

Maria Mallaband Limited

Hope Green Residential Home

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

We arrived at the home at 10.15am and left at 5.15pm. The service had previously met all of the regulations we inspected against at our last inspection on 15 January 2014.

Hope Green Residential Home is a former private residence that has been converted into a care home to provide personal care for 43 older people. It is located approximately one mile from Poynton town centre. Local facilities are all within easy access. Accommodation is provided mainly in single bedrooms although four large bedrooms can be used as double rooms if required. All bedrooms have en-suite facilities. Communal areas such as lounges, dining rooms and a conservatory are also available. At the time of the inspection there were 36 people living there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Prior to this inspection we received feedback from Healthwatch, the local authority contract monitoring team and a visiting health care professional to seek their views of the service. They did not have any concerns about the care.

The experiences of people who lived at the home were positive. People were happy with the care and support they received. Comments included: "Excellent care here. They show mum respect. We looked at six homes before mum moved here, this one stood out, it was friendly and you could tell staff were respectful"; "Oh yes, I like it here, there are staff around who help me, they are good to me, and helpful, that makes me feel, you know, good"; "Staff speak nicely to us"; "The girls are lovely, they seem very involved with the people here, Mum's room is clean and tidy, her clothes are fresh".

People's needs were assessed and plans were developed to identify what care and support people required to maintain their health and wellbeing and foster their independence where possible.

People were protected from abuse. Staff were knowledgeable about the risks of abuse and reporting procedures.

We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed. Staff had good relationships with people who lived at the home and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People's health care needs were met and their medicines were administered appropriately. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as

required to meet people's needs.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet.

Staff received suitable induction and training to meet the needs of people living at the home. Staff were well supported by the manager. This meant people were being cared for by suitably qualified, supported and trained staff.

There were systems and processes in place to monitor the quality of the service. Audits were carried out and people's views were sought. Where shortfalls were identified the manager was using the information to improve the service. This demonstrated that it was a learning organisation.

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.

There were effective systems in place to make sure people were protected from abuse. People said they felt safe and staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to ensure staff employed at the home were suitable to work with vulnerable people. There were enough staff to ensure people received appropriate support to meet their needs and maximise their independence.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

The provider had appropriate policies and procedures to work within the guidelines of the MCA and uphold people's rights.

Staff received support and training to fulfil their role.

People were supported to have a healthy diet and had access to a range of health professionals.

Is the service caring?

Good ●

The service was caring.

Relationships between staff and people who used the service were positive.

People's dignity and privacy was respected and their individuality and independence promoted as much as possible.

Is the service responsive?

Good ●

The service was responsive.

People received care that reflected their individual needs and preferences.

People had the opportunity to be involved in hobbies and interests of their choice.

There was a complaints procedure and people knew how to use it.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in place who had been in post for 5 years.

The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm.

The provider had notified us of any incidents that occurred as required.

There was a quality assurance system in place, which helped staff reflect and learn from events such as accidents and incidents and investigations. This reduced risks to the people who used the service and helped the service to continually improve and develop.

People who used the service, staff and visitors were able to comment on the service in order to influence service delivery.

Hope Green Residential 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 took place on 08 July 2016 and was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. (An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.) We arrived at the home at 10.15am and left at 5.15pm.

Before the inspection we reviewed all the information we already held on the service and contacted Healthwatch, the local authority commissioning team and a community nurse who visits the home to seek their views. The provider had also 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.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed two people's care files, three people's medication records, staff training records, and records relating to the management of the service such as surveys and policies and procedures. We spoke with eight people who used the service and visitors of three other people. We also spoke with the regional manager, the registered manager, the cook, four care staff and a visiting hairdresser.

Is the service safe?

Our findings

People who lived at the home and the visitors we spoke with told us they felt the care was safe. One relative told us; "I am very happy with mum's care here. I can tell she is more settled here than in her last place, where she had a bad experience. Yes I know staff will phone me if they have any concerns about mum. I do not have to worry like I did."

