

Croftwood Care UK Limited

Hourigan House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 03 December 2018 and was unannounced. Hourigan House is a purpose built two storey residential care home. The home cares for 40 people. On the day of the inspection there were 39 people living at the home. The home is situated in West Leigh area of Leigh and is close to local amenities.

At our last inspection on 31 August 2016 we rated the service good. There were changes in the homes registration in November 2017, which resulted in the provider changing their name from Croftwood Care Limited to Croftwood Care UK Limited. As there were no other changes to the management, staffing or running of the home, this inspection report is written in a shorter format. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The registered manager and the provider were approachable towards people and staff members. People told us they were encouraged to be involved in decisions and improvements about the home and their suggestions were valued by the registered manager.

People remained safe from the risks of abuse and ill-treatment. This is because staff members knew how to recognise and respond to concerns.

People were supported by enough staff to meet their needs and people received their medicines safely. Staff members had the training and skills to meet people's needs and received ongoing support to ensure they remained effective in their role.

The provider followed safe recruitment procedures when employing new members of staff.

People had care and support plans that reflected the areas of their lives which they needed assistance and support with. When changes occurred in people's needs these care and support plans were reviewed to reflect the changes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were aware of current guidance which directed their practice and people's human rights were protected by the staff who supported them.

People were provided with a wide range of indoor and outdoor activities.

People received support that continued to be caring. Staff members respected people's privacy, dignity and promoted their independence.

The provider had systems in place for receiving and responding to concerns and complaints.

Staff members told us they felt valued as employees and their opinions and ideas were encouraged by the provider.

The provider had systems in place to monitor the quality of the service and where necessary made changes to drive improvements.

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

Hourigan House Residential Care Home

Detailed findings

Background to this inspection

The inspection took place on 03 December 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and an assistant adult social care inspector. We were accompanied by an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience expertise was caring for older people.

We reviewed the information we held about the service. This included the last report, safeguarding, statutory notifications and any complaints or concerns.

We contacted the local authority quality assurance team and Healthwatch England for their views and opinions on the service. Healthwatch England is the national consumer champion in health and social care. No concerns were raised. The quality assurance officer spoke highly of the management and the service provided.

Before the inspection, the provider completed Provider Information Return (PIR) form. This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make.

As part of the inspection we carried out a Short Observation Framework Inspection (SOFI). SOFI is specific way of observing care to help us understand the experience of people who could not talk to us.

During the inspection we spoke with eight people who used the service, seven relatives and three care staff, the domestic team and the activity coordinator. We also spoke with the registered manager, the regional manager and a visiting healthcare professional. We observed care within the home and reviewed records including four care plans, six staff personnel files, policies and procedures, meeting minutes and audits held

by the service.

Is the service safe?

Our findings

At our last comprehensive inspection on 26 January 2016, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

One person spoken with told us, "I am very safe because I feel I have nice people around me. They wouldn't let anything happen to me". Another person said, "They really do look after us, all of them [staff] are so kind. Relatives spoken with said, "I know she is 100% safe here. There is always someone around" Another said, "The home has greatly improved over the last few months. I have now got peace of mind that [relative] is safe and well looked after".

Staff members spoken with and records we looked at showed that staff had received training in how to recognise and respond to any concerns of abuse. We saw information was available to staff on how to raise a concerns and who to contact if needed. All safeguarding's matters had been raised promptly following the local authority's alert system and we had received all notifications in the required timeframes.

We saw that general risk assessments were in place for the environment. We saw that regular checks of fire systems had been completed and people had a personal emergency evacuation plan (PEEP) in place. A PEEP informs the emergency services of what assistance each person required to safely evacuate them from the building. The PEEP file was kept in the foyer so people had immediate access to it in the event of an emergency situation.

We saw that risk assessments were individualised and in place for people. For example, risks of falls and for people who had been assessed as having problems with eating and drinking. Staff spoken with knew procedures to follow to keep people safe.

We saw that incidents and accidents were reported by staff and these were monitored by the registered manager and the regional manager. This was to identify any trends and patterns which may require further action; this included updating the risk assessments and care records to inform staff of changes.

The rota was devised based on people's level of needs. People told us there was enough staff on duty to support them safely. One person said, "There is someone around to help you. If you press the buzzer they come quickly to see if you are alright". A relative told us, "I don't think there is a problem with staffing and the manager also helps out".

The provider followed safe recruitment practices when employing new members of staff. These included checks obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults.

We looked at the management of medicines. We saw that medicines were safely managed and that people received their medicines as prescribed. We saw, where people had been assessed for the use of thickening

agents (to help with swallowing problems) this was recorded. Staff members were trained and assessed as competent before assisting people with their medicines.

Is the service effective?

Our findings

At our last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

People told us and records showed that they continued to be supported by a well trained and experienced staff team.

Care records we looked at included relevant health and personal information. Each file had a thorough assessment of the person's needs. They included daily notes and professional correspondence. We saw that aids and adaptations were available for people who had issues with eating and drinking. The service responded to people's changing needs promptly. For example, one person was having some difficulties with food and a referral had been made to the Speech and Language Therapy (SALT) team. The registered manager had implemented a pureed diet as a precaution whilst awaiting guidance from the SALT team.

We spoke with a visiting healthcare professional who told us that staff followed their advice and worked closely with them. They told us that staff contacted the GP when necessary.

People had access to healthcare services when they needed. For example, the community nursing team, dentists and podiatry.

