

Hambrook Care Limited

Hambrook Meadows

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

Hambrook Meadows is a residential care home that can accommodate up to 20 older people who may be living with dementia. The home does not provide nursing care. If people require nursing care district nurses visit people at the home. At the time of this inspection there were 15 people living at the home and two who were in hospital.

The home is located in the village of Hambrook and is a large detached house that fits in with the local neighbourhood. Bedrooms are located on the ground and first floor of the home and 13 have individual toilet facilities. Bedrooms on the first floor are accessible by a stair lift. Communal areas include two lounges and a large conservatory.

At the last inspection on 29 October 2014, the service was rated good. At this inspection we found the service remained good.

The registered manager provided good leadership at the home. Everyone that we spoke with said that the registered manager was a good role model. Staff, people who lived at the home and their relatives said that the registered manager actively sought their views, listened and acted upon them.

Quality monitoring checks ensured people received a consistently good service. Records were well organised and up to date. Appropriate checks of the building and maintenance systems had taken place to ensure health and safety was maintained. A clear process for handling complaints was in place. As at the previous inspection, the service continued to meet all relevant fundamental standards.

People who lived at the home, relatives and professionals said that staff were extremely kind and caring and as a result positive relationships had been formed that enhanced peoples sense of wellbeing. People said that they were always treated with respect and dignity and that their rights were promoted. We observed interactions by staff that were genuine, warm, positive, respectful and friendly and people told us this was the norm.

People received care that reflected their individual needs and preferences. People said that they were happy with the choice of activities on offer and that they were supported to maintain relationships with people who were important to them. People were encouraged to give their views about the service they received; were involved in planning their care and their views were acted upon.

People's healthcare needs were monitored effectively and medicines were managed safely. Staff worked co-operatively with other professionals to provide the care people needed. People enjoyed the food provided and were supported with their specific dietary requirements.

People received consistent care from staff who knew their needs well. Staff told us they enjoyed working at the home and were fully supported by the registered manager. Staff had access to appropriate support,

supervision and training. 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 at the home support this practice.

People were protected from the risk of abuse and supported to take risks in a safe way. Staff understood their roles in keeping people safe. There were enough staff to keep people safe and meet their needs. People were protected by the provider's recruitment procedures.

Further information is in the detailed findings below.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Hambrook Meadows

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.

The comprehensive inspection took place on 27 April 2017 and was unannounced. Two inspectors undertook the inspection.

Before the inspection we reviewed evidence we held about the service. This included information we had received from people who wished to share their views of the service with us and any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had completed 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. We also contacted two health and social care professionals to obtain their views of the service provided to people.

During the inspection we spoke with seven people who lived at the home, two visiting relatives, the registered manager, one supervisor, two care assistants and the cook. We also spent time observing the care and support that people received in the communal areas of the home, the lunch time experience and a medicines round. We attended a staff handover in the afternoon.

We looked at the care records of three people, including their care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three staffs recruitment, support and training records. We also looked at records used to monitor the quality of the service, such as the registered managers own audits of the service, policies and procedures and accident and incident reports.

Is the service safe?

Our findings

People told us they felt safe at the home and that staff were always available if they needed them. One person said, "Oh yes I do feel safe here. My children were concerned about my safety on my own after my wife died so I agreed to move in. I didn't realise how much help I needed until I moved in." Another person said, "The staff are wonderful. I trust them completely." We observed that staff were friendly in their approach and people were happy spending time with staff.

An external healthcare professional told us, "The home has an excellent awareness of safety for their clients and will react quickly and responsibly putting in place interventions straight away. They are very mindful of the safety of medications particularly the need to use less medications to manage people's behaviour, they will exhaust every non pharmacological intervention that they know of before considering medication intervention. The one issue that I find really delightful is that the care manager really wants to get it right for all concerned, the safety of the resident, staff and the family as well, she will go the 'extra' mile to get it right and on one occasion this has been at the financial cost to the home of putting in more staffing in place to manage short term care for the resident to ensure good outcomes."

Systems and processes were in place to safeguard people from harm and abuse. Staff received safeguarding training and were able to explain the correct procedures that should be followed should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy.

Risks to people were managed safely. Potential risks to people were assessed and information was available for staff which helped keep people safe. This included assessments in relation to falls, malnutrition and moving and handling. When incidents and accidents occurred records evidenced that action was taken to minimise the chance of a re-occurrence.

Checks on the environment had been completed to ensure it was safe for people. Equipment that could be used to assist people to move such as stand aids and the chair lift had been serviced with certificates of safety issued. No one who currently lived at the home required assistance to move with the aid of a hoist. Some people used walking frames to move around the home; staff were able to describe safe moving and handling techniques and we observed these in practice. The fire alarm system and fire fighting equipment were professionally inspected and serviced at regular intervals.

People said that there were sufficient staff on duty to meet their needs safely. One person said, "It's a lovely home because of the staff. They are always around to help." We observed there were sufficient staff on duty and people received assistance and support when they needed it. Separate kitchen and domestic staff were also employed so that care staff could focus on supporting people who lived at the home. Staff told us staffing levels allowed them to care for people and also to spend time socialising and forming relationships. The rota was planned to ensure there were sufficient staff with appropriate skills and experience on each shift.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people.

