

Hoar Cross Care Limited

Hoar Cross Nursing 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

About the service:

Hoar Cross Nursing Home is a residential and nursing home that was providing accommodation, nursing and personal care for up to 51 people. There were 40 people using the service at the time of the inspection. People had support needs such as a physical disability, those living with dementia or older people.

People's experience of using this service:

Leadership was visible and included staff in developing the service to ensure it was person-centred. People and relatives all felt the staff team and management were approachable. Consideration had been given to supporting people with their protected characteristics. Quality assurance systems were embedded and effective at analysing information and identifying areas to improve care for people and ensure it was personalised. The service was innovative at helping people to remain independent and used technology to support this.

People were supported by a sufficient amount of safely-recruited staff. Risks were assessed and planned for and people were kept safe by staff who knew their needs and who understood their safeguarding responsibilities. Medicines were managed and administered safely. People were protected from the risk of cross infection and lessons were learned when things had gone wrong.

Staff received training and support to be effective in supporting people, with additional training available in specialist areas for those who chose to. People had access to a range of other health professionals to keep them healthy and plans were in place for people's health needs. People enjoyed the food and had a range of choices. 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 kind and caring and people felt they were treated with dignity and respect. Staff knew people well and had good relationships with people. People were supported to be independent and relatives could visit whenever they wished.

People had personalised care which catered for their preferences. A range of activities and events were available for people to partake in. There was a complaints procedure in place and any complaints received were investigated and responded to. People were supported to have a dignified end of life and the service worked with other health professionals to support people.

The registered manager and management team were well thought of by people, relatives and staff. The previous rating was being displayed and notifications were submitted as required.

Recommendations:

- We have recommended review of previous version of mental capacity assessments.
- We have recommended the consideration of developing personalised end of life plans for people.

Rating at last inspection:

At the last inspection the service was rated Good overall (report published 21 October 2016).

Why we inspected:

This was a routine inspection planned on the last inspection rating.

Follow up:

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

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

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 

Hoar Cross Nursing Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector. There was also an Expert by Experience who spoke with people who used the service and their relatives. 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:

Hoar Cross Nursing 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.

The care home accommodates up to 51 in one adapted building. There were two floors where people's bedrooms were based.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced. The inspection site visit activity started on 16 April and ended on 17 April 2019.

What we did:

We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service.

We spoke with nine people who used the service, five relatives, three care staff, the two clinical leads, the registered manager and the area manager. We viewed four care files for people, some of which included daily notes and medicines records. We looked at documents relating the management of the service such as audits, meeting records and surveys. We also checked two staff recruitment files.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- There were enough staff to support people. However, there was some mixed feedback about staffing levels. Two different relatives both said, "I think there is enough staff."
- Our observations showed there were enough staff so people did not have to wait long for support. The registered manager explained they had been aware of some feedback that some people and relatives felt there were not always enough staff and had undertaken a review of this to be discussed with the provider.
- Staff were recruited safely as there were appropriate checks on their suitability to support people who used the service, prior to them starting work.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse by staff who understood their safeguarding responsibilities. People told us they felt safe, one person said, "There are always people around to keep an eye. The staff behave themselves. I haven't got any bruises." Another person said, "It's safe here as the staff are very caring."
- All staff we spoke with understood the different types of abuse, knew how to recognise the signs of potential abuse and how to report concerns.
- Systems were in place to ensure concerns were reported to the local safeguarding authority when necessary.

Assessing risk, safety monitoring and management

- People's needs were assessed and planned for to keep them safe. People confirmed that staff supported them appropriately to manage risks to their health and wellbeing. One person said, "Staff have chatted with me about how to keep me safe. It's their job and they carry it out." Another person said, "I've had no falls here. I only use my walker to go to the toilet and with staff assistance. Before, staff used a hoist and knew how to lift me."
- We observed appropriate moving and handling and use of equipment to keep people safe. Risk assessments and guidance was in place to help guide staff how to support people. For example, in relation to pressure areas, bedrails, moving and handling and people's nutritional needs.

Using medicines safely

- People received their medicines as prescribed and they were managed safely, people's feedback confirmed this. One person said, "The nurses give me my medicines regularly. I get help to take them as sometimes my fingers can't manage it." Another person said, "I know I get eyedrops and paracetamol for pain. I get other medicines as well. No problem."
- Some medicine was taken 'as and when required', known as PRN medicines. There was guidance for staff to follow to help identify when this medicine might be needed.

