaint and how people could expect their concerns to be addressed. A person who lived at the home said, "I have never had to complain but would if something needed to be said."

At the time of our inspection, the registered manager had not received any complaints in the previous 12 months. However, people and their relatives told us they had been made aware of how to comment about

their care if they chose to.

Is the service well-led?

Our findings

People who lived at the home and relatives told us they felt Horncliffe House was managed well and felt supported by staff. Comments included, "[Registered manager] is so good I feel I could speak with her any time of the day." A relative said, "Anything we need to discuss [registered manager] is willing to listen. She is very approachable."

We observed during the inspection visit the registered manager was part of the staff team providing the care and support for people. One staff member said, "[Registered manager] is part of us as there are only a small number of people living here she helps out all the time." Relatives we spoke with confirmed the registered manager was always available. She supported their relative with the care they required. One relative said, "[Registered manager] is good she knows all about mum and when we visit is always hands on."

There was good visible leadership shown by the registered manager. They had a good knowledge of staff role and responsibilities. They showed understanding and an awareness of the operational issues around the home. It was evident by our observations the registered manager had a positive relationship with people who lived in the home, relatives and staff. This was confirmed also by talking with people. One relative said, "Yes we have a good relationship with the manager."

People who lived at the home and their relatives told us they were encouraged to be actively involved in the continuous development of the service. For example relatives were encouraged to complete annual surveys to give their opinions on how the service was run. We looked at the completed survey from 2015. They were positive, any negative response would be analysed by the registered manager or owner and action taken.

Staff and resident meetings were held approximately three monthly and minutes kept of the meetings. Suggestions would be discussed from meetings. For example staff told us the main topic was meals and we found where suggestions had been made they were implemented. One staff member said, "Yes we do have meetings which I do attend because it keeps us up to date." Other staff told us with the service supporting 12 people at the time of the inspection more informal meetings with people who used the service was useful. For example one staff member said, "Every day we sit and chat with people with their only being 12 residents we can talk with people individually."

We found there was a range of audits and systems put in place by the registered manager. These were put in place to monitor the quality of service provided. The audits they were undertaking included the environment, care records and staff training. Audits were taking place monthly. We looked at records of completed audits and found examples of where the registered manager had found some issues which they had followed up on to ensure the service continued to develop. For example a recent audit of the environment found six call bells in bedrooms not working correctly. The registered manager addressed the problem by contacting the relevant contractor and had new call bell system installed.

The registered manager informed us the owner regularly visited the home to monitor the performance of the service. This included providing support for the registered manager. Staff we spoke with said, "Yes the

owner does call to the home probably every three or four weeks."