There were systems and processes in place for the safe management of medicines. All staff authorised to administer medicines had attended training in this area and their competency had been assessed. A member of staff responsible for giving people their medicines was able to explain in detail how they supported people to have their medicines safely and we saw this was applied in their practice. Medicines were stored, recorded and disposed of appropriately.

Is the service effective?

Our findings

People said that they consented to the care they received and their freedom was not restricted. One person said, "Just let them try! No, really, I can go wherever I want." Another person told us, "I do spend a lot of time in my room but that's my choice. I can go out if I want to. Nobody would try to stop me."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were able to exit the home when they wished. The registered manager considered and implemented least restrictive practices such as sensor mats rather than locks on the main doors of the home. Only one person used bedrails with alternatives such as beds lowered to the floor being in place. People's best interests had been considered when decisions that affected them were made. The registered manager involved all relevant people, such as families and health and social care professionals, to ensure decisions were made in people's best interests. One application for DoLS authorisation had been submitted where restrictions were imposed upon a person to keep them safe.

Staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation applied in their work. Staff understood the importance of consent and we observed them gain people's consent to their care throughout our inspection.

Staff said that they were fully supported to undertake their roles and responsibilities. One member of staff said, "It's very supportive. From the owner, the manager and seniors. We work as a team." Staff attended an induction when they started work and had access to on-going training thereafter. They received one to one supervision as well as an annual appraisal. This allowed them to discuss their performance and training needs. A training programme was in place that helped to ensure staff knowledge was current and relevant to the needs of the people who lived at the home. This included training on dementia care, diabetes and end of life care. Staff were knowledgeable about providing effective care to people who lived with dementia and we saw this reflected in their practice. Staff had either completed or were in the process of completing a level two or above NVQ or Diploma in Health and Social care.

People said that they were happy with the medical care and attention they received and we found that people's health and care needs were managed effectively. The registered manager ensured professionals such as GP's, district nurses, a dementia matron and hospital avoidance matron were contacted and visits arranged where necessary. The advice and guidance given by these professionals was followed. One health care professional informed us, "When working alongside them (staff) they adhere to care plans and ensure that they monitor the progress and keep me informed. They work effectively with the multidisciplinary teams well to achieve a positive outcome for the resident."

People expressed satisfaction with the food at the home and said that their dietary needs were met. One person said, "The meals are always lovely." A second person said, "The food is good." At lunchtime we saw that people received the appropriate support based on their individual needs. This included verbal prompts and words of encouragement for people who lived with dementia. One person used a plate guard which enabled them to eat independently. A menu was in place that offered people a variety and choice of home cooked meals, desserts and snacks. Ample drinks were served throughout the day and staff were seen to offer encouragement to people when this was needed.

Kitchen and care staff worked together to ensure peoples dietary needs were met. Staff were knowledgeable about people's dietary needs and preferences and were able to explain these without referring to care records. People's likes and dislikes were documented and kept in the kitchen, accessible to staff. People at risk of dehydration or malnutrition had nutritional care plans and risk assessments in place to help ensure their needs were met. People's weight was monitored where necessary, advice had been sought from dieticians and the speech and language therapy team and the recommendations incorporated into people's care plans.

Is the service caring?

Our findings

Everyone, without exception said that staff were caring and that they were treated with kindness and respect. One person said, "It's more than a care home to me. It's just my home. The girls (staff) are fantastic. They let me get on with it but they're there if they need to be." A second person said, "I don't know how they do it but they seem to be able to get the right staff. They are so caring and loving. I think it's more than just a job to them."

The atmosphere in the home was very calm, relaxed and friendly. It was apparent that positive, caring relationships had been developed and that people benefited from these. The registered manager was passionate about providing a caring service to people. Staff were respectful and kind to people living at the home. We observed instances of genuine warmth between staff and people. Throughout the inspection all staff had a smile on their face every time they approached or spoke with someone. We observed that staff regularly engaged in conversation with people, sat with them for a chat and were affectionate giving hugs.

Staff understood the importance of promoting dignity, respect and independence. People had been supported where necessary to look smart and to dress in co-ordinating clothes. Some women wore items of jewellery and make up that complimented their outfits. People's hair was clean and men were freshly shaved. People's bedrooms had been personalised to reflect their own interests and hobbies. People told us they had appreciated being able to bring items of their own furniture and make their rooms their own.

People's privacy was respected. People told us that staff respected their privacy. We observed that staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. Support was provided in a discreet and caring way. Staff addressed people by their preferred name which was usually their first name.

People were supported to express their views and to be involved in making decisions about their care and support. Information was displayed around the home to help people understand choices about their care. Monthly meetings took place where people's views were obtained and acted upon. We saw staff actively listened to what people had to say and took time to help people feel valued and important. Care plans were reviewed to ensure they continued to reflect people's needs and wishes. People and their relatives were able to contribute their views to this process.

