

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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 8 September 2016 and was unannounced. Hoar Cross Hall Nursing Home provides personal and nursing care for up to 51 people. There were 42 people living in the home on the day of our inspection visit.

The service had 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.

People were being supported to make decisions about their care and support; although capacity assessments had not always been completed to ensure people could not make some decisions themselves. Where people had restrictions placed upon them, these had been identified and applications had been made to ensure these restrictions were lawful.

People received their medicines at the right time and systems were in place to ensure medicines were managed safely. Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed.

There was suitable staffing to meet the support needs of people and the trained staff understood their role and how to support people safely. The staff received support from their manager to enable them to identify personal development opportunities and to raise any concerns they had.

People were encouraged and supported to eat and drink and there was a varied daily choice of meals. People's special dietary requirements were met and where concerns were identified, people's weight was monitored. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the home and the community. The activities were varied and organised to meet the interests of people who used the service. People felt well looked after and supported and had developed good relationships with staff.

People also said they felt listened to and any concerns or issues they raised were addressed. Quality assurance reviews were completed to measure and monitor the standard of the service and drive improvement.

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 was safe.

People felt safe and were confident the staff knew how to protect them from abuse and knew what to do if they suspected it had taken place. Staffing numbers were sufficient to ensure people received a safe level of care and systems were in place to ensure staff were suitable to work within the care sector. Medicines were stored ordered, administered in a safe manner.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were asked how they preferred to receive their care although where people no longer had capacity; assessments had not been completed to demonstrate whether the person could make care decisions for themselves. Staff had a good understanding of people's care and health needs and had received specific training to meet individual needs. People made decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Is the service caring?

Good ●

The service was caring.

People felt well cared for and their privacy was respected. People were treated with dignity and respect by kind and friendly staff and were encouraged to maintain their independence. Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good ●

The service was responsive.

People took part in a range of recreational activities both in the service and the community and these were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them. People were able to raise any concern they had and were confident that this would be acted upon.

Is the service well-led?

Good ●

The service was well-led.

People and staff felt the service was managed well and that the registered manager was approachable and listened to their views. Quality assurance systems were in place to monitor the service and to help improve standards of service. Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Hoar Cross Nursing 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 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 visit took place on 8 September 2016 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. The expert had experience of supporting elderly people who were living with dementia.

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. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with eight people who used the service, six relatives, nine members of staff, the registered manager and the provider. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service. We did this to gain people's views about the care and to check that the required standards were being met.

We looked at the care records for three people to see if they accurately reflected the care people received. We also reviewed records relating to the management of the home including quality checks and recruitment records.

Is the service safe?

Our findings

People felt safe and staff made them feel comfortable. One person told us, "I don't have any concerns. The staff know what they are doing and do everything they can for me." One relative told us, "Another relative stayed here and we were so impressed that when [person who used the service] needed support, this was the only home we would consider." People told us they were provided with a call bell to summon support if they needed this. One person told us, "The buzzer is always put by my chair and it is pinned on to my blanket. They couldn't do more." Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

Risks for people were identified and people were supported to stay healthy and well. We saw where people needed assistance to move, this was done with compassion and staff ensured that people were correctly positioned before moving. For example, one person needed support to rise from their chair and use a walking frame. We saw the staff ensured the equipment was placed in front of them and their feet were correctly positioned on the floor. The person was given the time they needed to maintain their independence and rise unaided. A member of staff told us, "We have staff who work here that deliver our training. This is so much better as it's not just about theory, it's about people and we can make sure we are using the right technique and equipment for that person." People's care records had a number of risk assessments completed which were specific to their needs. The assessments outlined the benefits of the activity, the associated hazards which meant that staff knew what measures could be taken to reduce or eliminate the risk.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare.

