

Maria Mallaband Limited

Hope Green Residential Home

Inspection report

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Date of inspection visit:
04 February 2019

Date of publication:
27 February 2019

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:

Hope Green is a residential care home that is registered to provide personal care for up to 54 people. Accommodation is provided in an adapted building over two floors. There are numerous lounges and dining rooms for people to use within the building. People also have access to secure outdoor space. At the time of our inspection there were 50 people living in the home.

People's experience of using this service:

People and their relatives spoke highly of the staff and manager. They spoke of receiving high quality care from staff that were kind, friendly and knew them well. Relatives spoke of staff being approachable and keeping them informed of changes to their relative's care.

People and their relatives felt that they received safe care. They received their medication at times they needed this and by staff who were trained to administer this safely.

There were sufficient staff to meet the needs of the people living in the service. Staff spoke of having time to sit and chat with people and get to know them.

Recruitment was managed safely. The necessary checks were completed prior to staff starting work. Staff received inductions when they started work and received ongoing training and support and supervision in order to maintain and develop their skills and knowledge.

The home was clean and well maintained. Regular checks were completed on equipment to ensure safety and staff had access to personal protective equipment to reduce risks of infection control.

The registered provider was acting within the principles of the Mental Capacity Act 2005. Where necessary, people's capacity was assessed and decisions were taken and recorded in people's best interests looking at the least restrictive options.

People's health needs were effectively assessed and monitored. Where people needed access to other health professionals, referrals were completed and advice recorded.

People were encouraged to take part in a variety of activities and their choices and preferences were respected.

People knew how to complain and were confident that their concerns would be listened to and acted upon.

We received positive comments about the registered manager and staff and how the home was run overall. The registered manager spoke with us about future improvements in the home and we saw what improvements had already been put in place.

More information is in the full report below.

Rating at last inspection: Good (Report published 6 August 2016).

Why we inspected: This was a planned comprehensive inspection based on the ratings at the last inspection.

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?

Good ●

The service remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our Safe findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our Safe findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Safe findings below.

Hope Green Residential 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 completed by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has experience of using this type of service.

Service and service type: Hope Green is a care home. People in care homes receive accommodation and nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at on this inspection. The service had a manager registered with the Care Quality Commission. This means that 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: This inspection was unannounced.

What we did:

Before the inspection, we looked at the Provider Information Return, which includes information from the provider about how the service is run and where they will make improvements. We also looked at notifications received from the home, which tell us how events that happen in the home are dealt with by the service deal. We also requested feedback from the local authority. We used this information to populate

our planning tool. This helps us plan how our inspection should be carried out.

During the inspection, we spoke to nine people, five relatives and seven members of staff. This included the registered manager, the Quality and Compliance Manager, the chef, activities co-ordinator, a member of domestic staff and two care staff. We also spoke with one healthcare professional. We completed general observations around the home and completed a SOFI (Short Observational Framework for Inspectors). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We looked at four care plans, staff files, medicine administration processes, complaints and other records relevant to the quality monitoring of the service.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted harm and what action to take if they saw any incidents of concern. One person told us, "I feel safe at night as the staff keep a good eye on you and check each room regularly".
- The registered manager appropriately reported any safeguarding concerns to the local authority and CQC as required.

Assessing risk, safety monitoring and management

- Risks to people were managed safely. Risk assessments were clear and contained information for staff about potential risks and what steps to take to minimise these risks. They were regularly reviewed.
- The environment and equipment were well maintained and checked regularly. Safety checks and audits were in place and the service had appropriate safety certificates for utilities within the home.
- Personal emergency evacuation plans were in place to provide guidance to staff in the event of a fire and regular fire drills took place. The home had an up to date business continuity plan for staff to follow in the event of any emergency.

Staffing and recruitment

- Recruitment was safely managed. All the necessary pre-recruitment checks were carried out and recorded to check staff were appropriately qualified and fit to work with vulnerable people.
- There were sufficient numbers of staff to provide safe, consistent care that met the needs of the people living in the home. Minutes of staff meetings evidenced that staff had been reminded of the importance of answering these quickly. Other comments included, "There is always someone around" and "I can speak to staff if I want something and they listen".

