Hinstock Manor Residential Home Limited

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Inspection report

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Date of inspection visit: 2 and 3 December 2015
Date of publication: 27/05/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection was unannounced and took place on 2 and 3 December 2015.

Hinstock Manor Residential Home provides accommodation and personal care for older people and people living with dementia for a maximum of 51. On the days of our inspection 39 people were living there.

The home does not have 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 provider had recently appointed a manager.

At our previous inspection in August 2014, the provider was in breach of the regulation relating to the management of medicines. We asked the provider to take action to make improvements with the management of medicines. We found at this inspection the provider had taken action to address the breach of regulation but

Summary of findings

further improvements were still needed. People were supported to take their prescribed medicines and they told us they received them when needed. We saw that medicines had been stored appropriately and people's medication administration records were accurately completed.

People felt safe living in the home and staff knew how to keep them safe. Staff had access to risk assessments that told them how to care and support people safely. Accidents and incidents were recorded but these were not monitored to identify trends and so action was not always taken to reduce the risk of accidents happening again.

People said there were enough staff on duty to help meet their needs. Staff were not always available to support people when needed and this had an impact on the service they received. The provider's recruitment procedure ensured that all staff were suitable to work in the home.

Staff had access to regular training to ensure they had skills to care for people but improvements were needed to support them in their role. People's consent was obtained before staff provided care and support. Staff had a good understanding of the Mental Capacity Act 2005. The manager and the staff team were aware of the principles of Deprivation of Liberty Safeguards and when this should be applied to protect people's human rights.

People told us they were bored and were not supported to pursue their interests and hobbies. People and visitors did not know how to share their concerns and complaints were not managed effectively or acted on to improve the service.

People said that they were not involved in planning their care but they acknowledged that staff were kind and respected their privacy and dignity.

People were not involved in the running of the home and they were not supported to maintain links with their local community. The provider did not have robust systems in place to monitor the quality and effectiveness of the service provided to people.

The provider had recently appointed a manager who was aware of some of the shortfalls we found and had taken some action to improve the service.

People were complimentary about the choice and quality of meals provided and they had access to drinks at all times. Healthcare services were obtained on people's behalf when needed.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not consistently safe.

People were supported by staff and felt safe living in the home. Improvements to the way people's medicines were managed had been made but more were needed. Accidents and incidents were reported appropriately but not routinely reviewed to reduce the risk of further occurrences.

Requires improvement

Is the service effective?
The service was not consistently effective.

People were cared for by staff who had received training but they had not received regular one to one support. People were encouraged to make decisions about their care. People had a choice of meals and drinks and healthcare services were obtained on their behalf when needed.

Requires improvement

Is the service caring?
The service was not consistently caring.

People were not always involved in their care planning but staff were kind and respected their privacy and dignity.

Requires improvement

Is the service responsive?
The service was not consistently responsive

People were not involved in the assessment of their needs and did not receive support to pursue their hobbies and interests. People didn't know how to share their concerns and complaints were not always managed effectively.

Requires improvement

Is the service well-led?
The service was not consistently well-led.

There was no registered manager in post but a new manager had been appointed and was aware of some of the shortfalls in the way people were involved in their care. Improvements were needed in the overall governance systems in the home to make sure that both the people that lived there and the staff had an active voice in how the service was run.

Requires improvement

Hinstock Manor Residential Home Limited

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 2 and 3 December 2015 and was unannounced. The inspection team comprised of two inspectors and an expert by experience who was experienced in the care for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at our own systems to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

Before the inspection, the provider 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.

During the inspection we spoke with 16 people who used the service, two care staff, two senior care staff, three visitors, the cook in charge, one ancillary staff, the head of ancillary, the deputy manager and manager. We looked at three care plans and risk assessments, two staff files, medication administration records, accident reports and quality audits. Prior to our inspection we received information of concern about insufficient staffing levels. We observed care practices and how staff interacted with people. 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.

Requires improvement

Is the service safe?

Our findings

At our previous inspection in August 2014, the provider was in breach of the regulation relating to the management of medicines. The provider sent us an action plan following the last inspection telling us how they would improve. At this inspection we found that the provider had taken some action to improve the management of medicines. The PIR showed there had been five medication errors within the last 12 months. The manager said the medication audit had been reviewed to ensure any further medication errors would be highlighted and we saw that this had been done. People told us that the staff managed their medicines and they received them when needed. We found one incidence when one person did not receive the correct dose of one medication because no accurate record of the amount to be taken had been recorded. The manager told us that action had been taken to make sure the person was not harmed by this but they were unable to show us any records to confirm this. Medicines were stored appropriately and records were maintained to show when they had been administered. Medicines that were no longer needed were disposed of safely and a record was maintained to show when these medicines had been disposed.

Five people told us that staff were always nearby when they needed them and we saw this. One person told us, "When I pull the cord the staff come as soon as they can." Another person said, "I feel safe here but some people need much closer attention than they get and it bothers me." One staff said there were enough staff on duty on the day of the inspection but staffing levels were inconsistent and this had meant a lot of people had sustained falls. We spoke with the manager who told us that staffing levels had been increased at peak times of activity in the home. The staff we spoke with told us that staffing levels had also increased. One staff member said, "Staffing levels are OK most days, we use agency staff a lot." Another staff member said, "There are days when we struggle because there aren't enough staff or agency staff."