Staffing levels were monitored to ensure there were sufficient numbers of staff to meet the needs of people and to ensure their safety. We saw in communal areas, staff were present and did not leave people unaccompanied. One person told us, "Whatever you want, the staff are there. We are lucky to have such caring staff. They are a godsend." Another person told us, "They are remarkably well trained and they accomplish things in the minimum amount of time. I never feel rushed." One member of staff told us, "Not everyone can call for assistance so we need to make sure we are around and can be there when we are needed. There is enough staff on duty so we can be in the lounge and give people the one to one support they need." Another member of staff told us, "One of our strengths here is that we are like one big family and we all work well together in a team. We talk with each other and give each other support. People feel the benefit of this because it means they can a really good quality service." The registered manager told us, "We have reviewed the management arrangements and now have an assistant and clinical leads who support the staff team. The staff team work in different areas to ensure there is always staff available." Staff absences were generally covered by the existing team of staff. Agency staff were used when required to cover nursing staff vacancies. To ensure consistency the same agency staff worked in the home. One member of staff told us, "It's not often we use agency staff, but when we do, it tends to be the same staff, so they can support the

team and know the people here."

Staff were recruited in line with safe practice to ensure they were suitable to work with people. One member of staff told us, "I had to have my references and police checks before I started working here. From the interview I knew what to expect here and I haven't been disappointed." We saw employment histories had been checked, suitable references obtained and appropriate checks were undertaken for new staff who began to work in the service.

People received their medicines at the right time and we saw they were supported to take their medicines. One person liked to take their medicines after their meal and we saw the staff waited until they had finished before their tablets were offered. They told us, "They don't like to be interrupted and we respect that. We all know that they prefer their tablets before or after their meal but not during it and this is what we do." The registered nurses were responsible for the ordering, administration and monitoring of medicines. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. We saw these audits meant that the system for medicine administration worked effectively and any issues had been identified and addressed.

Is the service effective?

Our findings

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.

Some people lacked capacity and the registered manager had identified that some people may have their liberty restricted or needed support to make important decisions. 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. We saw applications had been made for people to deprive them of their liberty although capacity assessments had not been completed to identify if people could make these decisions themselves. One member of staff told us, "We saw that some people were no longer safe and we wanted to act in their best interests and make sure they were safe and looked after." The staff had received training for MCA and DoLS but had not understood how to implement this. A deprivation of liberty can only occur where someone lacks capacity and therefore this needs to be assessed prior to any application and does not apply where people have capacity.

We saw people were supported to make decisions about their care and support and were offered choices and staff gained their consent before providing care. We saw people were asked where they would like to sit or how they wanted to spend their time. Where people needed health care, they were asked whether if they wanted support during any appointment or could receive care in private or with family present. One person told us, "They always ask permission before doing anything." Another person told us, "I never feel rushed. The staff are very patient and give me time to make up my mind." One member of staff told us, "Most people can tell us what they want, but some people have their own way of communicating and letting us know what they want. We have to look and listen and give people time."

People were supported by staff who had received training to meet their identified needs. When new staff started working in the service they completed an induction and worked alongside experienced members of staff until they were assessed as competent to work unsupervised. One member of staff told us, "The staff were very supportive and helped you to settle in. I got all the support I needed so I could start working on my own." Arrangements were in place to enable staff to complete the care certificate. The care certificate is a national training programme which sets out the learning, competencies and standards of care that staff should meet to ensure they provide, safe, effective, compassionate which is responsive to people's needs.

People benefitted from receiving support from staff who received professional development to assist them to develop in their roles. There were arrangements in place to discuss staff's wellbeing, performance and their personal development during supervision sessions. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. One member of staff told us, "We get all the support we need. We are very fortunate here. We have a lot of support from each

other and the manager. If we think we need anything extra then we only have to say and it's done." Another member of staff told us, "We do the moving and handling training in the home. We are having more staff trained to do this to make sure all the staff can receive regular training and have regular checks for their competency. This will mean everybody gets checked more often and we get everything right within the team."

People had a choice of food to eat and drinks. Staff were aware of people's dietary requirements and specific preferences were recorded. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Meal times were flexible and we saw one person eating breakfast at lunch time as they had chosen to stay in bed that morning.

