

Barchester Healthcare Homes Limited

Hurstwood Court DCA

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

This announced inspection took place on the 11 October 2016. Hurstwood Court is a service that provides the regulated activity of personal care to people living in their homes on a complex with other services offered by the provider. People who live at the service have the option of having personal care as well as support with housekeeping and social activities provided by the service. There were two people receiving support with their care at the time of our inspection.

There was a registered manager in post at the time of our inspection. 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 told us that they felt safe in their own home and we observed people to be happy and relaxed around the staff that supported them. All staff had completed the provider's mandatory training. Staffing levels ensured that people received the support they required at the times they needed. We observed that there was sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Support plans contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their support. People participated in a range of activities both in their own home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The management team was approachable and had systems in place to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

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 comfortable with the care they received in their own home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received care from staff that received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People received personalised care and support. People were supported appropriately and in a way which they preferred.

People's physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity was protected and promoted.

There were positive interactions between people using the service and the staff supporting them.

Staff had a good understanding of people's needs and preferences; people felt that they had been listened to and their views respected.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good ●

The service was responsive.

Pre-admission assessments were carried out to ensure the service was able to meet people's needs, as part of the assessment consideration was given to any equipment or needs that people may have.

Regular reviews were held to ensure the service provided continued to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The manager monitored the quality and culture of the service and strived to lead a service which supported people to live their

lives as they chose.

Hurstwood Court DCA

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 took place on 11 October 2016. The inspection was announced and was undertaken by one inspector. We gave 48 hours' notice of the inspection as we needed to be sure that they would be in.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited Hurstwood Court DCA. We met and spoke with two care staff, the deputy manager and the registered manager. We reviewed the care records of two people who used the service. We looked at five records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

We took into account people's experience of receiving care by listening to what they had to say. We visited two households with people's prior agreement and spoke to two people who used the service. With people's permission, we looked at the care records maintained by the care staff that were kept in people's own homes. We also spoke with relatives of one person to ask them about their family member's experience of using the service.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff and the arrangements for managing complaints.

Is the service safe?

Our findings

All of the people we spoke with felt safe with the carers who supported them. One person said "I feel safe here, I have my key to my door and I can come and go as I please." The service had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of harm that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of harm including who they would report any safeguarding concerns to. We viewed records and investigation notes on a recent safeguarding concern and saw that the provider had acted swiftly and with consultation of the person and their family to ensure the person was protected. Staff had received training on protecting people from abuse and records we saw confirmed this.

Peoples' individual support plans contained risk assessments to reduce and manage the risks to people's safety; for example people had risk assessments which guided staff on mitigating the risks of falls. Risk assessments were also in place to manage other risks within the environment including the risks associated with cooking and using electrical appliances. One member of care staff said "Risk assessments are updated and all the staff read them and refer to them, it is key to preventing accidents or incidents from happening." The support plans were reviewed to ensure that risk assessments and care plans were updated regularly or as changes occurred.

When accidents had occurred the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff had received health and safety and First Aid training. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

We saw there were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans had been completed for people using the service. These plans provided staff with guidance on how to support people to evacuate the premises in the event of an emergency and were colour coded making it easier for staff to view in emergency situations which people required full support. Appropriate checks of equipment and premises took place and action was taken promptly when issues were identified.

There was sufficient staff available to provide people's care and support. Both people using the service told us that they received support from regular staff who they knew well. One person said "I have staff come twice a day to help me; they are very good, they don't make a fuss about helping me and they encourage me to still do what I can for myself." Another person said "The staff are very good; I look forward to seeing them. Staff always look up at my window when they are going home and wave goodbye; I think they really do care."

People's medicines were safely managed. One person said "I have tablets twice a day and the girls [care staff] always give them to me at the right time. I keep them high on a shelf, not so I can't reach them but because my grandchildren visit." Staff had received training in the safe administration, storage and disposal

of medicines. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in the service. The staff recruitment procedures explored gaps in employment histories, obtaining written references and screening through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that their checks were carried out before they commenced their employment.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a comprehensive induction which included classroom based learning and shadowing experienced members of the staff team. Staff did not work with people on their own until they had completed all of the provider's mandatory training and they felt confident to undertake the role. The induction included key topics on risk management and moving and handling. One staff member told us "My induction was good, we completed managing risks and it was interactive and different scenarios were presented to us and we had to identify the risks. I learn much better this way than ready through workbooks or on-line training." Newly recruited staff that did not undertake the Care Certificate; this is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Training was delivered using face to face and e-learning modules; the provider's mandatory training was refreshed yearly. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of on-line and classroom based training.

People's needs were met by staff that received regular supervision and annual appraisal. We saw that supervision meetings were available to all staff who were employed, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One member of care staff said "I have regular face to face supervision and it is an opportunity to get feedback and also for me to discuss any concerns or ideas I have."

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.

We saw that the service was working within the principles of the MCA. The management team and staff were aware of their responsibilities under the MCA Code of Practice. We observed staff checking people's consent to undertake care and support tasks. One person said "The staff always ask me if it is okay to do things like close my curtains and make me a drink."