- Medicines were stored appropriately, in a locked room and trolley when not in use, and checks were made to ensure the temperature remained appropriate. Stock levels matched records which meant people were getting their medicines as prescribed.

Preventing and controlling infection

- People were protected from the risk of cross infection. The home was clean, tidy and odour-free.
- One person said, "I get my room kept clean. The bedlinen is changed and the laundry is good."
- We observed staff wearing personal protective equipment (PPE) when necessary and saw domestic staff cleaning throughout our visit.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. There were regular audits of incidents such as falls and medicines errors. This considered the themes of incidents and any trends identified. Action was taken to reduce the likelihood of similar incidents occurring to help keep people safe.

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.

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 were assessed prior to moving into Hoar Cross Nursing Home and plans were put in place to support people with their health needs. One person said, "They discussed my safety when I came and wrote it down."
- Some people had health conditions that staff would have to react quickly to if they showed signs of becoming unwell. Plans were in place giving staff guidance and staff knew signs and symptoms to be able to monitor health conditions and keep people safe.

Staff support: induction, training, skills and experience

- Staff received training and support to be effective in their role. People told us they felt that staff knew what they were doing. One person said, "What staff are doing is excellent." Another person commented, "Oh yes, staff are quite good. Some are better than others. They do get training."
- Staff confirmed they received an induction when they first started and ongoing training. One staff member said, "I had an induction, I worked with a senior shadowing and then doing e-learning, it was enough. They came and asked us if it was enough."
- Staff understood their role and records confirmed staff had received training, and this was up to date. Staff also confirmed they could ask for extra training if they wanted it. Staff who were designated 'champions' received additional training to become more knowledgeable in a certain area, such as end of life care, nutrition and hydration and dementia. Staff told us this was useful. One staff member said, "They [the 'champion'] specialise in that area. If I had an issue or question, they would be the ones I'd go to."

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

- People were supported to have a nutritious and appropriate diet of their choice. One person said, "The food and drink is very good I get a menu. I get asked what I like and get enough. I'm asked if I'd like more. I can eat what I want." Another person said, "The food is nice." A relative told us, "The food is excellent. My relative eats very well and has put on weight."
- We observed staff offering people choices during lunch time and throughout the day. Menus were available, and we saw staff showing people plates of food so they could make an informed choice about their meal.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to health professionals to remain healthy. One person said, "They [staff] do keep in touch with the doctor all the time. I go to hospital regularly. My relative or the home takes me." Another person said, "The doctor comes here occasionally. I went to the hospital a few weeks ago for a check. Staff

took me."

- A GP visited regularly and there had been multi-disciplinary team meetings. The service also had support from a local hospice to support those nearing the end of their life, when needed.

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

- The building was suitable for the needs of those living there. There were wide corridors to allow people to walk or use equipment to move around the home.
- There was dementia-friendly signage to help people navigate the home and there were measures in place to reduce the risk of people using the stairs unaccompanied which may pose a risk to some people.
- Equipment was available for people who needed it and we saw this being suitably used.
- There were plans to refresh some of the décor. Unoccupied rooms were being re-decorated whilst they were readily available. There were further plans to develop the layout of the home in future.

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were supported in line with the MCA and had their rights protected. People told us staff asked for their consent before supporting them. Appropriate DoLS applications were made.
- People had their capacity assessed to gauge whether they could make specific decisions. The computer system where capacity assessments were recorded had recently been changed. The new version of the assessment was clearer than the previous assessment.
- We recommend assessments carried out on the previous versions are reviewed to ensure they cover the main principles of the MCA.

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.

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 were treated with respect and consideration had been given to people's diverse needs.
- One person told us, "I suppose the staff are attentive and some are pleasant. I get on with quite a few. I would say they are caring." Another person said, "Staff are kind and patient."
- A relative said, "There is more support and respect than you could imagine. They [staff] support me more than [relative's name], they've gone above and beyond by a long shot." Another relative said, "The quality and kindness you can't fault. The carers are lovely to residents, they make us feel like a family as well."
- People's diverse needs were considered. If people practised a religion, this was supported. One person said, "I'm a Christian and we will have a service this Sunday. I've had communion twice. The priest comes every six weeks." Another person said, "I'm a Roman Catholic. They hold a service here."

