Hanford Manor Limited

Hanford Manor

Inspection report

85 Church Lane
Hanford
Stoke On Trent
Staffordshire
ST4 4QD

Tel: 01782642144
Website: www.hanfordmanor.com

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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

We inspected Hanford Manor on 4 July 2017 and it was unannounced. Hanford Manor provides accommodation and personal care for up to 25 people, some of whom are living with dementia. There were 25 people living at the service when we visited, although one person was in hospital. The provider had applied to increase the number of people they could support and they were informed during the inspection that this was successful and they were now registered for 31 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was absent from the service at the time of the inspection. They had notified us of this and of the arrangements that they had put in place for the interim period. This included the deputy manager taking on the manager's post, with support systems in place. For the purposes of this report we will refer to this person as the manager.

This was Hanford Manor's first inspection under this provider. We found that staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. They understood their responsibilities to detect and report abuse. People told us that there were enough staff to meet their needs and that they felt safe. They were supported to maintain good health and had regular access to healthcare professionals. Their care plans were regularly reviewed to correspond with changing support needs and they were personalised and accessible. People consented to their care and if they were unable to do this, then appropriate capacity assessments were made and decisions were made in their best interest.

Risk was assessed, actions were put in place to reduce it and their effectiveness was reviewed. Medicines were administered as prescribed and they were stored safely. There were quality improvement systems which included audits, developing the staff team and responding to feedback from people and their families.

Staff developed caring relationships with the people they supported which were respectful and patient. They knew people well and provided care that met their preferences. People's privacy and dignity were maintained at all times.

Mealtimes were not rushed and people were given a choice of meal. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk.

People were encouraged to pursue interests and hobbies and regular activities were planned. Visitors were welcomed at any time. People knew the manager and felt confident that any concerns they raised would be resolved promptly.

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.

People were supported to take their medicines safely and there were systems in place to store them securely. Staff knew how to keep people safe from harm and how to report any concerns that they had. There were sufficient staff to ensure that people were supported safely. Risks to people's health and wellbeing were assessed and plans to manage them were followed. Safe recruitment procedures had been followed when employing new staff.

Is the service effective?

Good

The service was effective.

Staff received training and line management to enable them to work with people effectively. They understood how to support people to make decisions about their care and if they did not have capacity to do this then assessments were completed to ensure decisions were made in the person's best interest. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Good

The service was caring.

Staff developed caring, respectful relationships with the people they supported. They were supported to make choices about their care. Their privacy and dignity were respected and upheld. Relatives and friends were welcomed to visit freely.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning and reviewing their care. Hobbies and interests were encouraged and planned around people's personal histories. Complaints were investigated and responded to in line with their procedure.

Is the service well-led?

Good

The service was well led.

People knew the managers and reported that they were approachable. There were systems in place to drive quality improvement. The staff team felt well supported and understood their responsibilities.

Hanford 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 visit took place on the 4 July 2017and was unannounced. It was carried out by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who used a health and social care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed a provider information return (PIR) prior to the inspection. 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. However, they had returned the information five months before the inspection and so we gave them the opportunity at the inspection to provide us with any recent relevant information.

We used a range of different methods to help us understand people's experiences. We spoke with five people who lived at the home about their care and support and to the relatives of five other people to gain their views. Some people were less able to express their views and so we observed the care that they received in communal areas. We spoke with two care staff, the manager, service quality manager, the cook and the activities co-ordinator. We also spoke to the registered manager and to the provider when they visited for a short period. We looked at care records for five people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

People were kept safe by staff who understood how to recognise and report suspected abuse. People we spoke with told us that they felt safe. One person said, "I do feel safe living here. I had falls at home but I haven't had any here". A relative told us, "My relative is definitely safe here. We visit on different days and at different times and the support is always good". Staff we spoke with knew what signs of abuse could look like and told us how they would manage any concerns. One member of staff said, "I would report any concerns to the senior or the manager. I would record it; for example, bruising on a body map. If I was still concerned I would ring the safeguarding number which is on the wall." We reviewed safeguarding incidents with the manager and they told us how they had worked with other healthcare professionals to protect people and what actions they had taken.

Risks to people's health and wellbeing was managed to keep them safe. One relative we spoke with told us, "My relative's needs changed and so they arranged for them to move rooms so that the environment was better to use the equipment to move them safely". Another relative said, "After [name] was unwell they arranged an assessment of their swallowing. The staff then always made sure they received the soft food that they needed". The provider had considered how to support some people who could behave in a way which put themselves or others at risk of harm. For example, we saw that they had made referrals to healthcare professionals and gained advice on how to manage this which was recorded in the person's plan. We observed staff supporting them in line with the plan and they were knowledgeable about the steps to try in order to manage the situation. The records that we reviewed confirmed that risk had been assessed and that staff were following the plans put in place.

We observed people being supported to move safely and in line with their care plans; for example, using a walking aid supported by one member of staff. Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home. Records that we reviewed confirmed this. This meant that the provider was assessing risk to people, managing it by taking action to reduce it and monitoring the effectiveness of those actions.

