

Hurstway Limited

# Hurstway Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Hurstway Care Home is a residential care home that was providing nursing and personal care to older people and people with physical disabilities. They were registered to provide care for 42 people and there were 36 living at the home when we visited. The accommodation consists of two floors each of which has communal areas with a small kitchen on the first floor.

People's experience of using this service:

The service continued to meet the characteristics of good.

- ☐ The risks to people's health and wellbeing were assessed and action taken to reduce them. People were protected by staff who understood how to protect them from avoidable harm. There were enough staff deployed to keep people safe. People's medicines were well managed and staff understood how to reduce the risk of the spread of infection. There were systems to learn from mistakes including the detailed analysis of accidents and incidents.
- ☐ Staff received training to enable them to do their jobs well. People were provided with care and support which protected them from discrimination. They were supported to maintain a healthy diet and had access to other health and social care agencies when needed. People were 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. The environment was adapted to meet their needs.
- ☐ There were kind and caring relationships between people and staff which were based on dignity and respect. People felt involved with decisions and that staff respected their wishes. Families were welcomed at any time.
- ☐ People had care and support provided which met their preferences. Complaints were handled appropriately and in line with the provider's complaints policy. People did not currently receive end of life care but people had discussed their wishes with staff.
- ☐ Staff enjoyed working at the service and felt respected and valued. People could give their views about how the service could develop and improve. The provider's quality assurance processes were effective in identifying potential risks to people's safety. There was a continued focus on learning, development and improvement.

More information is in the full report.

Rating at last inspection: The service was last inspected on 24 February 2016 and was rated good.

Why we inspected: This was a scheduled inspection based on the date the service was registered.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our Well Led findings below.

# Hurstway Care Home

## 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.

**Inspection team:** The inspection was completed by one 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.

**Service and service type:** Hurstway Care Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was carried out on 7 February 2019. It was unannounced.

**What we did:** We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). 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. However, the provider had completed this ten months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with four people who lived at the home about the support they received. As some of the people found verbal communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with seven people's relatives to gain their feedback on the quality of care received.

We spoke with the registered manager, the deputy manager, one nurse, and five care staff. We also spoke with a visiting health professional about their experience of the service. We reviewed care plans for five people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, meetings minutes and quality audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- ☐ One member of staff we spoke with said, "If I was at all worried I would speak with a nurse or one of the managers and I know they would follow it up". Staff were also able to tell us the external organisations they could report concerns to.
- ☐ When safeguarding concerns were raised and investigated we saw that action was taken to protect people from further harm and this included referrals to other health and social care professionals.

Assessing risk, safety monitoring and management

- ☐ Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- ☐ People told us how staff supported them to manage risk. One person said, "I feel very safe because the staff know what they are doing."
- ☐ We saw people being supported in line with their risk assessments; for example, being moved with the assistance of equipment or using cushions to protect their skin. One relative we spoke with told us about adaptations put in place to reduce falls which included lowering their relative's bed and putting crash mats on the floor to prevent injury. This demonstrated to us the person centred approach to managing risk.
- ☐ Staff we spoke with knew about people's individual risks in detail. They spoke to us at length about how people were being supported and how the risk was continually assessed; for example, if people were at risk from poor appetite and losing weight.
- ☐ The environment was checked regularly to ensure that it was safe and well maintained. Equipment in the home was in good condition and had been serviced recently.
- ☐ There were plans in place for emergency situations such as fire evacuation and these were personalised.

Staffing and recruitment

- ☐ There were enough staff to ensure that people's needs were met safely.
- ☐ We saw that staff had time to spend with people throughout the day and to respond promptly when assistance was requested. There were busier times of the day when staff had less time to spend with people and this was reflected when we spoke with people and their relatives. The registered manager agreed that staffing needed to be continually under review and that people's needs were better met when there was an extra member of staff on each floor to 'float'; this means to be available to provide support where it was required. They continued to evidence this need through the systems in place to plan staffing levels according to individual's needs.
- ☐ The provider followed safe recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

### Using medicines safely

- ☐ Medicines systems were well organised and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- ☐ People and relatives told us that the nurses always administered their medicines on time and they were confident they were well managed.
- ☐ We observed medicines being administered and saw that the staff took time with people and explained what the medicines were. One relative told us, "Sometimes my relative refuses their medicines; the staff come back later with it and sit and talk to them and then they take them."
- ☐ Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.

