

Cranford Care Homes Limited

Huyton Hey Manor

Inspection report

Huyton Hey Road
Huyton
Liverpool
Merseyside
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Tel: 01514893636

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20 November 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Huyton Hey Manor is a privately owned care home which provides accommodation for older people some of whom were living with dementia. The service accommodates up to 27 adults. Accommodation is provided over 3 floors. The majority of bedrooms are located on the first and second floor and these floors can be accessed via a passenger lift. At the time of our visit 27 people were living there.

People's experience of the service and what we found:

People we spoke with said they felt safe living at the home. Risk assessments were in place, and they were robust, informative and reviewed regularly or when someone's needs changed. The home was clean and there were good infection prevention control procedures in place. Medication was managed safely and there was enough staff on shift to ensure people were supported safely. There was a process for assessing incidents and accidents, and these were reviewed by the manager for emerging patterns and trends.

There was a range of audits completed at the home which were effective in assessing when improvement was needed in care provision. Staff were motivated and enjoyed working at the home. They spoke positively about the registered manager and deputy manager. Staff and people who lived at the home were engaged with via regular meetings. The provider worked closely with the local authority and had taken part in pilot schemes. The registered manager was aware of their obligations under duty of candour to be open and honest regarding any failings in the service and had informed CQC of any notifiable events.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 20 November 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Huyton Hey Manor on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Huyton Hey Manor

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Huyton Hey Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Huyton Hey Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We viewed 3 care peoples care plans, 3 staff recruitment files and other documentation relating to the running of the service. We spoke to 4 staff including the registered manager, deputy manager and 2 care staff. We spoke to 3 people who lived at the home and 1 visiting relative. We viewed multiple medication records, and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Everyone we spoke with said they felt safe at the home. One person said, "It's lovely here, right at home".
- All staff had completed safeguarding training and knew what course of action to take if they felt someone was being harmed or abused.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments were robust, and clearly described the course of action staff were expected to take to mitigate harm. Risk assessments were reviewed every month, or when people's needs changed.
- We saw how one person's diabetes risk assessment described their blood glucose tolerances and the action the staff were to take if the person experienced a hypo or hyper.
- People we spoke with told us they felt safe and well looked after. One person said, "Well the staff are just marvellous". A relative told us, "I just can't fault them, [the staff] from day one I have felt safe knowing [family member] is there being looked after."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Staff told us, and we observed, there was enough of staff to ensure people's needs were being met in accordance with their dependency levels.
- Staff were only permitted to work at the home once satisfactory checks had been undertaken including an induction process.

Using medicines safely

- People were supported to receive their medicines safely.
- There were separate protocols in place for those requiring medicine as and when required, often referred to as PRN.
- Medication was stored securely in a temperature-controlled room. Medicine was only administered by staff who had undergone specific training enabling them to do this, and they had their competency assessed every 12 months.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and

control practices.

- There was PPE available for staff to use in the event of an outbreak.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There was an incident and accident log and analysis in place which demonstrated incidents and accident had been scrutinised for patterns and trends.
- We saw an example of how 1 person had sustained a number of falls in their room and was consulted with under the MCA to move to a room closer to the staff so they could ensure more regular checks on this person took place.

Is consent to care and treatment always sought in line with legislation 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 MCA 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 Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- There was a system for tracking, monitoring, and reapplying for DoLS in place to ensure people were not being deprived of their liberty unlawfully.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care which achieved good outcomes for people.
- There was a good ethos of teamwork. Staff told us they liked the manager.
- Care records completed by the staff were person centred and clearly described how they supported people and what people's choices were.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and transparent with people.
- The registered manager had sent all statutory notifications to CQC in line with their legal responsibility.

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

- The provider had a clear management structure which monitored the quality of care to drive improvements in service delivery.
- We saw minutes of team meetings which were taking place regularly by all staff. Our conversations with staff demonstrated they understood what was expected of them and they felt well supported by the manager and deputy manager.
- One staff member told us "[managers name] is really supportive. They always get stuck in here."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Staff were given time to spend with people and were given training with regards to completing peoples records and notes.
- People who lived at the home had been regularly asked to contribute their feedback and actions had been taken from this, evidencing the provider was listening to what people said.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received. Staff were ambitious and wanted to develop in their roles.
- The registered manager told us how a recent breakdown of the lift led to them requesting stair lifts and additional training because people were not happy not being able to access the communal areas of the home.

Working in partnership with others

- The provider worked in partnership with others.
- We saw numerous examples of partnership working with the local authority including the provider being part of a pilot approach to falls.