Using medicines safely

- Staff administering medication were trained and underwent checks on a regular basis to ensure they knew how to administer medication safely. Where any errors occurred, staff would be retrained and their competence checked before administering medication again. People told us, "If I need pain relief, I can ask for it" and "I get my tablets every day, they don't forget to give me them".
- Medications were stored safely and we saw from records that people received their medication at the prescribed times. The registered manager completed regular audits to monitor medicine procedures and identify any areas for improvement.

Preventing and controlling infection

- The environment was clean and well-maintained. Staff had clear schedules to follow to maintain standards of cleanliness.
- Staff received training in infection control and we saw them wearing appropriate protective equipment during our inspection.
- The provider carried out regular checks and audits to see that effective infection control measures were safely followed.

Learning lessons when things go wrong

- All accidents and incidents in the home were clearly recorded along with the action taken.
- These were analysed monthly by the registered manager to look for trends. Records showed where patterns were seen, action was taken to see if lessons could be learnt or additional action needed to be taken.
- Where there was learning for staff, the registered manager carried out reflective practice sessions with staff members.

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's support needs and choices were recorded before entering the home. These were reviewed on a regular basis. Staff were aware of people's needs and the relevant guidance that needed to be followed to keep people safe. People told us, "The staff know me well" and "The staff are nice and treat me well". Relatives told us, "The staff know what they are doing and work well together" and "We are always aware of what's going on, they will ring if there are any concerns".

Staff support: induction, training, skills and experience

- Staff received an induction when starting with the service and received ongoing training, supervision and appraisals to support them in their roles. Records confirmed that training and supervision was happening on a regular basis.
- Staff were encouraged and supported to do additional training and a number of staff went on to more qualified roles as a result.

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

- People were offered a choice of meals every day. We saw on two occasions that people did not like the choice on offer and were provided with an alternative meal.
- Kitchen staff had clear guidance on people's special dietary needs and allergies. The chef was new in post and was currently reviewing and amending the menus as they had identified areas for improvement.

Staff working with other agencies to provide consistent, effective, timely care

- People received care and support in a safe, effective and timely manner.
- Staff worked with other agencies to provide support to people. For instance, one person had been referred and assessed by the Speech and Language Team (SALT) due to swallowing difficulties. Guidance from SALT was clear in the person's care plan and this was being followed.

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

- The home had different areas where people could choose to spend their time. Rooms were personalised and there was pictorial signage around the home to help people orientate themselves independently.
- The home had recently changed one corridor because of one person who missed their own front door. The

corridor now resembled a street with individual front doors, plastic hanging baskets and wall transfers of lampposts and letterboxes.

- The registered manager had plans to change other areas of the home to make this more accessible for people living with dementia. They had an action plan in place to achieve this.

Supporting people to live healthier lives, access healthcare services and support

- Changes to people's health or wellbeing were recorded and appropriate referrals were made to healthcare professionals. Care records contained information about other healthcare visits in order that staff were aware of the outcomes of these visits.

- We spoke with one healthcare professional who advised that staff in the service referred appropriately and the care plans they reviewed were good.

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, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible. Where necessary, mental capacity assessments were completed and best interest decisions involving the necessary representatives and professionals.

- Paperwork in relation to MCA and DoLS was clear and could see this was appropriately completed and where DoLS conditions were in place, these were being followed.

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; equality and diversity

- People were treated with care, kindness and compassion. Feedback from people confirmed this. People told us, "Staff have time for me and make me feel special" and "When the staff haven't seen you for a while, they are genuinely pleased to see you".
- Relatives told us that people received a good level of care and felt staff knew their loved ones. They told us, "The staff are approachable and care which is good to know and makes me feel that we did the right thing moving [relative] here" and "It's good to see [relative] happy and smiling".
- People's needs were assessed and identified prior to moving into the home. Protected characteristics (such as age, gender, disability, cultural and religious support needs) were identified. We saw some people wanted to continue to practise their religion and this was supported as the home had links to two local churches.