When people were asked what they would do in the event that they felt threatened by anything or anyone, all felt confident that any member of staff would assist immediately. The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults and this was confirmed by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was. The provider also had a whistleblowing policy and records showed this had been drawn to staff's attention.

We saw that staff acted in an appropriate manner and that people were comfortable with staff. People said that staff met their needs and came promptly when called. Staff said that there were enough staff to provide a good standard of care. The registered manager told us that staff rotas were planned in advance according to people's support needs. We looked at the staff rotas and saw that, as well as the registered manager who was present in the home Monday to Friday, there were always five or six care staff during the day, four in the evening and three at night. These numbers always included a senior care worker. In addition the home employed activity coordinators Monday to Friday, an administrator, a handyman, a cook, two kitchen assistants and domestic and laundry assistants. The manager told us that she had access to a number of bank staff and that agency staff were very rarely used.

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). We checked the staff files of two people employed since the last inspection, which confirmed that all the necessary checks had been completed before they had commenced working in the home. This helped to reduce the risk of unsuitable staff being employed.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We looked at the medication records for three people; these indicated people received their medication as prescribed. Records showed that all staff who administered medication had been trained to do so. They also underwent competency assessments and supervised medication rounds to ensure that medication was administered correctly and safely. We looked at the arrangements for storage and recording of all medicines, including controlled drugs, and found these to be satisfactory.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment

had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents.

We looked at the maintenance records. Regular environment and equipment safety checks were completed, including fire and water safety, environment audits, hoists, hoist slings, wheelchairs, and bed safety. Any issues regarding equipment safety were reported to the provider's central support team who arranged for a suitable contractor to visit the site. The service had a business continuity plan in the event of a significant incident which may include a power failure, flood or fire. Staff received fire instruction on their induction and had fire safety training. There were personal evacuation plans in the event of an emergency for all of the people who used the service.

The home was very clean and staff had received training in infection prevention and control. The home had a five star rating for food hygiene. Anti-bacterial hand cleanser was available in the entrance to the home and in bathrooms. Liquid soap and paper towels were also available at all wash hand basins.

The home was well maintained and comfortably furnished. Some major refurbishment had recently taken place and a new extension had just been completed to provide an additional 11 bedrooms, all of which were large and well-appointed with en-suite shower rooms. The extension also included an additional two lounges, a dining room, two other seating areas and two additional assisted bathrooms. On the day of the inspection the gardens were being landscaped to provide more garden space for people to use.

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. People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and found that they were. During our visit we saw that staff obtained people's consent before providing them with support. Staff we spoke with during our visit were aware of DoLS and had received the relevant training.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff had a good knowledge of people's individual needs and preferences and knew where to find information in people's care plans. Most of the staff had worked at the home for some time and had got to know people's needs well. Staff told us that they spent time working with more experienced staff, until they got to know people and were confident and competent to work unsupervised.

We saw that staff had the skills to be effective in their role. Longstanding staff had received a comprehensive induction in the first three months of their employment that covered the Skills for Care induction standards and new staff were in the process of completing the Care Certificate, which is the minimum standards that should be covered as part of induction training of new care workers. We saw from the training matrix there was an ongoing programme of training applicable to the needs of people who used the service. All staff had completed dementia care training. Staff were supported to undertake vocational qualifications and said they were not asked to do anything for which they felt untrained. Staff received regular supervision and turnover and sickness levels were low.

There was a spacious dining room where most people ate. However there was an additional, smaller dining room for those people who needed more support. Staff told us this was introduced to minimise embarrassment by those who experienced difficulties with eating. People could also choose to eat in their own rooms.

People told us the food was good and they had plenty to eat. Comments included: "No grumbles here, I like the food, you have a choice but if you don't like it, they will get you something else"; "I have time to eat my meal yes"; "It's alright, I like more salt and sometimes they rush you"; "You tell them what you want to eat for the next day, I don't like that but I suppose they have to do it that way."