Medicines were managed and people received them as prescribed. One person said, "I always get my medicines and the staff stay with me while I take them". A relative we spoke with told us, "I know the medicines my relative takes and I have watched when the staff administer it and it is always right. I think that my relative's pain is very well managed". We observed that people were given their medicines individually, that time was taken to explain and to ask if they required any additional medicine; for example, for pain relief. When people did have as required medicines prescribed we saw that there were protocols in place to guide staff when they should be given. Staff had received training to safely administer medicines and competency checks were carried out to ensure that they had the necessary skills. We saw that records were kept and that medicines were stored in locked trolleys and managed safely to reduce the risks associated with them.

People we spoke with told us that there were enough staff and they did not have to wait to have their needs met. One person said, "There is always someone around to help me if I need it". A relative said, "There

always seems to be enough around and they have recently put a new buzzer system in; so that puts my mind at rest too". Some people we spoke with said that they were not always sure that there were enough staff on at night-time. We spoke with the manager about their concerns and they said that it was currently under review. They told us, "I recently did a night shift to see how it was managed and if we did need more staff. We will also monitor waiting times through the new call bell system". Staff told us that there were systems in place to ensure that they were well organised and available for people. One member of staff said, "We work well as a team and make sure everyone knows what their duties are on a shift". We saw that staff were always available in the communal areas to meet people's needs and that they had time to sit with people This meant that the provider ensured that there were sufficient staff to meet people's needs.

The provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. Staff told us that their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. One member of staff we spoke with said, "I saw the job advertised and then I came for an interview. They took two references and checked my DBS before I started". Records that we reviewed confirmed that these checks had been made.

Good

Is the service effective?

Our findings

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). We looked to see how the provider was working within the principles of MCA.

Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. We saw that, when needed, people had mental capacity assessments in place which described what decisions they could make. For example, we saw that people had capacity assessments around medicines and personal care. When they did not have capacity to make decisions then these were made in their best interest with guidance from healthcare professionals and in consultation with people who were important to them. We saw that some DoLS authorisations had been granted to legally restrict the person's liberty to maintain their safety and that further applications had been made. One relative we spoke with told us, "We were involved in the deprivation of liberty assessment. We went through everything and we understand that we are all protected by the DoLS".

People were well supported by staff who had the skills and understanding to fulfil their roles effectively. One person said, "The staff are very good and I know that they have training every month". Another person told us, "They know what they are doing and they have lots of training". Staff told us that they had the training and support that they needed to enable them to do their job. One member of staff described their induction. They said, "When I first started I shadowed another member of staff. Then they shadowed me to make sure I was doing it right before I worked on my own".

Other staff described the ongoing training that they had and one member of staff said, "I recently did training in medicines management. I don't administer medicines in my current job but I was interested in it and I thought it would be a good skill to have for the future. It was really interesting". Another staff member told us about the specific training that had been organised for their job role. When we spoke with the manager they described the training that they had planned. They said, "We have face to face training on a monthly basis. Next month is going to be delivered by someone with mental health expertise. Staff also do some online training for refreshers. We think the balance works well". We saw the manager and senior staff offered support and guidance to staff throughout the day. For example, they spoke to one member of staff discreetly to suggest that they could support someone more effectively if they described what they were going to do. This showed us that staff were provided with training and support so that they could meet people's needs.

People had good meals and were always offered a choice. One person said, "The food is good and there is usually a couple of choices". Some people needed assistance to eat or drink and staff did it in a patient,

respectful manner and continued to encourage people to do as much for themselves as they could. We saw that specialist diets were prepared to meet assessed need. One person told us, "I cannot have any milk or dairy products and they always take account of this". Records of food and fluid taken were maintained for some people who were nutritionally at risk. This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People had their healthcare needs met. One person said, "They organise everything. The GP came last week and I saw the optician not long ago". A relative we spoke with said, "They have all of their regular health checks and they make sure things are followed up. Nothing is too much trouble". Records that we reviewed showed that people's healthcare was monitored and reviewed. This meant that people were supported to maintain good health and to access healthcare services.

Good

Is the service caring?

Our findings

People felt positive about the care they received from staff. One person said, "The staff here are kind and caring; very much so". A relative we spoke with said, "The staff are all great and are good at talking to people". Another relative told us, "Nothing is too much trouble for the staff. For example, if they notice a spill on my relative's clothes they immediately sort it out". We observed respectful, kind interaction between staff and the people they supported. Staff knew people well and talked with them about past interests and family. We saw that when one person was distressed that a member of staff comforted them and understood what the issue could be. One member of staff we spoke with said, "It is like a family here, we all really care about each other. Coming to work here was the best decision I ever made."

People were involved in making decisions about their care. One person said, "I am asked about everything and I tell them how I like it; for example, what time I get up and go to bed". We observed that people were given a choice about every decision and asked before any care was provided. People were encouraged to be independent. We saw that some people chose to spend time in their rooms and others sat in quieter lounges.