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

- People were supported to make choices about their care and given choice on a daily basis. People told us, "I'm involved in the care I receive. I am given choices, I'm not told what to do" and "I do not feel restricted, I can choose where I want to sit".
- Staff were familiar with people's individual needs and could tell us small details about individuals' preferences within the home.
- People were supported to maintain relationships and relatives were welcomed into the home. One relative told us, "There are no restrictions, you can visit when you want".
- People who did not have any family or friends to represent them could request an advocate and information was contained in the home about these services.

Respecting and promoting people's privacy, dignity and independence

- Staff were clear on the need to respect people's privacy and dignity, they spoke about not speaking in public places about people, knocking on doors and calling people by the preferred name.
- People were supported to retain as much independence as possible. For instance, someone could with encouragement still wash and dress themselves, but staff needed to monitor and offer assistance if the person was not feeling as strong on particular days.
- People's information was kept confidentially in locked cupboards within the care offices.

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

- Care plans were personalised and reflected the needs of the individual. They included details of the person's history as well as their preferences. For instance, one care plan stated someone liked a glass of water by their bed at night. All the plans we looked at were well maintained and were up to date and reviewed regularly.
- Any additional monitoring sheets for instance for food or pressure care were fully completed and up to date.
- People had access to a variety of activities and these were advertised around the home. We spoke with the registered manager as the activities information was not easy to read.
- Staff understood the Accessible Information Standard. People's communication needs were clearly assessed and highlighted in care plans.
- We saw evidence that the identified information and communication needs were met for individuals. For instance, care plans highlighted when staff needed to speak slowly or in short sentences if people had communication difficulties. The registered manager had produced a communication box to assist staff with communication containing cue cards and a large print Bible which one person requested.

Improving care quality in response to complaints or concerns

- There was a complaints policy and people were familiar with this and knew how to complain.. People told us, "I go to the manager and they action it" and "The manager listens and actions any complaints or concerns".
- We saw complaints that had been received into the service, had been dealt with appropriately and outcomes were clearly recorded.

End of life care and support

- People's end of life wishes were recorded in their care plans and some staff had received training in end of life care. The registered manager had arranged more training for staff in this area.
- There was no-one at the end of their life at the time of our inspection. We saw several thank you cards received by the service from relatives thanking staff for the care and compassion they had provided to their loved ones at the end of their life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems and processes were in place to ensure the care was safe, effective and responsive to people's needs.
- The registered manager and provider had a good oversight of the care provided. Regular audits were completed and regular reports were submitted to the provider and quality visits were completed by the provider each month. We saw where any improvements were identified that these were actioned in a timely manner.

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

- The service was well run. We received positive feedback from people about the manager and how the home was run. People told us, "The manager is nice and cares" and "There is a good atmosphere here if I have any problems, the manager is approachable and concerns are addressed".
- Staff were equally positive about how the home was run and how the manager had made improvements. They told us, "[Manager] is brilliant, absolutely brilliant, they have made us all relax and they have made this a home" and "They are so fair and has so much time for everyone".

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

- Regular meetings were held for people who lived at the home and relatives and they had the opportunity to feedback their views. The registered manager also operated an open door policy and we saw that relatives and residents frequently popped in to see the manager during our inspection.
- Surveys were carried out annually by an independent company. The results for the most recent survey were not available, however we saw that several compliments had been received into the home praising the manager and staff team for the care provided.

Continuous learning and improving care

- The registered manager held regular meetings with all staff and these began with a quiz or question for staff to test their knowledge of policies and procedures.

- The registered manager was continuously looking to improve the service and spoke of areas that they wanted to improve, such as the environment in the home. Staff felt that could make suggestions and they were taken on board. They told us, "Since [name] has come here, they listened to us from the start and made the changes we asked for" and "They listen and do what we have suggested".

Working in partnership with others

- The registered manager had made links with the local schools and there were plans in place for children to regularly visit the home after a successful visit last year. They had also approached local businesses and colleges to develop links to make future improvements in the home.