We observed lunch being served and saw it was relaxed atmosphere and people were considerably supported to move to the dining areas or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people wanted support and extra food or drinks. One person told us "I have a choice alright, I wanted soup but not the thick kind and the cook said 'would you like some tinned soup instead?'" People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. People were generally complimentary about the meals served and told us, "They top up my drinks for me I don't have to ask." "The portions are big but I eat it. I enjoy it as much as I can." People's weight was regularly monitored and where concerns were identified, people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties.

People were supported to access health care services including their GP, occupational therapist and chiropodists. People told us they also received nursing care from staff within the home to meet their needs. One person told us, "The staff can always tell if I'm not very well and get help for me. I tell my family when I want to go the doctors and they come with me. I prefer it that way." Staff confirmed that where they had concerns the nursing staff were available to provide advice or initial care. One member of staff told us, "The nursing staff are very supportive, if we want support or advice, they are always happy to help."

Is the service caring?

Our findings

People were supported with kindness and compassion and told us they had developed good relationships with staff who supported them. One person told us, "They know me as well as my family and make everyone feel so welcome. My family don't feel like guests when they visit; they just feel at home." We saw when people were supported to move around the home, the staff sat with the person for some time and checked on their welfare. They asked if they wanted a drink before they left and we saw one member of staff chatted about the headlines in the daily newspaper. One person told us, "They always make sure we are well are we aren't rushed. They make us feel very special." Another person told us, "They were ever so kind. If you are cold they will bring a wrap or if you are in bed they will bring you anything you want."

People could choose which area of the home to sit in and we saw one person asked if an armchair could be moved from the right hand side of the lounge to in front of the television. When two members of staff were present they moved furniture around so the person could sit comfortably in front of the television as requested. One person told us, "Nothing is too much trouble." Another person told us, "Just everything they do is kind and considerate. Everyone speaks to you, everyone, the cleaners, everyone will help you."

People told us they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "When I have to go to the bathroom, I have to let them know so they can check on me; if I am in there longer than usual they will knock on the door to make sure I'm alright." Another person told us, "They are really kind and courteous. I choose my clothes in the morning, sometimes they advise me but I'm able to make my own choices."

Staff had a strong commitment to providing compassionate care. One member of staff told us, "If I was to tell people why they should stay here, I'd tell them because we are like a big family. Not just between the staff, but with everyone. We have staff who have relatives here and often different people in the same family will come here. We are proud of what we can achieve here." Another member of staff told us, "We are lucky to have the opportunity to work here. We have the time to get to know people. We involve relatives as much as we can too. We want everyone who walks through the door to be comfortable." We saw staff were attentive and spent time with people. They reminded people about the day, date and time and spoke about topical news events. One person told us, "I forget what day it is sometimes but we talk about what's going on and the staff remind me. They even remind me if there's a birthday coming up, which is kind of them."

People looked comfortable and they were supported to maintain their personal appearance and were well dressed and groomed and wore personal jewellery. One person told us, "I always like to look nice and try and co-ordinate everything. The staff help and advise me. I like to look good because I never know who is going to visit that day and it's a matter of pride."

The staff were respectful when talking with people calling them by their preferred names. Staff were observed speaking with people discretely about their care needs, and knocking on people's doors and waiting before entering. One person told us, "The staff are very private. They don't embarrass us and always make sure the door is shut. I don't have any worries about my dignity being compromised."

Is the service responsive?

Our findings

People had opportunities to be involved with activities that interested them. One person spoke enthusiastically about visiting The National Arboretum. They told us, "We've been painting soldiers here to commemorate the Battle of the Somme. We took them to the arboretum and they are going to include them in their display. A lot of us were in the forces so it was lovely to visit there. I really enjoyed it." Another person told us, "The arboretum was a great success, it was the best day I have had this month." Other people told us they were supported to visit other places of interest. One person said, "We have trips out. We have been to Shugborough Hall. We can choose whether we go and the staff organise the transport for us."

