

Weatherstones House Care Limited

Hinderton Mount

Residential Home

Inspection report

Chester High Road
Neston
Cheshire
CH64 7TA

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13 December 2018

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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 carried out this inspection on 13 December 2018. The inspection was unannounced.

This service was last inspected in April 2016 and was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Hinderton Mount Residential Home 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.

There were 15 people living in the home at the time we carried out our inspection.

There was an experienced registered manager responsible for the day-to-day management of the service. 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 had been working at the service for over 11 years.

We looked at how the service managed its recruitment of new staff and saw that this was done well and all of the required checks were carried out before staff commenced working at the home. The home had an established staff team. Many staff had worked at the home for a number of years.

We spoke with five people who lived in the home and seven relatives and all gave positive feedback about the home and the staff who worked in it. They told us that the staff supported people well. We saw that warm, positive relationships with people were apparent and one person described the staff as "our extended family".

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected. The home recognised that some people in the home were starting to need more support with decision making and they were ensuring that this was done safely, maximising the person's abilities to make their own decisions.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw that staff were very thoughtful in their approach to people.

We found medication procedures at the home were safe. An external audit conducted by the local Clinical Commissioning Group (CCG) had commended the home for the good management of medicines.

Care plans were clearly recorded. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw that relatives were involved in supporting staff to understand how people wished to be cared for. Life histories were present in all of the care plans we looked at. We spoke with staff and found them to be knowledgeable about people and their lives prior to living in the home.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home. Feedback about the registered manager was excellent from the people who lived in the home, relatives and all the staff we spoke with.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Hinderton Mount Residential 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 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 took place on 13 December 2018 and was unannounced. We spoke with some people on the phone on 14 December 2018.

The inspection was carried out by one adult social care inspection manager.

During the inspection we spoke with five people who lived in the home and seven of their relatives. We spoke with the registered manager, the deputy manager, two senior carers, the chef and two other staff members. We looked at care records for four people who lived in the home and recruitment, training and personnel records for three staff members. We also looked at records around how the service was managed including quality audits, records of staff meetings. We also had some feedback from the local authority who told us they had no concerns.

We reviewed the information we held about the home, including the information in the PIR, before we visited the service. We used the information we held about the service to plan our inspection.

Is the service safe?

Our findings

The people who lived in the home told us that they felt safe living there. One person said, "I feel safe because I am." One relative told us "We don't need to worry anymore because we always know where he is and that he is safe and well cared for."

We looked at how the home managed safeguarding and saw that the registered manager understood their role and the regulations in relation to keeping people safe from harm. There had been no safeguarding concerns since the last inspection. The staff we spoke with had a clear understanding of their responsibilities to keep people safe.

We looked round the building and saw that it was very well maintained and decorated to a good standard. We looked at the maintenance records and could see that ongoing checks were continuously made. We looked at records relating to the safety of the building and we had no concerns. We could see that the safety certificates were all in date.

We looked at staff recruitment and looked at three files for staff members; two whom had been recruited since our last inspection. We saw that this had been done safely and all the required checks had been completed prior to new staff commencing work in the home.

We looked at how medication was managed in the home and we saw that this was done well. We saw that many good practice standards were adhered to in relation to people's medicines. We saw an external audit that had been completed by the local Clinical Commissioning Group (CCG) earlier this year which had commended the home for the good management of medicines.

We looked around the home and saw that it was clean. We spoke with one of the housekeepers and they told us that they took pride in making sure that the home was kept clean and tidy. The kitchen had recently been inspected by the Food Standards Agency and had been awarded five stars at the last inspection which is a good score.

We looked at staffing levels and saw that the home was consistently staffed by a committed staff team. We saw that the staff covered the rotas and agency staff were never used so the people living in the home were always supported by staff who knew them well. We saw that the registered manager and deputy manager worked closely with the staff and the people living in the home to ensure that the service ran safely and people received that care that they needed.

We looked at risk assessments and saw that risks were managed well. We looked at the records relating to accidents and incidents and saw that audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events. We saw that documents were regularly reviewed and updated to make changes as required when people's needs changed.

Is the service effective?

Our findings

We asked people about the food available in the home and everyone told us that the quality of food was excellent and they really enjoyed it. Relatives told us that they were regularly invited to have meals with their family member at the home and that the food was of a very high standard. One relative said "The food is better here than at a top-quality restaurant. We love eating here. It's always so nice and well presented."

We observed people having lunch during the inspection. The inspection happened to be the same day as the 'pre-Christmas meal'. All of the people who lived in the home had invited relatives and friends to join them for Christmas lunch. The food smelt, looked and tasted appetising and we saw people enjoying it. A three-course lunch was served to nearly 40 people in an inviting party atmosphere. One relative told us that their family had all booked the day off work so that they could attend.

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). 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 that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. We spoke with one family member who told us that they were concerned about their relative's capacity to make decisions and that the registered manager was supporting them with this and was supporting their relative to maximise their independence.

We looked at the support that staff received and saw that it was good. All staff received training when it was due and records were regularly updated. We saw that staff had regular access to training so that they could safely meet the needs of the people that they were supporting. We saw training was sourced to meet specific needs of the people living in the home such as Dementia training. Staff told us that they enjoyed training as it was important to keep their knowledge updated. We saw that staff were given access to formal qualifications such as Qualification Credit Framework (QCF) which had replaced NVQ training.

