Care Quality Commission

Avery Homes Hanford Limited

Hanford Court Care Home

Inspection report

Bankhouse Road
Hanford
Stoke On Trent
Staffordshire
ST4 8EN
Tel: 01782 645140

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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

Overall summary

We inspected Hanford Court Care Home on 24 and 25 February 2015. The inspection was unannounced.

The provider is registered to provide accommodation, personal and nursing care for up to 61 people. This includes care for people with physical needs and dementia care needs. At the time of our inspection, 59 people used the service.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

The provider was compliant at our last inspection of the service on 18 June 2014.

People were protected from the risks of abuse because staff understood what constituted abuse and took action when people were at risk of harm. There were

Summary of findings

appropriate numbers of staff employed to meet people's needs. People's care needs was planned and reviewed regularly to meet their needs. Their care records reflected the care they received.

People were cared for by staff that had the knowledge and skills required to care and support them. Care staff demonstrated a good knowledge of the care needs of people and how high quality care could be provided. Staff had regular training, and were supported to have additional training which was specific to their roles and responsibilities.

Legal requirements of the Mental Capacity Act (MCA) 2005 were followed when people were unable to make certain decisions about their care. People liberties were not unlawfully restricted. The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate; decisions are made in people's best interest.

People were supported to have adequate amounts of food and drink. Staff were proactive when they identified that people were at risk of weight loss, and ensured that these people were supported in a sensitive manner to eat and drink. A variety of food was offered at meal times and people could choose what they wished to eat or drink. Meal times were viewed as a social event which people looked forward to.

People had access to other health care professionals and were supported to attend healthcare appointments when they needed it. A GP came to the service regularly to review people's care and took appropriate action when concerns were identified. Other complementary therapies were provided at the home to promote the general wellbeing of people.

There was a visible culture of person-centred care at the service. The provider had devised various ways of ensuring that people's individual needs were met in order for the environment to feel as homely as possible. People were supported to be as independent as possible.

People were treated with dignity and respect. People told us the staff were kind and treated them with dignity and respect. The service provided exceptional care to people and their families before and after death.

Best practice guidance was used in the care of people who lived with dementia. The environment was designed to be 'dementia friendly'.

People's care plans were tailored to meet their individual needs. Care plans detailed how people wished to be cared for and these wishes were respected. People's care was planned in partnership with them. Their relatives were actively involved in their care.

The service demonstrated a strong value to promote people's personal interests and hobbies. Creative ways were used to enable the people who used the service to achieve fulfilling lives. Social activities were organised to be in line with people's personal interests and there was a lively atmosphere at the service. The service had strong links with the local community.

People told us they did not have any concern nor had anything to complain about. However, they said they knew how to raise concerns and were confident that their concerns would be dealt with. People were encouraged to give feedback about the service. The provider had an effective system in place for dealing with concerns or complaints.

People who used the service, their relatives and the staff were very complimentary about the registered manager of the service. People told us that they were accessible and approachable. A positive and open culture was promoted at the service. People who used the service and staff were encouraged and supported to provide feedback on the service. The provider had effective systems in place to review the quality of the service provided.

Summary of findings

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 safe.

People were protected against the risk of abuse because staff knew the signs of abuse and took appropriate action when it was suspected. People had risk assessments and care plans to guide staff on how care should be provided. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely. Staff

Good

Is the service effective?
The service was effective.

People were cared for by staff who understood their care needs and knew how to meet these needs. Staff, volunteers and apprentices were supported to receive training to enable them provide quality care. There were care champions in the service. People's consent were obtained before care was provided. Legal requirements of the Mental Capacity Act (MCA) 2005 were followed when people were unable to make certain decisions about their care. This ensured that people were not unlawfully restricted. A variety of food and drink was available and people were supported to maintain a healthy and balanced diet. The service was 'dementia friendly.

Good

Is the service caring?
The service was caring.

People told us and we saw that staff were gentle and demonstrated kindness when they provided care. Staff knew people's need, likes and dislikes and provided care in line with people's wishes. People were treated with dignity and respect and were supported to express their views about their care. Appropriate care and support was given to people before and after death to ensure that they were pain-free and had a dignified death. Their views were listened to and acted upon.

Good

Is the service responsive?
The service was responsive.

People's care plans were in line with people's individual needs and preferences. A wide range of social activities were provided to minimise boredom and keep people active. People were encouraged to take part in activities which they enjoyed. People knew how to raise concerns or make complaints and felt that these will be dealt with effectively. The provider had effective systems in place to deal with concerns or complaints.

Good

Is the service well-led?
The service was well-led.