We saw that people's dignity was promoted and they were treated with respect. One person we spoke with told us, "Staff always think about it; for example, they cover me up when they come in in the mornings. They always knock before coming into the room". Relatives we spoke with told us that they were welcomed at any time. One said, "I come nearly every day and I am always welcomed with a cup of tea. It's nice because I know lots of the other people really well now". One of them saves me part of the newspaper for when I get here". We saw that when relatives arrived that staff knew them well and took time to catch up and check on their wellbeing. One family brought their dog in to visit and one person we spoke with told us how much they looked forward to seeing it and how it made them feel happy.

Other relationships were also supported. One person had been supported to visit a relative who was living in another home. The registered manager told us, "We have a minibus so that people can get out and about. It has come in handy for these people because it has helped us to assist them to maintain their relationship". This meant that the provider considered how to support people to maintain important relationships.

Good

Is the service responsive?

Our findings

Staff knew people well and could describe their likes and dislikes. One person said, "The best thing they do for me is letting me sit here on my own, by the window, so I can see what is going on". We saw that the person sat on their own and that staff checked on them regularly and also brought them the newspaper and their meals. A member of staff we spoke with said, "It is person centred here; we aim to meet everyone's needs". Staff knew what was in people's care plans and one member of staff told us, "We fill the care plans in daily. At handover we also go through each person and say how they are; for example if people have been unwell or off their food." Relatives were involved in planning and reviewing people's care. One relative said, "They keep me updated about everything and often call to let me know if something has changed". Records that we looked at confirmed that plans were updated to reflect people's changing needs.

People were encouraged to pursue interests and hobbies. One person said, "We do all sorts; shell making, writing, quizzes and making words out of a bigger word. It's good". Another person said, "I am really looking forward to a day trip to the seaside". We saw that people took part in games and some gentle exercise. One member of staff said, "The organised activities are definitely better for the people who live here. They are less sleepy and more alert during the day". Another member of staff we spoke with said, "I have been working through life histories with people and their families to help us to come up with ideas for activities. We hold regular meetings to talk about what went well. I have also set up a Facebook page to share the activities with families and they have given lots of good feedback".

The registered manager told us about the community links that they had made and were developing. They said, "We have developed relationships with our local churches and one of them holds a small weekly service here which people are invited to attend. We also have links with the school and have had some young people spend time here through their enrichment programme. People asked the young people lots of questions; for example, about their cultural diversity. I think it was educational for everyone".

The environment was in the process of being renovated and we saw that this was planned to meet people's needs. One relative we spoke with said, "The new bedrooms have been decorated to a high standard. It is the small things that matter; for example, in the ensuite there is no natural outdoor light and so they have put a light in to help my relative know when it is day or night". We saw that furniture in bedrooms were made so that there were no sharp corners and every room had a profile bed. These are beds that can be adjusted to reposition and support people.

People and their relatives knew how to raise any concerns or complaints that they had. One relative told us, "I did once raise a concern about the way my relative was moved because I didn't think it was safe. The manager followed it up straight away and I have never been worried since" Another relative said, "I did complain about not liking the food. This problem has now been resolved by tweaking the menu". The provider had a procedure in place to deal with complaints and we saw that any received were managed according to this.

Good

Is the service well-led?

Our findings

There was a registered manager in place and they were well known by the people who lived at the home. One person told us, "I know the owner and the manager. They bring me newspapers. They listen and sort things out for me". The registered manager had made arrangements for the home to be supported during a period of time when they were absent. People and their relatives told us that they were happy with the arrangements. One relative said, "My view on the management is that it is good and the service is well run". We saw that all of the managers knew people well and sat with them to chat and listen to how they were. There were meetings for people who lived at the home and changes were made in response to their feedback; for example, discussing renovations and planning menus.

Staff we spoke with described shared values. One member of staff said, "This is the first place I have worked where my job hasn't been budget orientated but is genuinely people centred". Another member of staff said, "We all work hard to make sure there is homely, family atmosphere her". They said that they felt supported by the manager. One said, "The managers have supported me and they have developed me loads. I could go to them with anything". Staff understood whistleblowing and told us that they felt confident that they would be listened to and that action would be taken. Whistle blowing is the procedure for raising concerns about poor practice.

There were regular supervisions and meetings to support staff in their roles. One member of staff said, "We have regular team meetings and I feel happy to speak about anything that concerns me or any suggestions that I have". The provider had also sent surveys for feedback on the quality of the home. They reviewed the responses to see if there were any suggestions about improvements; we saw that some completed responses from healthcare professionals and relatives were all positive.

Audits and reviews were completed to drive quality improvement. The provider had recently created a new role for a quality manager. The registered manager told us, "Their role is to develop effective systems and also to look at some of the 'added value'. For example, they are working on a menus project so that we can develop pictures to assist people to make choices"

The provider had invested in the home since taking it over to improve the quality of living there. For example, there was access to outside areas planned, a café area and corridors had been altered so that some people could walk safely around the building. People and their relatives told us that they were pleased with the improvements. One relative said, "Things have really improved since the new owners took over. The new parts of the building have been completed to a very high standard". Risk management had been carefully planned around the building work; for example, times of day when loud work took place so that people weren't disturbed.

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.