All the people who used the service had a nutritional assessment completed which identified any special dietary requirements. This information was shared with the service's catering and care teams. We observed that people were supported to have sufficient amounts to eat and drink. Tables were attractively set and staff helped people to eat if they needed assistance. Staff we spoke with had a good understanding of each

person's dietary needs and their preferences. Anyone identified at an increased risk of malnutrition, dehydration, or who had significant weight loss or a BMI below 18 had their diet and fluid intake monitored and recorded through the completion of the relevant monitoring charts and fortified diets were provided where appropriate. Everyone was encouraged to have their weight recorded at least monthly and those identified at an increased risk of malnutrition were encouraged to have their weights recorded weekly. The manager completed a weights audit monthly to ensure all actions have been completed and the appropriate professional involvement arranged. We also noted that there were bowls of fruit that people could help themselves to.

Records showed that people received support with their health care. People had access to GPs, district nurses, dentists, opticians and chiropodists. Referrals were also made to other health care professionals, such as physiotherapist or speech and language therapist, as required. Where possible people were encouraged to choose who provided their healthcare services, and where possible people continued to receive support from those involved in their care prior to them moving to the service.

Is the service caring?

Our findings

People who used the service and the visitors were complimentary about the staff. Comments included: "Excellent care here, when my mum had a bug they phoned us, reassured us that she was ok. They show mum respect. We looked at six homes before mum moved here, this one stood out, it was friendly and you could tell staff were respectful"; "Oh yes, I like it here, there are staff around who help me, they are good to me, and helpful, that makes me feel, you know, good"; "Staff speak nicely to us"; "The girls are lovely, they seem very involved with the people here, Mum's room is clean and tidy, her clothes are fresh".

People told us that friends and relatives were able to visit at any time without restrictions. Comments included: "My grandchildren can visit me, I like them coming"; "Oh yes they can see me anytime, my daughter knows that". The visitors we spoke with confirmed this and told us they were always made to feel welcome. They had strong praise for the staff and the service and said their relatives felt very comfortable in Hope Green and regarded it as home. One relative told us the home gave his mother a party for a special birthday. "We were given this room (smaller dining room) for the afternoon. Twenty family and friends came to see mum. The food they provided was excellent, the staff were helpful, we were all grateful. They could not have done more for mum."

We saw that people who lived at the home and their family members were involved in planning their care. People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's bedrooms were personalised and contained photographs, pictures and personal effects each person wanted in their bedroom.

We observed throughout our visit that staff assisted and supported people in a friendly and respectful way and were patient with people who had difficulty communicating. They continually interacted with the people in their care, offering support and encouragement. For example, staff consulted people who needed assistance with their mobility in regard to their comfort when seated. They also tried to accommodate people's preferences where possible. People were very comfortable and relaxed with the staff who supported them. People told us that staff supported them with washing, dressing and other daily tasks but that they were encouraged to do things for themselves.

The service took account of people's diverse needs. Staff we spoke with told us they enjoyed supporting the people living there and were able to tell us a lot of information about people's needs, preferences and personal circumstances. This showed that staff had developed positive caring relationships with the people who lived there. However, one person felt their spiritual needs were not being met. This person said; "I know a Roman Catholic service is held here but I do not go to it because I am C of E, so I don't bother".

We looked at the results of the annual satisfaction surveys and people were very complimentary about the caring attitude of the staff. For example, one person had said "The whole place has a warm, happy feel, it's like being wrapped in a warm blanket" and another said "The staff have empathy".

People's right to privacy and dignity was respected. Staff explained to people who the inspectors were and

asked people's permission to enter their rooms. People were able to spend some time alone in their bedrooms and there were other areas where people could choose to be alone. People were able to see visitors in private if they wished and were able to take visitors to their rooms, the gardens or lounge areas. An example of this was evident during a relative visit at afternoon tea time. The person using the service wanted to receive their visitor in private. Although busy providing tea to others a staff member helped the person to their bedroom, and provided tea and biscuits there.

All new starters received training that included duty of care, privacy and dignity, and working in a person centred way, to provide them with the knowledge and understanding of their caring responsibilities. All staff had completed data protection training to ensure that confidential, personal and sensitive data was protected.