The provider promoted an open and positive culture within the service. The registered manager was available and people told us they were approachable. Staff were supported staff to carry on their roles effectively. People who used the service and staff were encouraged and supported to provide feedback on the service. The provider had effective systems in place to monitor the quality of the service provided.

Good

Hanford Court Care 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 was 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 24 and 25 February 2015 and was unannounced. The inspection was carried out by two inspectors.

We reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding team and local commissioners of the service.

The provider had 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.

We observed how care was provided and carried out a lunchtime observation to see how people were supported during meals. This helped us understand people's experiences of care.

We spoke with 13 people who used the service, six relatives, two professionals who visited the service, nine staff members, the registered manager and the regional manager for the service.

We looked at eight people's care records to help us identify if people received planned care as planned and reviewed records relating to the management of the service. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and protected from harm. One person said, “I feel very safe here”. People told us they would not hesitate to raise concerns if they were unhappy about how they or other people were being treated. All the relatives we spoke with said they felt that the home was safe and did not have any concerns about the safety of their relatives. All the staff members we spoke with knew what abuse was and explained to us how they would report suspected abuse in order to ensure that people were protected from potential harm. Where safeguarding concerns had been raised, we saw that the registered manager had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved. A log of incidents that had been reported was maintained. The information was analysed and actions put in place to minimise or prevent reoccurrence. This demonstrated that the provider took steps to identify potential abuse and took appropriate action to deal with incidents of abuse; and prevent reoccurrence.

One person who had fallen on a few occasions in their bedroom had a sensor mat put in their bedroom to alert staff if they needed assistance. The person told us that they felt safe and had consented to the alarms being fitted. They told us staff always supported them when they wanted to walk. The person’s relative said, “There are three alarm systems in their room to help them; and they wear a pendant to alert staff if they fall. They [staff] are doing all they can to prevent the falls and keep them [the person] safe. It is very reassuring for us as a family”. We observed staff supporting the person to move in the building and noted that the appropriate support and moving aid was used. Records showed that the person had risk assessment management plans which identified what support the person required in order to mobilise safely.

People who used the service told us that staff were always available to provide them with support when they needed it. Relatives we spoke with confirmed this. One relative said, “There are always staff around. They watch [person’s name] when they use their frame. They have not had a fall since they came here”. Another relative said, “I don’t think they are short staffed. They always accompany people to health appointments”. The service employed two activities coordinators whose sole responsibility was to ensure that people were engaged in activities. This ensured that there were enough care staff to offer people support when they needed it. We saw that there were enough staff on duty to provide people with care and support.

We observed that staff supported people to take their medicines appropriately and explained to them what medicines they were taking and why. Those responsible for giving medicines had a good understanding of the medicines they gave people and gave us detailed explanations as to why people had been prescribed specific medicines and what side-effects could be expected from these medicines.

Some people had been prescribed medicine to be administered on as ‘as required’ or occasional basis (PRN) when they presented with unsettled behaviours due to their mental health problems. Staff explained to us instances when they would give people PRN medicines and we saw that the explanations they gave matched guidance provided on how the PRN medicines should be administered. The provider maintained records of when these medicines were administered and reasons why they were administered which demonstrated that these people’s behaviours were not controlled by excessive or inappropriate use of medicines. The provider had safe arrangements in place for managing people’s medicines.

Good

Is the service effective?

Our findings

One person required oxygen to stay well. We asked staff how they provided care to the person and the information they gave us was accurate and reflective of the person's planned care. People and their relatives told us that staff demonstrated good skills and knowledge when they provided care. One person commented, "It's the best of the best. You wouldn't get this type of care anywhere". People received an assessment before they came to the home. We saw that care was provided in line with people's assessed needs. A relative said, "Staff know [person's name] well. They've recognised their current needs and they are trying to facilitate that". Another relative said, "The assessment was highly commendable. It was done sensitively for someone who has early onset of Alzheimer's. The right questions were asked in the appropriate manner".

Staff demonstrated good communication skills when they provided care to people who had been diagnosed with dementia. A relative said, "Their communication with [person who used the service] has been very good. I've got a lot of respect for them as everything is done in an adult way". Staff told us that they had received training in dementia care and were supported by the provider to have additional training in how to care for people living with dementia.

