

Avery Homes Hanford Limited

Hanford Court Care Home

Inspection report

Bankhouse Road
Hanford
Stoke On Trent
Staffordshire
ST4 8EN

Date of inspection visit:
26 April 2017

Date of publication:
13 June 2017

Tel: 01782645140

Website: www.averyhealthcare.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

Hanford Court Care Home is a residential care home for up to 61 older people, some of who are living with dementia. At the time of our inspection there were 54 people living in the home. At the last inspection, in February 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. They 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 received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. There were lots of opportunities for them to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed peoples likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they received.

People and their relatives were included in developing the service and found the manager approachable. There were quality systems in place which were effective in continually developing the quality of the care that was provided to them.

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?

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

Hanford Court Care 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 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.

This comprehensive inspection took place on 26 April 2017 and was unannounced. It was completed by two inspectors and 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 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 used this information to help us to plan our inspection and come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with seven people who lived at the home to receive feedback on the care they received. We also observed the interaction between people and the staff who supported them throughout the inspection visit. We spoke with four people's relatives about their experience of the care that the people who lived at the home received.

We spoke with the registered manager, the regional manager, the deputy manager, three team leaders, four care staff, a wellbeing and leisure support member of staff and a member of staff who worked in the kitchen. We also spoke with two visiting healthcare professionals to understand their working relationship with the staff team in the home.

We reviewed care plans for five people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One person we spoke with said, "It is very good and I feel safe". Staff told us how they would report any concerns to their line manager. One member of staff said, "We keep people safe by documenting everything so we know if anything has changed. I would report it straight away; either to my managers or the local council team". Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

People told us that they felt safe when they were supported to move using equipment. One healthcare professional we spoke with said, "The staff are good with equipment. They are very competent and get in touch when they think someone needs to be re-assessed". We saw that other risks to people's health and wellbeing were also considered; for example, people used equipment to relieve pressure on their skin to ensure it did not become sore. Records that we reviewed showed that risk was assessed, actions were put in place to manage it and it was regularly reviewed.

There were enough staff to ensure that people's needs were met safely. One person said, "There certainly are enough staff around". Staffing levels were reviewed to meet people's needs. For example, one member of staff we spoke with said, "We now have one member of staff doing a twilight shift in the evening in response to the number of falls that were happening at that time of day". We saw that the provider followed recruitment procedures which included police checks and taking references to ensure that staff were safe to work with people.

Medicines were managed to ensure that people received them as prescribed. One person we spoke with said, "I have the medicines I need and it is recorded by staff". The provider had recently implemented an electronic system for the management and recording of people's medicines. Staff told us that they felt that this was a safer system because it alerted them if they had missed any administration of medicines. We discussed improvements that could be made to the system with the manager and these were put in place after the inspection visit. For example, when people take medicines 'as required' the system will ensure that staff have to agree to the guidance for each individual's administration before they give it to them.

Is the service effective?

Our findings

People were supported by staff who were skilled and knowledgeable. One person told us, "The staff are well trained and when new ones come they are soon trained too". Staff told us that the training and support they received assisted them to do their job well. One member of staff said, "I have done a train the trainer qualification so that I can support new staff to learn how to move people safely". Other staff described their induction training and how they were checked to ensure that they could support people properly.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People told us, and we observed, that staff assisted them to make their own decisions. One person said, "The staff always ask for my consent before doing anything". When people were unable to make their own decisions staff told us how they consulted with families and other professionals to ensure that their best interests were considered. When deprivations of liberty were necessary to protect people then the provider had ensured that there were DoLS in place in line with MCA legislation.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they needed. People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One health professional told us, "The staff comply with any advice I give them and get in touch whenever they have concerns".

Is the service caring?

Our findings

Positive, caring relationships were in place between people who lived at the home and the staff who supported them. One person we spoke with said, "The staff are all kind and polite. We have a laugh together as well". A relative told us, "The staff are always friendly and look after people so well. They have also got to know me as a carer and look out for me". We saw that staff knew people well and understood how to comfort them. They knew people's personal histories and could talk to them about their past careers and families.

People's choices were respected and followed. We saw that people were asked where they wanted to spend time, what meals they would like and whether they wanted to join in with activities. They were encouraged to be as independent as possible. One person we spoke with said, "I will take myself for a walk after my meal to make sure I keep fit".

Privacy and dignity was upheld and respected. One person we spoke with said, "The staff always knock on my door before entering". Another person told us that when they had a bereavement the manager arranged for the funeral to leave from the home so that they could be central to the occasion as the head of the family. People told us, and we saw, that their families could visit without restriction. One relative said, "We can visit whenever we want to and we are always welcomed. They are very good at staying in touch with us as well".

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their preferences. One relative told us, "Staff are very understanding and if my relative doesn't want to do something or receive care they will think of another way to approach it". One member of staff we spoke with said, "When new people come to live here we meet them to find out about their lives and the things they like to do. We plan support around this". We saw that records were maintained and regularly reviewed to ensure that staff had guidance to enable them to support people in the requested way. When people's care needs changed the plans were reviewed with them and their families. Staff met each other at the end of their shifts to ensure that all current information about people was given to the next staff who would support them.

There were a varied amount of activities available as well as opportunities for one to one interaction. One person told us, "There is so much to do here; they organise all sorts". We observed people playing games in small groups and others also had the opportunity to read a paper with staff or visit the hairdresser. The home had several rooms which enabled activities to take place in large or small groups as well as gardens which were adapted so that people could work in them.

People and their families knew how to make complaints and were confident that they would be listened to. One relative said, "I would be happy to complain if I needed to but I have never had to". One person said, "If I have a problem I tell them there and then and they always sort it out". The manager demonstrated to us that any complaints had been investigated and resolved according to the company's policy.

Is the service well-led?

Our findings

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 and their relatives knew the manager and found them approachable. We observed that the manager knew people well and could chat to them easily about their current wellbeing. They ensured that people had the opportunity to contribute to the development of the service through regular meetings and annual surveys.

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "I have been supported to do an acting up role and I was given a plan to help me settle into it when I first started". There were regular opportunities for them to share their ideas and any concerns; for example, through team meetings and one to one support sessions with line managers. Staff told us that they felt confident to whistleblow if they were concerned about any of the care or management within the home and they said that they would be listened to.

There were quality audits in place to measure the success of the service and to continue to develop it. We saw that these were effective and that there were plans in place as a consequence. One member of staff told us, "When one audit was completed it highlighted that there may be an issue with the medicines stock. So, we have been asked to introduce a daily stock check as added security". After the inspection visit the manager shared the full investigation with us which demonstrated the actions that they had taken to ensure that the service was safe.