We saw lots of evidence throughout the inspection that the service worked closely with other local services to ensure that people's needs were met and that any changes in people's health needs were picked up quickly and referrals made to the appropriate support. For example, we saw in a person's records that staff had identified that a person's cognition had changed, so they sought medical advice quickly, took action and the person received the treatment that they needed and the person was quickly returned to good

health.

Is the service caring?

Our findings

Everyone we spoke with told us they received a good quality of care and told us the care staff treated them in a kind and caring way. We observed warm and friendly interactions between staff and the people who lived in the home. One staff member told us "We treat people like how we would our own family.". One relative told us "This place is superb. I couldn't ask for better. They do everything she needs and more and they are very kind to us too." One person told us "The girls are so lovely to us. You are never rushed. You can do everything at your own pace without worrying."

The care staff understood how to respect people's privacy and dignity. People who used the service told us the staff always ensured their privacy and dignity were maintained while they were receiving personal care. We saw staff knocking on doors prior to entering and maintaining people's dignity when it was necessary. We saw that the staff were very skilled in recognising what people needed. For example, during some entertainment we saw a staff member quickly recognise that one person had tired of the singing. They approached the person and discreetly helped them to leave so they could go to their bedroom for some peace and quiet. Staff showed that they were attentive to what people wanted.

There were people living in the home that had different religious beliefs and these were respected and supported. Church services were provided in the home on a regular basis and people could also go out to church if they wanted to. The local Reverend from a nearby church called into the home during the inspection and spoke with us. They said that they had only seen exemplary care in the home and that people were very happy and appeared well-cared for.

We saw that people's rights to confidentiality were maintained. All of the records were stored safely, locked in a cabinet, in accordance with requirements.

People we spoke with told us they would speak to the staff if they needed support to express their views or to make important decisions about their care or lives. The registered manager had details of local advocacy services and had contacted the local 'Age UK' and had invited them into to the home to make that connection for people.

Is the service responsive?

Our findings

People told us the service was responsive to their needs and wishes and that they went on outings in the mini bus that was driven by a family member of someone who worked in the home. People told us that the activities worker "...is a lovely lady as are all the staff here. They help us do what we want, when we want." One person told us "I enjoyed the barge trip, it was lovely to see the ducks."

We saw that the home provided lots of activities for people to take part in if they wished to. An activities coordinator was employed and worked for five days each week and the staff also facilitated activities. There were often outside entertainers brought into the home and we saw some of these taking place during the inspection. There were musicians playing Christmas songs during the morning and a singer after lunch.

Activities were provided on one to one and in group settings. We spoke with the activities coordinator and she told us that she strived to make the activities have meaning for people. We saw that some of the people in the home had knitted baby bonnets and blankets for the neo-natal unit at the local hospital. A midwife had come to the home to receive them and personally thanked the people who lived in the home for their hard work.

The care plan files we looked at were person-centred, very detailed and informative, regularly reviewed and reflected the needs of the people living at the home. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs. The files also contained clear information about people's routines throughout the day and their preferences about how they liked to be cared for.

The registered manager had a procedure for receiving and responding to complaints about the service. People we spoke with said they would raise any concerns with the registered manager. They said they were confident the registered manager would act to resolve any concerns they raised. There had been no formal complaints since the last inspection. The registered manager thought that they resolved issues before they became complaints as they provided themselves on maintaining good communication with people and their relatives. All the relatives that we spoke with told us that they had never needed to complain and that they were "listened to" whenever they asked to discuss anything.

Is the service well-led?

Our findings

People told us this was a good home and said they would recommend it. They told us that the manager and staff team were "hardworking, kind and caring."

Staff spoke very highly of the manager and of each other. One staff member said; "She is the bestest manager I have ever had." Another staff member told us "She is the captain of our ship and we'd sink without her." Another staff member told us about a recent personal issue that the manager had supported them with.

The registered manager told us that they had a positive relationship with the registered provider and they offered their support when needed but enabled them to "get on with the job."

The registered manager attended the local steering group. The meetings were a forum that care services can attend to build relationships with other care providers in their local area. The registered manager attended regularly and utilised the learning to make improvements in the home.

We saw that the registered manager and deputy manager observed staff while they supported people to check care was being provided as planned and that the staff provided support safely and respected people's rights. We saw that they were constantly engaged with people, relatives or staff and we were told that this was daily and that they were always very accessible for people.

Services registered with us must notify us of significant events that happen such as allegations of abuse or serious injuries related to the care they provide. This is so we can check appropriate actions have been taken. The registered manager of the service understood the incidents that had to be reported to us and had completed notifications when they were required.

We looked at a number of quality assurance processes in the home and saw that these were managed well. The audits looked for patterns and trends in accidents, incidents and actions were taken to avoid repeat incidences. We saw that the building maintenance was managed closely and medication management was very closely monitored.

The registered manager was receptive to our feedback and demonstrated that they worked collaboratively with the provider and outside sources of help, including other local care homes, to make improvements to the service. They were dedicated and committed to providing the best possible care for the people living in the home.