One person regularly asked to go home and they told us, "I would like to leave because this isn't home; the staff wouldn't let me go. They worry about me". The person told us that they were allowed go to the local shops independently but staff did not think it would be safe for them to go home. Staff told us that they could not let the person go home because they sometimes unable to keep themselves safe or look after themselves. The person lacked capacity to make all decisions and capacity assessments had identified what decisions could be made in the person's best interest. The provider had made a referral to the local authority for the person's liberty to be restricted in case the person asked to leave the service and this had been approved. We saw that the referral had been granted and the provider was abiding by the authorisation requirements. This meant that this person's liberty was not being restricted unlawfully. The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements that ensure that where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

Some staff we spoke with demonstrated an understanding the principles of MCA and DoLS but some were confused of then when MCA and DoLS should be applied. The registered manager told us that the provider had identified that staff knowledge of the principles were varied and had therefore arranged for additional training and reflective practice for staff. This showed that appropriate action was being taken to ensure that staff understood the principles of MCA and DoLS.

One person had lost interest in eating and had begun losing weight. A staff member said, "[We've noticed that [Person's name] has lost interest in eating, so we keep encouraging them to eat. You have to keep encouraging them otherwise they wouldn't eat or drink. This morning, they wouldn't have a cup of tea, so I gave them a smoothie". The person's relative said, "[Person's name] has not been eating and drinking recently and they are doing all they can to get to the bottom of this; that's a relief for us". A GP had reviewed their care and prescribed them a supplement drink. Records showed that the person's weight, food and drink intake was monitored, assessed and reviewed regularly.

People told us that they had enough food and drink at the home. There were drinks machines and snacks available on each floor. Drinks and snacks were also served throughout the day. This ensured that people who could not help make their own drinks, or who could not help themselves to the drinks and snacks provided, were given food and drink regularly.

People who used the service and their relatives told us that the quality of the food was good. One person said, "The food's very nice". Another person said, "There's always a choice". A relative said, "[Person who used the service] liked the food". People who used the service told us fresh vegetables were used to cook their meals and they were always given fresh fruit. Qualified chefs cooked people's meals. They told us that when people were admitted, they met with them to find out if they had any special dietary requirements. Information about people's dietary requirements was recorded in their care plans and copies were held in the kitchen. This ensured that people were given the correct food and drink for their dietary needs.

Good

Is the service effective?

People could choose where they wished to eat, but most people chose to use the dining area. We noted there was soft music playing in the background during lunchtime and saw that mealtimes were a social event. Menus were available for people to make a choice of what they would like to eat. However, we observed that food which was on offer was also presented on trays and brought to people on their tables so they could choose what they wanted. This was helpful for people who could not read or understand the menu or could not always remember what they had ordered. We saw that people could change their minds if they did not like their choice of food. People who needed support to eat and drink were supported by staff in a discreet and respectful manner.

Referrals were made to health professionals such as the GP, dieticians and speech and language specialists for people who were at risk of malnutrition and or had suffered weight loss. We saw that health care professionals visited the service regularly to ensure that people received appropriate care that met their needs. Relatives told us that people were supported to attend hospital appointments as well as other specialist services such as the dental services, opticians and chiropodist services.

The environment had been designed to promote the wellbeing of people with dementia and ensure their safety. We saw that memory boxes were used by people's doors. This helped people with dementia to identify their rooms. People had their pictures on their doors to aid their memory. Contrasting colour schemes were used in communal bathrooms to aid people with dementia. There were reminiscence areas with objects and activities to stimulate and engage people in activities. The environment was not noisy. The manager said, "It is a silent home. You won't hear the call bell go off. All the staff have a pager in their pocket which makes a quiet noise if someone presses the call button". These showed that the provider had taken steps to ensure that the environment was suitable for people living with dementia.

Good

Is the service caring?

Our findings

People told us that staff were kind to them and treated them nicely. One person said, “They [staff] are very good”. We observed that staff spoke with people nicely and did not rush when they supported people. A person who used the service commented, “It’s such a nice, warm and welcoming place”. People commented about the friendliness of the staff. One person said, “We’re all good friends”. We saw staff sitting and chatting with people. We saw that people received praise from staff when they had been involved in an activity. People looked relaxed, with smiles on their faces when they spoke with staff. Staff were observed interacting with people in a caring and friendly manner. A relative said, “[Person who used the service] has got a good sense of humour and the staff encourage it”. Another relative commented that, “The people who work here are very caring and happy. There is sensitivity towards caring”.

We observed one person being comforted by a member of staff. The staff member told us that the person believed they were in their previous place of employment and sometimes became distressed when they were not allowed to provide care. Records showed that people’s life histories were obtained including information about their preferences goals. Staff told us that this enabled them to understand the people more and enabled them to provide care in line with people’s past experiences.