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

- People were supported to express their views and make decisions about their care. One person said, "In the mornings I buzz and staff know I'm ready to get up. They ask me what clothes I'd like to wear." Another person told us, "I have pain and tell the staff. I tell them how much painkiller I need and generally speaking they are quite good at listening to my needs."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and independence and were treated with dignity. One person said, "I like my door open. Staff still knock before coming in. Staff help me to the toilet and close the door so that it is private."
- Other comments included, "They (staff) always knock on the door and come to help me get dressed. Then they shut the door and curtains" and, "I feel respected by all staff."
- The service helped people to remain independent. For example, one person would physically struggle to put their television or radio on or to summon assistance from staff. The service bought a speaker that was voice activated so the person could independently turn on their television, music or to ring a buzzer.
- A person who lived at the home told us, "I can do a bit of everything. I can eat myself and partly dress. I go to the bath with a walker. If I don't use it, I'll lose it."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care that was personalised and met their needs in a way they liked and people had a care plan to guide staff. One person said, "I have a care plan. I have an appointed person who looks after my needs from the home. I am happy with my care." Other comments included, "The carers help me shower and wash my hair. We have great fun" and, "Staff treat me properly."
- Staff knew people well and people had plans that detailed how they liked to be supported. People had a choice of staff who supported them; one person said, "I prefer a lady carer for personal care and have that respected."
- People had the option to engage in a range of activities of their choice. One person said, "I'm going down to the lounge more now. I listened to talks and went in the garden. The carers stop for five minutes and have a chat. They are so busy. I don't get lonely. In my room I do puzzles and read." Another person told us, "I go out with my family and with friends and join in activities here. Especially singing." Other comments included, "I join in making things and painting. Occasionally I go in the garden" and, "I join in and enjoy. I don't get bored at all."
- There were three activity staff who supported people to engage in activities, with generally seven-day cover. We observed people partaking in group and individual hobbies, such as a quiz and reading magazines and newspapers. Relatives told us about things such as flower arranging, baking and making cards.
- Technology had been used innovatively to improve care to people and increase contact with relatives. The use of a voice activated speaker to help a person keep their independence had been effective and the person felt positively about this. The person said, "It [the voice-activated speaker] is very useful. I'd give it 10/10. Staff understand how useful it is to me. The home bought it for me." A social media page was in use to communicate with relatives about events and activities taking place at the service so they could keep up to date.
- Some people may need support with their communication, as they may not always have been able to verbally communicate. All staff knew of tools available in the home, such as pictorial cards to help people convey what they wanted. A member of staff told us about a person that preferred words to pictures, so they were developing a word booklet for them. The staff member said, "One person struggles to get words out. Me and the activities coordinator are designing them a que card booklet. We took a picture one [to show them] but they didn't quite like it, they were thrilled at the idea [of a word booklet]. So, we'll be developing one of those as they are more of a word person." This meant the service was complying with the Accessible Information Standard, which ensures people are supported to communicate and receive information in a way that suits them.

Improving care quality in response to complaints or concerns

- The service responded to complaints and made improvements to the service based on people's feedback.
- People told us they felt their feedback was listened to. One person said, "A long time ago I complained

about the noise from another room. It was sorted out. I met the manager." Another person told us, "I haven't complained but I have given advice and it was listened to."

● Other people and relatives told us they knew how to and felt able to raise concerns and complain. One person said, "I'd talk to the [registered] manager and they would listen." Another person told us, "I'd talk to the staff if I had a worry and without hesitation."

● Complaints were recorded, investigated and responded to. The registered manager also undertook an analysis of these to try and identify any trends or areas for improvements. There was also an appropriate policy in place.

End of life care and support

● People were supported to have a dignified death. Some people were nearing the end of their life at the time of our inspection. Some of those people did not have a detailed written plan in place regarding their end of life wishes. A professional we spoke with said, "Their advanced care plans were substantial enough, but they could make them more personalised and ensure wishes are known; such as spiritual support, music, clothes and what people want at the end." Having a written plan meant staff would have consistent guidance to support people.

● We recommend that the service seek advice and guidance from a reputable source, about the development of personalised end of life care plans.

● Despite this, one relative said, "For an awful situation, it [the home] has lifted our spirits really." The relative explained they had been offered the opportunity to discuss end of life wishes, although they had not chosen to complete any paperwork, but they explained they discussed it regularly with the registered manager and the deputy clinical lead.

● There were multiple compliment cards from families who had lost a loved one whilst being supported by the service. One recent compliment said, "[Relative] is now at peace and you made her journey so much more bearable. We can't thank you enough."

● Some staff were 'champions', this meant they had additional training in a specific area. There was an 'end of life champion' who was completing extra training to be able to support people nearing the end of their life and guide staff.