Relatives were welcomed at the home. Many written compliments had been received from relatives thanking the registered manager and staff for events they had arranged and the care and compassion shown. The family of one person wrote and informed us, "The manager and her whole team treated every resident with dignity, kindness, respect and as individuals. No matter what time of day you visited there was never a variation from this. The care was genuine. We aren't a critical family but all wanted what was best for our lovely mum. Hambrook not only cared for mum but embraced our huge family. Mum had visitors almost every day and we were always blown away by the high standards of love and care. No one can deny that this is far more than just a job for (registered manager) and her wonderful staff."

Is the service responsive?

Our findings

People received care that was personalised to their needs. One person told us, "If I get cold they always give me another blanket." An external health care professional told us, "I have found the care manager very responsive to situations; they will act in the best interest of the resident with confidence and contact the appropriate person as soon as possible in a safe and professional manner."

People's needs had been assessed before they moved into the home to ensure staff could provide the care and support they needed. People's needs were kept under review and care plans were updated if their needs changed. The care plans contained information about people's care needs and actions required in order to provide responsive care. One person could not express themselves verbally due to living with advanced dementia. We noted a communication section was contained in the care plan which included an assessment tool to allow staff to gauge the level of stress and distress the person was experiencing. We observed staff interacting with this person and it was evident staff treated the person as an individual and were highly aware that the person could understand their words and actions even if a verbal response was not possible.

Another person had developed a condition affecting their skin integrity. We noted risk assessments had been completed concerning the person's skin integrity, in addition to possible contributory factors, such as mobility, nutrition and hydration. The person was under the care of community nurses but staff were highly aware of the person's progress. Daily records were detailed, person centred and reflected the lives of people living at the home. They were not task oriented; rather their focus was on the perspective of the person and gave a real insight into people's day to day lives.

Staff communicated effectively with each other and this contributed to the personalised care that people received. During staff handover it was clear all staff had a great deal of knowledge about the needs of the people they were caring for and their family members. The discussions were always from the person's perspective rather than being staff focused and task oriented. A wide variety of subjects were discussed, which were not limited to people's physical care needs. There was a great deal of discussion about the wider context of living at the home, such as activities, food and drink and people's moods and motivations. It was possible to obtain a clear insight into the lives of people residing at the home.

People were supported to access activities they enjoyed. One person told us, "I have so much to do. I had an engraving present at Christmas but have not had time to start it as I'm so busy." External entertainers visited the home that included musicians. Some people who lived at the home had recently visited a local garden centre to purchase flowers for the garden. One person attended regular activities outside of the home travelling to these independently by bus or taxi. These included weekly visits to 'Men's Shed.' This is a project for men aged 60 plus to share skills, socialise and connect with their wider community. A Christian chaplain regularly visited the home to carry out services and people with different religious beliefs were supported to maintain these.

People were supported to raise concerns and complaints. Staff were seen spending time with people on an

informal, relaxed basis and not just when they were supporting people with tasks. During our visit we observed staff assessing if people were happy as part of everyday routines that were taking place. Monthly meetings were held where people were asked if there was anything they were unhappy about or anything they would like to change. There were appropriate procedures for managing complaints and information was displayed throughout the home advising people of their rights.

Is the service well-led?

Our findings

There was a positive culture at the home that was supported by a registered manager who took steps to ensure this was inclusive and empowering. 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 said that the home was well-led and that the registered manager was approachable. One person said, "Oh she's marvellous. She's here to see we have the right care and is keen to find out anything you need doing. She is lovely." A relative told us, "We have been asked our opinions, yes. We've had questionnaires and we speak to the manager all the time. It's superb here. The manager runs a tight ship but in a friendly way." An external health care professional said, "The manager remains one of the most professional and conscientious managers I have worked with. She demonstrates good leadership and empowers her staff to be responsible within their knowledge based scope and identifies their psychological needs. She knows her residents really well, she spends time with them and this is an excellent role model to her staff whom I interact with."

Staff said that the registered manager was a good role model. Staff were motivated and told us that they felt fully supported and that they received regular support and advice. One person said, "She (registered manager) is so supportive. She has helped me when I've raised questions and has supported me to progress and with training." There were whistle blowing procedures in place which were discussed with staff during induction, supervision and staff meetings. Staff were able to explain how the whistleblowing procedures offered protection to people and that they could raise concerns anonymously.

The registered manager demonstrated understanding of her responsibilities to ensure legislation was complied with. She was aware of the legal requirement to report significant events. As such, notifications were submitted to the Commission in a timely and transparent way. Information at the home was stored securely and in accordance with data protection. The information in the PIR was accurate and identified areas for future development. This demonstrated a commitment by the registered manager to be open and transparent in working towards continuous improvement.

There was an established system of quality monitoring that ensured people received consistently good quality care and support. A range of audits were completed and action taken where necessary. These included audits of medicines, the environment and care packages. People's views were also obtained and used to drive improvements in the form of surveys. As a result of the surveys collated in March 2017 changes had been made to laundry systems to improve this aspect of service.