People who could not verbalise how they wished to receive care were supported to do so with the use of ‘talking mats’. A ‘talking mat’ is a communication method using pictures and symbols used to support people who cannot communicate verbally. The manager said, “Smiley face cards are used for those who can’t communicate”. People are encouraged to point to the face that best reflects what they want to convey ; that is, smiley face for good and unhappy face for not good or unhappy".

People and their relatives told us people were treated with dignity and respect. One relative said, “When they [Person] go to use the toilet, they [staff] don’t go in because they know [Person] likes their privacy”. Another relative said, “If they [Person] weren’t being treated with dignity, they’d soon tell me about it”. We observed that staff spoke discreetly to people when they enquired from them if they needed assistance with their personal care. There was a dignity tree at the main entrance of the service which captured people’s thoughts about dignity and how they wished for their dignity to be maintained. Meetings took place regularly to review dignity issues. We saw pictures that had been developed by the recreation team and the ‘Dignity Champion’ of how people’s dignity could be maintained. These were used to support care staff during care provision.

The service had a strong commitment to supporting people and their relatives before and after death. We spoke with one person who had been on ‘End of Life Care’ but had made a full recovery. The person told us how they and their family had been supported by staff when they were very unwell. The service had also arranged for the person to receive pastoral support from a local vicar because the person had requested this. The person said, “They [staff] are good people”. A staff member said, “They [Person who used the service] had qualified for ‘end of life care’ but they have made a full recovery”.

Staff told us they had received training in ‘end of life care’. The service had a dedicated end of life care champion who ensured that end of life care was provided following the national ‘Gold Standards Framework’ (GSF). The GSF is an evidence based approach to optimising care for all people who are approaching the end of life. The service had good links with a local hospice that provided support when required. A family had donated an ornament which was placed in the garden a gesture of thanks for the care their relative had received prior to their death. They had also commented about the support the staff gave them before and after the death of their relative. We saw cards sent to the service by other relatives showing their appreciation for the care staff had provided their loved ones at the service prior to their death.

Good

Is the service responsive?

Our findings

People received assessments of their health and social care needs to ensure that the service was suitable and could meet their needs. The assessments described their past and present lifestyles, likes, dislikes and preferences. People were involved in planning their care and making decisions about how they wished to be cared for and relatives were involved to obtain their views when people were not able to do so for themselves. A relative of a person who lived with dementia told us, "I didn't know anything about care plans but they discussed it with me and everything looks fine and they seem to have spotted my mum's needs".

There was a committee for involving people who used the service and they met quarterly. This was called 'The Aries resident involvement strategy'. During these meetings, people were informed of on-going projects within the service and encouraged to be involved in various aspects of care delivery including quality monitoring audits which took place in the service. Minutes of the last meeting were reviewed to see how people were involved in decisions about issues that affected them in the service. Records showed that activities such as health education topics and the future chairing of the committee by a person who used the service were discussed. We saw that some of the themed activities that took place were as a result of the actions which had been agreed during these meetings.

People were supported to be independent. One person said, "We grow our own vegetables and the chef uses them". There was a gardening club at the service where people were encouraged to grow vegetables. Some people told us they enjoyed going out for short walks around the local area and to the shops. They said they did this independently and could go when they wished. Some people told us they helped to vacuum their bedroom and some people said they enjoyed helping to lay the tables before meals. We saw people booking their own appointments for some of the therapy sessions which took place at the service.

The provider had a dedicated recreation team that ensured individual and group activities of interest took place. A group of men who were going out to an RAF base told us they were looking forward to the trip. One of the recreation team members said, "It's what they have chosen. A couple of them used to be in the air force". We spoke with a group of people going out on a day trip. One of them said, "We have a really good activities lady and they organise everything. They are taking us out to Crew Hall. I've read about it on the notice board. We're going to read a book about a mystery and we're going to try to solve the mystery and then we'll have tea there".

All the relatives we spoke with were complementary of the range of activities of interest provided by the service. A relative said, "[Person who used the service] enjoys the games. There are two or three activities each day. That's one of the reasons we chose this home. It's very important for mum". Another relative said, "It's not the same thing every time and they introduce quite a few new things which people enjoy". Some people who could not go out or had chosen not to go out were observed engaging in activities in the lounge.

The provider demonstrated a keen interest in ensuring that a wide range of structured activities which people enjoyed took place at the service. There was a photography club, a walking club, weekly library club, needle and natter club, bridge club and regular themed nights. There were facilities for hairdresser appointments, complementary therapies such as gentle massage and beautician appointments. Dates were publicised for these appointments and we saw people attending some of these appointments or engaging in some of the activities above. People told us they enjoyed these activities. We saw photographs of these activities, which were also included in the monthly newsletter. The registered manager told us, and we saw development plans for IT facilities, an art and craft room, dementia café and a gentleman's lounge. People and their relatives were informed of these development plans and were looking forward to using the services.