We looked at how the provider and manager managed accidents and incidents. We found records showed in October 2015, there had been 12 falls and a further 12 falls within nine days in November 2015. When we spoke with the manager they confirmed that there was no system in place that allowed them to complete any analysis of the number of falls to identify whether there were any trends. For instance they could not identify whether people had fallen more during the night or other particular times of the day. The manager was able to demonstrate how they had taken action for one person who had sustained a number of falls. We saw in the person's records the actions taken and that equipment had been put in place to alert staff. We saw staff responded in a timely way to support the person when they stood up from their chair. The manager said a further three people had been referred to the 'falls clinic' but was unable to tell us what action had been taken to reduce the risk of falls for other people.

People told us they had not been involved in decisions relating to their individual risk assessments and were unaware of what this was and the manager confirmed this. However, people did not express that this had an impact on the support they had received. Staff said they had access to risk assessments that supported their understanding about how to assist people and the equipment required to do this safely. Staff had access to risk assessments that provided guidance for the safe use of walking aides. Risk assessments were also in place to tell staff how to prevent people developing pressure sores. Staff were aware of the support people required to ensure they maintain healthy skin.

People told us they felt safe living in the home. One person said, "I am well and happy in myself and feel safe." Another person told us, "I feel very safe, secure and comfortable here." Another person said, "The staff make me feel safe." We spoke with two visitors who told us, "Due to the attention provided by staff we feel [relative] is safe here." The staff we spoke with knew how to protect people from the risk of harm and when concerns should be shared with the manager and other agencies. Staff had access to a safeguarding policy that told them how and who to share their concerns with. The manager was aware of when information should be shared with the local authority to protect people from the risk of further harm.

We looked at the way the provider recruited new care workers. The manager said the provider's recruitment procedure ensured that all staff had the relevant safety checks before they start working in the home to ensure their suitability. Discussions with six staff and records we looked at confirmed this.

Requires improvement

Is the service effective?

Our findings

People told us that the staff were nice and they knew how to care for them. Staff said they received regular training to ensure they had the skills to care for people. The manager said all new staff were provided with an induction and this was confirmed by all the staff we spoke with. One staff member informed us that their induction involved training and they had worked closely with an experienced staff member to enable them to understand their role and responsibility. The staff records showed that staff received a structured induction programme to ensure they knew how to care and support people appropriately. Staff we spoke with told us they did not always receive regular one to one support sessions (supervisions) from the manager. One staff member told us that this had left them feeling unsupported in their role. The manager had acknowledged this was an area for improvement and would be taking action to increase the number of support sessions for staff.

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 decision and are helped to do so when needed. When they lack mental capacity to make 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 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 were being met. The manager was aware of when to apply for an application to deprive a person of their liberty. They told us that three people had a DoLS in place because they would be at risk of harm if they left the home without support. The staff we spoke with were aware of the level of support these people required to maintain their safety.

People told us that staff did obtain their consent before they provided them with care and support and we saw this. One staff member said, “We ask people if they are happy for us to assist them before we start.” The deputy manager was aware of when a MCA assessment should be carried out. We found that where a person lacked capacity to make decisions about their care and support a best interest decision had been made on their behalf. The care record showed the involvement of other agencies to ensure the decision made was in the person’s best interest.

People told us they had a choice of meals. One person said, “The food is good and we have a choice.” Another person told us, “The food is very nice; they ask you what you would like.” Staff told us that some people needed to be encouraged to eat and drink sufficient amounts. We found where concerns had been identified about how much people ate and drank; charts were in place to monitor this. People’s independence was supported because they had access to adapted cutlery and beakers. The cook was aware of what people liked to eat and meals that were suitable for individuals who required a special diet due to their health condition. We spoke with a visitor who said, “My [relative] is very well fed and they always have access to drinks.” People had access to drinks at all times and one person said, “We have plenty to drink.” Staff and the cook told us where necessary people had access to a speech and language therapist and a dietician to provide them with additional support when required.

People told us they had access to healthcare services when needed and staff confirmed this. One person told us they had been unwell recently and they saw their GP and had also been seen by an optician. During our inspection we saw the GP and district nurses in the home supporting people with their healthcare needs. The provider had links with two GP practices who visited the home each week. People also had access to an optician and chiropodist who regularly visited the home.

Requires improvement

Is the service caring?

Our findings

People were happy with the care and support they had received but were not always involved in planning it. One person said, "I don't get involved they just tell me what's best." Another person told us that a new member of staff had supported them with their personal care needs. They were not asked how they would like to be cared for and they said, "They were not thorough but I shall say something next time." Another person had their care needs reviewed by a health professional and they had instructed staff to use poetry to distract them when they became unsettled or distressed but the staff we spoke with were unaware of this. The manager was unable to explain why staff were not made aware of how to support this person to ensure their mental wellbeing. The manager and one staff member confirmed that people were not actively involved in planning their care but was unable to explain why. The manager said that this would be reviewed and action would be taken to ensure people's involvement.