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.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a clear open and person-centred culture within the service. People and relatives all told us they found the staff to be approachable, at all levels, from care staff to the nurses, clinical leads and registered manager. One relative said, "The staff themselves make this place, the ambience is beyond belief." They went on to say, "Being here, it's like having an extended family now."
- Staff were motivated and proud of the service. All staff we spoke with consistently knew people well and felt they worked well as a team. One staff member said, "[We have] teamwork, it's comes from the [registered] manager but we all work together." Another staff member said, "We're a pretty good team, we crack on together. We work together as a home, not just as carers." They went on to say, "We just do it. Even when [registered manager] is not here we work together."
- Interactions between people, relatives and staff, including the management team, were all warm and positive and they clearly knew each other.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● All staff we spoke with understood their differing roles and how they worked together to support people. There were high levels of satisfaction across all staff. A relative told us, when we asked them how well they thought the home was run said, "[The home is run] amazingly well. I congratulated the registered manager on it the other day. This place is driven from the top and driven right. It's done with humour, love, humility." A member of staff said, "We all know what we're doing, it's [the home] clean, tidy and friendly. We know our roles and who we can go to."

- Governance was well-embedded into the running of the service. There was a clear quality assurance system in place which held staff to account. The registered manager did monthly audits to discuss the performance of the service with the provider. A full quarterly audit was also undertaken to review patterns and ensure action was taken in response to complaints and safeguarding concerns. The provider also carried out checks on these. Quality assurance was seen as a key responsibility and led to quality improvements to the service, such as ensuring medicine errors did not re-occur and lessons were learned.
- The previous rating was being displayed in the home and on the provider's website as required by law. Notifications were also submitted about important events as required by law.

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

- The service had extensively considered how they could support people with their protected

characteristics, such as gender, age, sexuality and religion. The registered manager said, "It [people's sexuality] does have an impact on care. We recognise how important it is. We need to personalise care for everything for residents."

- It had been acknowledged that conversations with people about their sexuality could feel awkward for staff. Different questions were available in the assessments paperwork to enable staff to ask questions in a different way to avoid such a direct question. Information was given to staff to assist their understanding of how to recognise and support people who identify as lesbian, gay, bisexual and trans-gender (LGBT). Consideration had been given to national studies and guidance about supporting people to use services who identify as LGBT to ensure best practice was being followed.
- People were supported to practice their religion and supported to attend religious services if they chose.
- The service also worked with a relative who collected clothes for a homeless charity. The relative told us how successful it had been and how much it meant to them.

Continuous learning and improving care

- Staff had continued to improve their learning to improve care. Staff were supported to develop their skills to be more effective in their role and feel more appreciated. One staff member said, "[The registered manager has] been great; if you need support they support you and gives you a push. The manager pushed me to do my level five training [nationally recognised qualification]. It's made me feel really good, to be fair. It's been a battle but I know if I needed support it would be there."
- There were designated staff who were 'champions' who specialised in certain areas. All staff we spoke with were aware of these and knew who to go to for additional support. The registered manager explained, "Once the roles have developed they [the staff] will have specific responsibilities to audit and check things and they will feed into the [provider oversight] board and performance data. This will enhance knowledge of individual staff members, which helps with retention and therefore help with care."
- There was reflective practice in use to learn from difficult incidents to see if anything could have been done differently and to reduce the likelihood of a reoccurrence.
- The service had recently been awarded a 'Gold Standard' award from 'Investors in People' which is a nationally recognised accreditation scheme with the aim to 'lead, support and manage people well for sustainable results'. A relative told us, "They've got a gold award. It's all down to the manager." The service had been awarded this and their aim was, "To exceed the expectations and needs of our residents with exemplary care provided by a dedicated team of fully qualified and professional staff, with the emphasis on dignity and respect."

Working in partnership with others

- The service worked in partnership with other organisations and other local groups. The service liaised with a local specialist hospice to improve end of life care to ensure people had a dignified and pain-free death. A health professional we spoke with confirmed the service was, "Very positive. The clinical leads were supportive [of the scheme]" and they went on to confirm the GP visited regularly.
- The service was seen as an important part of the community. It had developed links with the community and there was a 'League of Friends' organisation that would get involved with events, such as annual summer fayres. The organisation was made up of current and past relatives, neighbours and some staff.
- The registered manager would attend local council meetings, they said, "It's good to know what is going on in the locality." Local schools would also visit making connections between different generations and the local community.