### Preventing and controlling infection

- ☐ The home was clean and hygienic which reduced the risk of infection. One relative told us, "There's never a smell here and it is always clean."
- ☐ Staff understood the importance of protective equipment in managing cross - infection. We saw staff wearing protective equipment and that it was readily available.
- ☐ There were systems in place to regularly review infection control in the home and all staff we spoke with understood their responsibilities.

### Learning lessons when things go wrong

- ☐ Lessons were learnt from when things went wrong and actions taken to reduce the risk.
- ☐ When people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People's needs and choices were met in line with national guidance and best practice.
- ☐ People's protected characteristics were considered so that they were safeguarded from discrimination.
- ☐ People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. Where people had health conditions that had been referred to in their initial assessment this was then reflected in more detailed care plans.
- ☐ Standardised, objective risk assessment tools were used to assess risks to people's health and safety; such as skin integrity and nutrition. This helped staff to provide people with care in line with current best practice guidelines.

Staff support: induction, training, skills and experience

- ☐ People were supported by staff who had ongoing training. One person told us, "The staff do know what they are doing, I think they receive training."
- ☐ Staff told us the training they received was a good standard and equipped them to do their job well. One member of staff said, "If there's any training we want we only have to ask and it will be organised. I recently did some on sepsis awareness. After the training I put some guidance about spotting the signs in the staff room."
- ☐ There were good outcomes from the training staff received. The registered manager explained how they had changed how they provided training from online learning to working in small groups which were facilitated by a senior member of staff. One member of staff told us, "We do get training. The session on pressure care was good and really interesting." We reviewed pressure care records with another member of staff who told us, "This has improved a lot due to staff training. They are much more knowledgeable about the signs and an improved understanding of the importance of repositioning."
- ☐ There were clear arrangements in place for nurses to maintain and update their registration and opportunities to evidence their continual professional development.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- ☐ One person told they enjoyed the food and we saw good quality food provided.
- ☐ Staff were attentive during mealtimes. When people required support to eat, this was given patiently with gentle encouragement.
- ☐ Special diets were catered for; including for people who had been recommended softer meals to manage a risk of choking.

- Records showed when people were at risk of dehydration, they were regularly offered and supported with drinks. Their intake was monitored to ensure they met their daily recommended minimum amount. One person told us, "If I need a drink in my room the staff leave a jug and change the water regularly. They also make sure that it is kept nearby, so that I can reach it easily due to my mobility restrictions."

Supporting people to live healthier lives, access healthcare services and support; working with other agencies to provide consistent, effective, timely care.

- Each person at the home had a named nurse who was responsible for assessing and monitoring their health. They ensured that care plans were kept up to date and made referrals to other professionals when required; for example, speech and language therapists or occupational therapists.
- People told us they had regular visits from their doctor when required and they were confident that any concerns would be actioned promptly.
- One visiting health professional told us, "The records are well complete, staff are knowledgeable about people's needs and most people's conditions have stabilised."

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment. There was a homely environment and people had decorated their rooms with their own belongings.
- There was signage throughout the home to assist people who were living with dementia to orientate themselves.
- Bathrooms had adapted equipment to support people with using the facilities safely.
- The home was well maintained and regular checks were carried out to ensure all areas were safe and enabled people to freely move around the home.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff consistently obtained consent from people during the inspection.
- When people were unable to make their own decisions, staff told us how they consulted with families and other professionals to ensure that their best interests were considered.
- DoLS authorisations were in place when some people had restrictions in place that they couldn't consent to and we saw further applications were in progress. Staff understood the DoLS to ensure that they were meeting the requirements of the MCA.
- There were capacity assessments in place to support the decision making.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People had caring, kind supportive relationships with the staff who supported them.
- ☐ One person told us, "The staff are very kind and friendly; I can't fault them, they are very supportive."
- ☐ A relative also said, "The staff are not only helpful to the residents, they are very generous and kind towards the relatives."
- ☐ We saw caring interaction between staff and people throughout the inspection. One member of staff said, "It's a lovely home and we all care about the people we are supporting as our priority."