One person told us, "The staff are kind and they look after me well." Another person said, "The staff have a lot of patience with you and I'm happy here." We spoke with a visitor who informed us that, "The staff are lovely." We saw that staff treated people with kindness and were sympathetic to their needs. We saw that a person had been sleeping for a while and a member of staff approached them and gently woke them and asked if they wanted a drink. They were patient in explaining what drinks and snacks were on offer. Staff assisted another person with their mobility and this was done in a supportive and caring manner. One person said, "I have been here a few years and they are good to me." One person told us about their health condition and said, "The staff keep me well." Another person said, "Staff are caring and respectful."

People told us that staff respected their privacy and dignity and we saw staff knock on doors before entering people's room. One person told us they had spent some time in hospital and staff had locked their bedroom door to ensure their personal items were safe and kept private whilst they were away. They said, "Staff talk to you with respect." They told us about the support they received with their personal care needs and said, "The staff do respect my privacy and dignity." Staff told us they did their best to preserve people's dignity while assisting them with their personal care needs. Staff were aware of the importance of ensuring people's privacy and dignity. They told us how they encouraged people to be independent in attending to their personal care needs and where support was required this done in a sympathetic and discreet manner.

Requires improvement

Is the service responsive?

Our findings

We spoke with three people and two visitors who told us they had never made a complaint and were unaware of how to make a complaint. However, they told us they would share any concerns they had with the provider. One visitor said their relative had raised concerns about items going missing from their bedroom. The manager was unaware of this concern and it had not been recorded to show what action the provider had taken to address this. The manager said complaints had not been managed appropriately and records had not been maintained to show what action had been taken to resolve them. The manager said action would be taken to ensure people know how to share their concerns and that future complaints would be responded to.

People told us they were not involved in the assessment of their needs but were unable to tell us the impact this had on them. The manager confirmed people's lack of involvement in their assessment. They said measures would be taken to ensure people and where appropriate relatives were involved in the future.

People's hobbies and interests had not been explored. We spoke with five people who told us they were bored. People told us about their past careers and the things they enjoyed doing. One person said, "There's very little to do." Another person told us, "I sit around all day and I'm bored." They told us they use to be a secretary and said, "It would be nice if I could help out in the office." They said they enjoyed shopping but they were not supported to do this. One staff told us they were unaware of people's interests and said, "Wouldn't you be bored here?" They said, "We are excellent with supporting people with their personal care needs but there isn't enough staff to support people to pursue their interests. We saw staff putting Christmas decorations up but saw that people were not encouraged to take part and one person told us they would have loved to have been involved. They said, "The staff are good and they put the Christmas trees up, I would like to have helped but they did it."

Requires improvement

Is the service well-led?

Our findings

The home has been without a registered manager for six months. The provider was in breach of the conditions of their registration under the Health and Social Care Act. The provider had recently appointed a manager who had been in post two weeks prior to our inspection. A staff member said not having a registered manager had an impact on the service regarding staffing levels, interaction with people and the awareness of their needs. Another staff member said this had an impact on how complaints were managed. People were aware of who the provider and the new manager was. One person said, "The manager and owner [provider] are very nice and you can talk to them." One staff member said, "The provider's heart is in the right place." The manager was aware of some of the shortfalls we found and had started to take action to address them. They had increased staffing levels during peak times of the day to ensure people were more adequately supported. Discussions with the manager confirmed they knew when to inform us of incidents that had occurred in the home and when to share concerns of abuse with the relevant agencies. The manager was aware of when to send us a statutory notification to tell us about important events which they are required to do by law.

People were not kept informed of changes to the service provision and this was because there was no consistent manager and infrequent meetings. One person told us they had never been asked if they were happy with the service. People were not always informed of changes in the home. One person said there had been an infectious outbreak in the home which the manager confirmed. They said their visitors had been restricted from visiting them but they had not been informed and were concerned why they had not received any visitors. The manager was unable to explain why the provider had not informed people about the visiting restrictions. The PIR showed that people were involved in running the home but did not say how. The manager was unable to tell us how people were supported to have a say about how the home was managed. One person said, "It is not necessary to have a say in the way the home is run because everything is done to my expectation."

People were not supported to maintain links with their local community. A visitor told us their relative did not have access to their local community and were reliant on their family to take them out. One staff member said people were not supported to maintain links with the community. Another staff said, "There's not a great deal of links with the community, people don't go out much."

People were not guaranteed to receive a safe and effective service because the provider did not have robust systems in place to monitor the quality of service provided. Systems were not in place to monitor or reduce the risk of accidents in the home and people remained at risk of further accidents. The manager acknowledged that complaints were not monitored to establish trends or to make improvements where needed. The provider did not have a system in place to ensure sufficient staffing levels were provided at all times. Systems were not in place to ensure staff received routine one to one sessions and staff felt unsupported. The manager acknowledged the shortfalls we found and assured us that action would be taken so people receive a more effective and safe service.