A range of different activities took place each day with dedicated activity staff. Each person had a copy of the activities for the following week which was planned around people's interests. Each Monday the staff discussed these events. One member of staff told us, "We have 'two's company' for people who have difficulty reading. We discuss what's happening and whether they want to be involved, or do something different." One person told us, "If we don't like it we don't have to do it. We have done ceramics, painting soldiers, flower arranging, and crocheting poppies." Another person told us, "There's always something to do if you want to get involved. It depends on my mood; sometimes I'm happy just chatting and watching the television. It's up to me. I really enjoyed packing Christmas boxes for children abroad. It was nice to do something for someone else." We saw staff read the newspaper for a group of people which generated a general discussion about house prices. One person told us, "It's good to know what's happening with house prices as my house is for sale. I like to know what's happening and talk to others about it. It makes it more interesting than just reading alone."

People were able to raise any concern and felt able to speak with the staff and registered manager. One person told us, "I don't have anything to complain about, but if I did I know who to speak to and they'd sort it out for me." Another person told us, "The staff ask me how I am and there's no point in keeping quiet, but I feel lucky to be here with friends and with such good staff." Where people had raised concerns we saw these had been handled and responded to appropriately and people received a response to their complaint.

Where people spent their time in their room, specific individual activities were arranged to ensure people were not socially isolated. One member of staff told us, "Some people just like to chat, or we can read a magazine or newspaper. People may like a hand massage or to be involved in a craft. We organise these so people can do something they enjoy or receive pleasure from." People were also supported to pursue their religious needs, either outside of the home or by a visiting church and priest who came into the home. One person said, "I enjoy the services, I prefer to have the service here than go to Church." Another person told us, "I'm not very religious but I like to go along and be involved. They don't mind and I'm always made to feel welcome."

People received care and support in the way they preferred and met their needs. They told us they had been asked how they wanted to be supported and this had been discussed and agreed with them. One person told us, "When I came here, they asked me what I wanted and talked with me and my family. I've not been disappointed as they do everything right." People were actively involved in care reviews and family and

friends were invited. One relative told us, "The staff are very good at letting us know about any changes or if anything happens. [Person who used the service] worries and the staff reassure them and make sure we are involved. We still feel close and sort everything out together as a family, like we've always done." Staff were kept informed about people's changing care needs at each handover between each shift and we saw that care plans were regularly updated to reflect this to ensure that people's changing needs were met.

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and the management team and felt the service was well-led. Staff felt supported and could approach the registered manager with any concerns or questions. A relative told us, "It doesn't matter what you have to say, the manager and all the staff are available to at any time. We were impressed with it here, that's why [person who used the service] wanted to come here and we haven't been disappointed; it's a well-run home."

The staff were proud of the standards they maintained and told us they worked closely together as a team to ensure standards remained high. One member of staff told us, "We are like one big family. We care about people and each other and want to make things right for people here." The staff had an opportunity to discuss the development of the service in individual conversations or during a staff meetings. One member of staff told us, "We set the agenda for the meetings and can talk about what is important to us. If we come up with an idea, then the manager listens. We all know we all have a role to play and by working together we can keep making things better." Another member of staff told us, "The home is well managed and run properly, everyone knows their jobs".

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. One member of staff told us, "This means reporting someone when something is wrong and not losing your job." The staff were confident that where concerns were raised the manager would deal with these issues. One member of staff told us, "When we have concerns, they have been dealt with swiftly by the manager and action taken. We have a zero tolerance here and we all want the best. Sometimes this means making difficult decisions but it has to be done." The manager agreed that they promoted a culture of openness and honesty to ensure better protection for people who used the service.

The registered manager completed quality assurance audits to ensure a good level of quality was maintained. We saw this included reviewing health and safety, clinical equipment and how medicines were stored. The results were analysed in order to determine trends and introduce preventative measures. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. This information was used to review the care provided and where necessary to gain support from health care professionals to reduce any identified risk.

People had recently been consulted about the quality of the service through quality surveys. We saw completed surveys and a member of staff told us, "We have only just received these this month and have just analysed these. The registered manager told us, "This is our starting point and we now need to see what improvements we can make for people." We will review the results on our next inspection visit.

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service. This meant we could check appropriate action had been taken.