Supporting people to express their views and be involved in making decisions about their care

- ☐ People were enabled to make choices about the care they received. One person told us, "I can get up when I want and staff listen to me." We saw people some people chose to spend time in their rooms throughout the day and were supported to do so.
- ☐ Some people were less able to express their choices and we observed staff alter their communication style to assist them. They spent time explaining options or showed people objects to assist them.
- ☐ Staff were knowledgeable about people's personal histories. We observed one member of staff speaking with someone who was only able to respond through smiling and eye contact. The member of staff was providing them with their favourite drink which they used to enjoy at home. They were talking to them about cooking and families as they did it. They told us, "I love knowing about people's background. I ask the families so I know what to talk about when they are not here."

Respecting and promoting people's privacy, dignity and independence

- ☐ Dignity and privacy were upheld for people to ensure that their rights were respected.
- ☐ We saw staff knock on people's doors before entering and people told us doors were always closed when they received personal care.
- ☐ People's families and friends could visit without restriction. One relative said, "This staff team have been fantastic. I cannot fault it. You can come twenty-four hours a day and it is always good. Sometimes I have stayed throughout the night to reassure my relative. Next morning the staff brought me breakfast."
- ☐ Special occasions were celebrated with people, including their birthdays.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People were supported by staff who knew them well and helped them to plan for things they wanted to do. One relative told us, "The staff are very approachable and supportive. They have a good knowledge and understanding of individual's needs."
- ☐ There were care plans in place which were detailed and regularly reviewed. One relative told us, "We have been involved in planning our relative's care from the beginning. The staff keep us in the loop with everything."
- ☐ There were regular individual reviews completed and daily handover meetings and records. One member of staff said, "We receive a good detailed handover and we are always clear who we need to monitor". This showed us that the systems in place enabled staff to know about any recent changes in people.
- ☐ There were activities planned throughout the week. Due to people's health conditions and needs this was often on a one to one basis. The member of staff responsible told us they did 'pamper' sessions, reminiscence and talking about the war, exercises and storytelling sessions. Some group sessions were popular such as bingo or quizzes and people told us they enjoyed professional entertainers regularly.
- ☐ People's communication needs were assessed and it was clear how information should be shared with them. There was information displayed in the home in pictures and symbols so that those people who were no longer able to read could also understand it. This showed us that the provider understood and met the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- ☐ People knew how to make complaints and were confident that they would be listened to. However, everyone we spoke with told us they had no concerns or reasons to complain.
- ☐ There was a complaints procedure in place and a clear accountability for reporting any received to the provider. Any complaints received were recorded in line with this.

End of life care and support

- ☐ People had plans in place for the end of their life, including choosing when they would want to be resuscitated.
- ☐ There was nobody receiving end of life care when we inspected but some people had medicines kept in the home in preparation for any deterioration in line with their wishes.
- ☐ At a recent meeting with people who lived at the home the registered manager had discussed advance planning and the importance of having conversations to understand people's wishes. One person shared how they felt relieved after telling staff their wishes.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ There were quality audits in place to measure the success of the service and to continue to develop it. For example, there were medication audits monthly which had actions for improvement recorded.
- ☐ The provider had regular oversight of the quality improvement measures in the home and visited on a regular basis.
- ☐ External audits also assisted the staff team to make required improvements; for example, a recent review had led to improvements in staff training and recording in the home.
- ☐ The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. They had also displayed their previous inspection rating in line with our requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ All staff understood their roles and responsibilities and there were clear lines of delegation. Some staff held responsibility for certain roles such as medicines management and they were clear about this and told us how they had been supported to utilise previous experience to develop the role.
- ☐ People and relatives spoke very positively about the leadership of the home. One person said, "You want the best for your relative and I feel that we have it here. If I didn't I would speak to the registered manager and she would sort it out. For example, I mentioned a problem with the window in my relative's room and it was fixed the next day." All the people we spoke with knew the registered manager well and found them approachable.
- ☐ Staff also praised the support they received from the registered manager. One member of staff told us, "I love it here because it is the best manager I ever worked with. Her standards are high which makes us push ourselves."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ There were regular meetings with people who lived at the home and their relatives and opportunities to feedback through surveys. We reviewed records and saw that they took place regularly and there was real consultation about the running of the home; for example, discussing care reviews and staffing changes.
- ☐ Staff felt supported through regular supervisions and appraisals. Team meetings were productive and staff felt confident their views and opinions mattered and were listened to.

#### Working in partnership with others

- ☐ There were strong relationships with local health and social care professionals, schools, churches and social groups. Relatives told us that the registered manager was building links with local nurseries so that young children could visit regularly.