

Hinstock Manor Residential Home Limited

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Inspection report

Chester Road
Hinstock
Market Drayton
Shropshire
TF9 2TE

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Tel: 01952550242

Website: www.hinstockmanor.co.uk

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

Hinstock Manor care home provides accommodation and nursing or personal care for up to 51 people. On the day of our inspection, 34 people were receiving services, some of whom were living with dementia.

People's experience of using this service and what we found

Any concerns of potential abuse or ill-treatment were raised with the manager who shared this information with partnership agencies.

Staff were aware of using infection prevention and control techniques when supporting people, such as hand washing. Staff had access to, and used, personal protective equipment.

The manager had assessed the risks to people associated with their care and support. Staff understood these risks and knew what to do to minimise the potential for harm to people.

People received safe support with their medicines by trained and competent staff.

Staff provided personalised care for people through good person-centred care planning, training and one-to-one supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems at the service supported this practice.

People had access to healthcare services when required.

People were supported to maintain a healthy diet by a staff team who knew their individual likes and dislikes.

People received help from a kind and supportive staff team with whom they had developed caring relationships.

People were supported by staff who were aware of their individual protected characteristics like age, gender and disability.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The manager was developing links with the local communities within which people lived.

The management team notified of us key events which occurred at the service.

The provider had governance systems in place to identify improvements and drive quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was 'Good' (published 4 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Hinstock Manor Residential Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out this inspection. 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

Hinstock Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. However, an application had been made to register one. This means that at this inspection the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, and two relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven members of staff including, care assistants, a domestic staff member, the social life coordinator, the manager, deputy manager and area manager.

We reviewed a range of records. This included five people's care records and records of medicines administration. In addition, we looked at a variety of records relating to the management of the service, including incident investigations and quality monitoring checks.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One relative said, "I do go home confident that (person) is safe and well looked after here."
- People told us they felt safe because staff treated them well and met all their needs.
- The provider had safeguarding systems in place and staff understood what to do to protect people from harm. They felt confident to report any concerns.

Assessing risk, safety monitoring and management

- People were supported to understand and reduce risks associated with their care and support.
- We saw assessments of risks associated with people's care had been completed. These included risks associated with diet and nutrition, falls and moving and handling.
- Staff we spoke with understood the risks associated with people's care and support and knew how to keep people safe.

Staffing and recruitment

- One person told us, "I am able to move around as I like. I feel safe because there are usually plenty of staff about."
- There were enough staff on duty to support people. We saw people were promptly supported when needed or requested.
- The provider followed safe recruitment processes when employing new staff.

Using medicines safely

- People told us they were safely supported with their medicines.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigation into any error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe.

Preventing and controlling infection

- Staff had completed training in how to reduce and prevent the risk and spread of infection and they followed good practice guidance.
- People told us the staff always used personal protective equipment, such as gloves and aprons when delivering personal care.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed and recorded. The provider acted following accidents or incidents to reduce the risk of these reoccurring.
- Staff told us that incidents were discussed at regular team meetings. This gave them the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 had been assessed in line with recognised best practice.
- People told us they were consulted about their care needs and these were recorded in their care records.
- Staff described people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff could tell us about people's individual characteristics and knew how to best support them. This included, people's religious beliefs, cultures and personal preferences. These characteristics were also included in people's end of life wishes for staff to follow.

Staff support: induction, training, skills and experience

- One person said, "I feel very lucky to be here and the care is very good."
- Staff had received training when they first started working for the provider and their competency was assessed. This training was refreshed regularly. Staff said their training was reinforced in staff meetings.
- Staff received supervision through individual meetings and they said that they could also contact the manager or senior staff at any time. They said they felt well supported to carry out their role.
- The provider had implemented the National Institute for Clinical Excellence (NICE) guidance 'Oral health for adults in care homes.' This included staff training in oral care and ensuring the importance of day-to-day dental hygiene and the need for routine check-ups for people.

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

- People told us they had a choice of the meals provided and alternatives were available if they disliked what was offered. We saw people making decisions about what they wanted to eat and when.
- The provider had started a new menu system in response to feedback from a resident meeting.
- When people needed additional support to eat we saw this was provided at a pace to suit them.
- The Manager was seen walking around talking with people and checking they were happy with their lunches. They interacted well with people and obviously knew them quite well."

Staff working with other agencies to provide consistent, effective, timely care

- Staff had shared relevant information with those involved in the support of people receiving services.

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

- We saw people moving safely around the home. The home was safe and well maintained. A programme

of refurbishment was planned with the involvement of people who used the service.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including GP's, dentists and chiropodists. When it was needed people were referred promptly for assessment.
- Staff we spoke with were knowledgeable about people's healthcare needs and knew how to support them.

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 when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw the provider had made appropriate applications in line with the MCA and had systems in place to ensure any renewed applications were made in a timely way to ensure people's rights were maintained.
- We saw people were asked for their consent and permission throughout this inspection. When people could not make decisions regarding consent staff members, and the management team, knew the correct processes to follow to appropriately support them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated kindly by staff who were patient and friendly. One person commented, "The staff are very kind and considerate and patient with me" and another said, "The staff are marvellous, and nothing is too much trouble."
- People told us staff were patient and caring and made sure they had everything they needed. Staff said they were aware of people's individual needs and preferences. Care plans recorded how people were supported to express their sexuality.
- People were supported to maintain relationships with their families and friends. Nobody who received support reported any religious or cultural beliefs that needed to be considered in their care.

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

- Staff supported people to make decisions about their care and these were recorded in their care plans. People said staff had enough time to support them properly and in a way they wanted, which also allowed them to spend time talking with people.
- People were supported to make choices about their care through daily discussion and formal reviews.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff.
- People were supported to retain their independence. Staff encouraged people to move about while supervising them discreetly.
- We saw information about people was kept securely and only accessed by those with authority to do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted.
- People's individual life histories, personal likes and dislikes and key events throughout their lives so far were recorded. This assisted staff to respond to people and interact with them on a personal level whilst meeting their needs.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend.
- People's sensory needs were recorded. Staff supported them to use their glasses or hearing aids.

Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

- People told us there was a programme of activities they could take part in if they wished. In addition, people could attend religious services which happened during our inspection.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- The provider supported people at the end of their lives. Peoples wishes including spiritual, religious and medical had been recorded. This enabled staff to understand and meet peoples wishes when they approached this phase of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was committed to enhancing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and supported staff as required. One person said, "The Manager comes around quite a lot. They are new so is still getting to know us." Another said, "The Manager is friendly and always shows an interest in how I am feeling."
- Staff were also committed to providing high-quality care and support and felt this was led by good role modelling from the management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us they were able to provide good quality care and support to people because they had a manager and senior staff who got involved and understood their role. They said they could raise issues with any of the management team and their concerns would be listened to.
- The provider complied with legal requirements for duty of candour. The quality rating was on display. We had received statutory notifications in a timely manner.

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

- People and their relatives had completed a survey in 2019, which showed positive comments.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care.
- Staff told us that they attended meetings regularly, which gave them support and information was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The area manager carried out audits and quality monitoring reports. These identified areas of the service that required improvement and this was carried out.

Working in partnership with others

- Links with outside services and key organisations in the local community were well maintained to

promote people's independence and wellbeing.

- Staff worked with health and social care professionals such as the district nursing team, GPs and social workers to provide quality joined up care to people.