People who lack 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. The procedure for this is care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had submitted appropriate applications when needed to the local authority and the Care Quality Commission (CQC) had been notified as required.

Consent to the care plans and administration of medicines was signed by the person or their representative. There was good evidence of people's mental capacity being assessed according to the principles of the MCA and best interest's decision making was clearly recorded. These decisions had been made with the involvement of the relevant professionals and family members and signed by those making the decisions. Best interest decisions were reviewed regularly to ensure they remained relevant.

As part of the inspection we used a short observational framework inspection [SOFI]. SOFI is a way of observing care and support to help us understand the experience of people who were not able to express their views. We observed the lunchtime meal and saw that staff interacted and assisted people when required throughout the meal. The dining tables were nicely set with condiments and people had access to napkins and clothes protectors. We saw that on some tables people had teapots and were encouraged to serve themselves. People living at the home and their relatives said the food was good. One person told us, "The food is great". A relative told us, "My [relative] has put some weight back on.[Relative] really enjoys the food". Another relative said, "They [staff] make whatever [relative] wants for breakfast, the food is very

good".

Is the service caring?

Our findings

At our last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

People told us that they continued to be supported by a kind and caring staff team. One person told us, "We have got some very nice people here. The girls are lovely". Another person said, "The staff are so nice here, it makes such a difference". A relative told us, "Nothing is too much trouble for them [staff]". Another said, "They [staff] are very attentive. They are very caring".

Throughout the day we observed the staff interacting with people in a kind and friendly. There were lots of laughs and respectful banter. All the staff knew the people who they were caring for exceptionally well.

Staff spoken with told us they enjoyed working at the home and that the staff worked well together to create a happy and caring place for the people they cared for. Staff understood people's likes and dislikes and preferences for their care and this was recorded in people's care files.

People's communication needs were assessed. Information about the service was provided to people in a suitable format to ensure the Accessible Information Standards were adhered to. People told us that staff listened to and acted upon what they said.

People's privacy and dignity was respected. Personal care was provided in people's bedrooms or bathrooms with the doors closed. People confirmed that staff addressed them by their preferred names. People's confidentiality was maintained by staff working at the home.

We saw that equality and diversity information such as gender, race, religion and sexual orientation was respected. From speaking with staff, we could see that people were receiving care and support which reflected their diverse needs, in respect of the characteristics of the Equality Act 2010. We saw no evidence to suggest that anyone, including staff was discriminated against.

We saw that people had access to advocates to act on their behalf when required.

Is the service responsive?

Our findings

At our last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People spoken with told us that staff were responsive to their needs. One person told us that the staff responded quickly when they needed assistance.

Care files were detailed and person centred. Files included general information about the person. For example, the area of the home the person lived in, how they communicated, likes and dislikes around food and drink and what assistance was required, day and night time preferences and routines, continence needs, mobility and assistance needed with mental health issues. Past history was documented, including where the person was born, schools attended, work, family, hobbies, holidays and interests. This helped ensure care plans were personalised and could aid with reminiscence and generate topics of conversation.

We saw that care files were reviewed on a regular basis and risk assessments were changes recorded and updates made. We saw evidence of changes occurring and risk assessments had been updated accordingly.

The home had an activity coordinator who told us that when new people arrive at the home they spent time with them finding out about their interests and hobbies. We asked people how they spent their day. People told us there was lots of activities and trips out. These included, arts and crafts, relaxation classes, singing and board games, coffee mornings, shopping and visits from the local children's nursery and high school. Trips were arranged to a bowling club, a pensioners club, dementia lunch club and to bingo. We spoke with the handyman who was also involved with the activities. In the summer the home had grown their own fruit and vegetables and helped the handyman make and paint bird houses. Once a week a person from the local church visited the home and offered communion to those people who wished to take it.

We asked people if they knew how to make a complaint if they were unhappy with something. People said they never felt the need to complain but they would go to the registered manager or the deputy manager. They felt their concerns would be listen to and acted upon. Two relatives told us they had been provided with the complaints procedure when they first became involved with the home.

The home had received a number of compliments from relatives. Comments included, "Thank you for your love and care during [Name] time at Hourigan House". Another said, "Since moving in [Name] had a new lease of life. The standard of care is outstanding. The staff are fantastic".

We asked the registered manager to tell us how they cared for people who were nearing the end of their life. Staff had completed training in end of life care to ensure people received high quality care by staff they knew and could trust. The home received support from the community nursing team and from the hospice team.

Is the service well-led?

Our findings

At our last comprehensive inspection, we found the service was well led and awarded a rating of good. At this inspection, we found the service continued to be well led.

There was a registered manager in post. 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 spoken with told us that the management at all levels was very good. They said the team leaders and unit managers were very approachable and informative. Staff told us the home was well run and well managed

We found that the management team had procedures in place to assess the service quality, safety and people's welfare. Checks and audits were undertaken and covered areas such as, care records, staff files, maintenance, fire safety, health and safety and infection control.

Quality assurance surveys were provided to people who used the service and their relatives to gain their views. We found the feedback to be positive. We saw that residents/relative and staff meetings were held and minutes were recorded and details of actions taken.

The provider and the management demonstrated openness and transparency. People spoken with told us they felt comfortable in approaching the management team at any time. Staff spoken with told us they felt valued as employees and their opinions and ideas were encouraged by the provider.

We saw a full range of policies and procedures were available to staff should they need to refer to them for information and guidance.

CQC had received notifications promptly and our last inspection report was prominently displayed in the home and on the provider website.