People were supported to eat a balanced diet that promoted healthy eating. Meals and meal-times were arranged around people's own daily activities. People cooked their own meals in their apartments with support or ate their meals in another part of the service. One person said "I eat most of my meals in the main part of the building now, it is easier for me and I get to meet people and socialise; I have the best of both worlds really."

People were supported to have sufficient amounts of food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's nutritional needs, for example one person needed support to maintain their weight and we saw that records had evidenced the support the person had received. Staff received training in food hygiene and helped to support people to prepare their chosen foods. Staff ensured that people were encouraged to eat and drink regularly.

Staff had information about who to contact in an emergency. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. People were supported to attend GP and other healthcare appointments and make decisions about attending health screening.

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. One person said "The staff are lovely, they chat with me and ask about my family; sometimes if they are running a bit late they always apologise." Another person said "I feel really lucky, all the staff are lovely."

People received care from a regular group of staff, which helped form positive relationships. We observed that staff knew people well and everyone spoke positively and with mutual respect. Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. One member of staff told us "I really love my job, it is such a great place to work and the focus is always on the residents."

People and their families were fully involved in making decisions about people's care and helped to put together a support package that was personalised to them. One person said "I have a care plan, my [relative] also helped with all the information in there."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent.

People told us they were encouraged to be as independent as possible. A person said, "Yes, they don't do things for me unless I ask. They know I like to do things for myself, I always think the longer I can do things for myself the better. " Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

There was information displayed for people using the service on advocacy services. No one was currently using an advocate but the staff team were knowledgeable about how to refer someone to advocacy services and what advocacy services could offer people.

People were encouraged and supported to have visitors in their own homes. One person told us "My grandchildren visit me every week and the staff remember their names which I think is lovely." Another person told us "My [relative] visits every Monday; I really look forward to the visits and we often go out for a meal." People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis for individual plans of care to be developed with the person and their family; these contained information about their previous lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. People's daily records demonstrated that staff provided the support according to the care plan and people's wishes.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw. People also had reviews of their assessed needs on a 6 monthly basis or as people's needs changed and this was documented in people's personal care files.

A very wide range of activities took place in the residential service that was attached to the supported living complex. People were able to access these activities as and when they chose to.

People were encouraged and supported to develop relationships with people and avoid social isolation. One person said "Before I came here I lost touch with a lot of friends, but now I have made new friends here and I love it." Staff told us that, with permission, they shared with other people their common interests and this had helped to form relationships. One person told us "There is a person who lives on the same floor as me and they pop in and see me for a chat every day; it is good to be making friends at my time of life."

Staff were responsive to people's needs and were vigilant to people's changing needs. For example one person was afraid they were going to lose their keys to the staff supported them with putting their keys on a lanyard so they didn't get lost. We observed that call bells were answered in a timely manner and people told us that they felt reassured that staff would answer the call bell promptly in an emergency.

When people started using the service they and their representatives, were provided with the information they needed about what to do if they had a complaint. There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. One person said "I would tell the manager if I wasn't happy, I know she would listen and do something straight away, I also have a phone number I can ring if I wanted to complain about something; but honestly I have no complaints."

Is the service well-led?

Our findings

People and staff told us the registered manager was passionate about ensuring people could live the life they wanted to live. This had empowered people and gave them control and choices in their life. It was clear to see that this value was embraced throughout the whole team giving people the support they needed to be in control of their lives.

Communication between people, families and staff was encouraged in an open way. We saw how the manager regularly communicated with families by phone and e-mail and it was clear the manager had developed positive working relationships. The registered manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible. Staff said the registered manager was very approachable and proactive and considered best outcomes for people in everything they did.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Questionnaires were in the process of being sent out for this year's survey. People who used the service had regular meetings called 'apartment meetings' which enabled them to provide feedback and discuss improvements.

Staff worked well together and as a team were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and empowering people, they told us that they received good support from their managers. One staff member said "The manager and deputy manager are good, I can always go to them and they support me." Another member of care staff said "I feel supported, the registered manager welcomes our feedback and although changes may not always be made when I suggest something, I always get told the reasons why." Staff meetings took place on a regular basis and minutes of these meetings were kept and referred to. Staff said the meetings enabled them to discuss issues openly and were also used as an information sharing session with the manager and the rest of the staff team.

The registered manager and senior care staff regularly worked alongside staff, they were able to observe staff practice and monitor their attitudes, values and behaviour. Feedback was provided through supervisions and through team meetings and good practice was shared.

Quality assurance audits were completed by the registered manager and senior members of the team to help ensure quality standards were maintained and legislation complied with. The regional manager also completed monthly quality audits of the service and produced an action plan with any improvements; we saw that the manager had taken timely action in response to the audits.

The registered manager kept up to date with new legislation, ways of improving care delivery and innovative technology to support people. They attended health and social care events, read health and social care publications and shared good practice with other managers.

The provider was proactive in recognising staff performance and how valuable staff were to the

organisation. There were excellence awards for customer services, employee of the month awards where all people using the service and staff could nominate a staff member. Staff were rewarded for their attendance, good practice and valued contribution by reward vouchers which could be saved up and used for example on a spa weekend.