People's faith beliefs were supported. One person told us they had received support from the local vicar when they were very unwell and people from the local church still came to visit them. People told us they were supported to go to church if they wished to. The provider had links with the local church. The registered manager said, "We attend activities in the church and they come here. We hold a bible group once a month at home. The vicar offers pastoral support on a one to one basis to people if they wish". On the day of our inspection, someone from the local church visited people to give them religious literature they had requested.

Good

Is the service responsive?

People told us that they had not had any reason to complain about the service. One person's said, "I have no concerns; it is a very good place, really". People told us that they would speak with staff first if they had concerns. One person said, "In the first instance, I would speak to a carer; if there was no joy, I would climb the ladder [referring to speaking with the registered manager]; but I have no areas of concern". They said that they were positive that their complaints would be dealt with by the provider and they told us they knew who to contact and how to raise concerns.

One relative told us "They [the provider] gave us details of how to make a complaint when [Person who used the service] first came in". The provider had a complaints policy and procedure in place. Complaints were recorded and monitored to ensure that they were dealt with appropriately and within the provider's required timescales. We saw records of complaints that had been made and noted that they had been resolved appropriately.

Good

Is the service well-led?

Our findings

People who used the service and their relatives were invited to meetings to discuss issues about care provision. During these meetings, relatives were given updates on the various activities that people had been involved in. One relative said, "It is fantastic to come and see what they [Person's name] have been up to". The registered manager told us that the meetings were also used to discuss and raise awareness about various healthcare issues. They said, "The talk on dementia was well attended by relatives. They enjoyed it". These meeting were publicised on posters throughout the service, by text messages and emails. A monthly newsletter was sent to relatives inviting them to these meetings and notifying them of discussion topics.

An annual survey for people who used the service, their relatives and staff was carried out and results were sent to the provider's head office for analysis and rating. We looked at samples of surveys which had been reported on and noted that suggestions and areas for improvement were noted for action by the provider.

The registered manager notified the CQC of incidents that had occurred and kept a record of these for monitoring purposes. The registered manager had a good understanding of their responsibilities and told us how they ensured that the home was well-led. People told us that the registered manager was visible and approachable. One person said, "The manager moves around. I see them around every time". A relative said, "[Registered manager] is aware of what is happening to [Person who used the service] even though they are not on this floor. It is very reassuring". A professional told us, "I see the manager around and they know all the residents". Staff told us that the registered manger was approachable and they felt supported by them. A staff member said, "I love working here. I feel much supported". Another staff member said, "I feel [Registered manager] is very professional; you can go to them or [Deputy manager's names] if you have any concerns". Staff told us that they had regular staff meetings and staff supervisions and used these meetings as opportunities to raise their concerns and discuss ideas for future developments and improvements to the service. This showed that the registered manager encouraged a culture where openness and involvement was promoted.

The service was divided into three units, each with a team leader. The team leaders told us that although they were encouraged to manage their units as independently as possible; they met with the registered manager daily to provide updates about their units. Teams were encouraged to develop strong working relationships whilst ensuring that the over-all values of the service were maintained. A staff member commented, "The team work on this floor is brilliant. The standards of our team leader are pretty high. I'll leave her with my mother". This showed that the values of the service were reflected on this unit.

The registered manager delegated responsibilities to other senior staff. Designated staff members were 'Champions' for Dignity, falls, infection control and end of life care. There was a designated recreations team. The registered manager told us the champions acted as a point of contact for other staff; supporting them to ensure people experienced the best quality of life and also promoted staff engagement in the running of the service.

The service was being inspected by the regional manager on the day of the inspection. The regional manager told us the review took place annually, after which the service was rated. The regional manager told us that the service had consistently scored a high rating throughout the years, and they were very complementary of how the manager had ensured that the quality of the service was monitored regularly.

The registered manager carried out regular audits of the service. Some of these included, care documentation audits, nutrition, safeguarding, falls and mobility, infection control, skin integrity and maintenance audits. There was a clinical risk group for team leaders that ensured that care plan were audited, identified concerns and put actions in place to deal with concerns. Each unit carried out a variety of audits which were fed into the audit reports completed and submitted by the registered manager to the provider. We saw records of weekly and monthly audits that had been carried out. The manager told us they completed and submitted a 'Quality indicator report' to the provider. We saw samples of these reports and noted that where concerns had been identified, the provider took action to deal with them. These showed that the provider had effective systems in place for monitoring the overall quality of the service.