End of life care could be provided at the service with the support of other professionals including the GP, community nurses and palliative care team to ensure that the people's care needs could continue to be met whilst maintaining their comfort and dignity.

The home's philosophy of care was included in the home's brochures in reception for everyone to see.

The local authority contract monitoring team and a visiting community nurse told us the care at Hope Green was good and it was held in high regard by relatives. Healthwatch had carried out a visit last year and said 'residents are very contented and enjoy the high standards of care and variety of activities available'. The 'Your Care Rating' survey carried out by Ipsos Mori showed that in 2015 100% of the people who completed the survey were satisfied overall with the service at Hope Green.

Is the service responsive?

Our findings

People said that the staff responded to them as individuals. People we spoke with told us that the service responded well to people's needs and requests. Comments included: "Staff know what I like, I like company. Staff know I like sitting here, I can see the trees and squirrels run, little birds. I talk to staff about it"; "I ask staff if I need anything"; "Staff wake me in the morning but if I do not want to get up, I can stay in bed a bit longer". A new hairdressing salon had recently been completed and the hairdresser told us; "I asked if the new sink to wash hair could be taken out and the old one put back in, as this was more comfortable for people when they were having their hair washed. This is being done today".

We checked whether call bells were responded to promptly. The service had just had a new nurse call system installed and a panel in the manager's office showed where each call bell had been rung and when it was answered. We observed that call bells were responded to very promptly. The system also provided for people who were outside in the garden. People were given a call bell on a lanyard to wear round their neck when outside. This enabled one person who liked to walk round the grounds on their own a measure of independence because they knew they could call staff quickly if they needed assistance. This person told us; "Weeks ago I was unsteady on my legs, and was frightened of falling over. Staff know I like going in the garden for a walk, it does me good. Staff have helped me, now I tell staff I am going outside on the path. I have a stick to help me."

The care records we looked at showed that people's needs were assessed and they could visit before deciding if they wanted to move in. People's needs were reviewed again on admission and appropriate care plans were drawn up. Risk assessments were completed, which allowed staff to identify risks to the individual and measures the staff could implement to reduce the risk of potential harm in the least restrictive ways possible, whilst promoting people's independence and maintaining their safety. Care plans were written in a person-centred way, included people's life history and were reviewed at monthly intervals or when needs changed. People were encouraged to have involvement in the planning of their care and were asked to sign their care plan to show that it had been discussed with them and they agreed to it. People who used the service confirmed that staff had asked questions regarding their care needs. Relatives comments included; "I am not sure, I think we may have, mum has only been here six months and we had so much stuff to sign I can't remember"; "Yes I have seen mum's care plan, we are happy with her care plan".

The staff we spoke with were familiar with people's needs. We saw that staff had access and contributed to the care records and staff told us they were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

We saw that visitors were welcomed throughout the day and staff greeted them by name. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives' care and the staff were responsive to requests.

People were encouraged to maintain and develop relationships. People told us how they had made friends with other people who lived in the home. People were also encouraged to visit their family members and to

keep in touch.

We found that there were a number of activities taking place in the home. Activities were promoted throughout the service; there was a monthly activities planner and activities coordinators were employed. Life histories were completed which enabled them to provide people with activities that were of interest to them. Activities provided included hand and foot aromatherapy, flower arranging, fortnightly exercise sessions, meals out, bingo, quizzes, board games and film shows. Entertainers also came into the home and the mobile library visited regularly. Other events that had been arranged included a hotpot supper, a cheese and wine evening and an open day. People who were able to had visited the local garden centre and Lymm Park. Staff had also facilitated an evening visit to the local school for a musical show. In addition, a pets day had been organised, which involved a dog, a cat and an Owl from a sanctuary. People were able to stroke the animals and staff felt this had had a positive impact; "It was nice to see people stroking the pets and smiling, everyone including the staff enjoyed the experienced".

Everyone had a television in their room, a telephone was available for people to use and newspapers and magazines were ordered on request.

Resident and relative meetings were held every four months; notes of these meetings were recorded and reviewed at future meetings to ensure that any agreed actions had been completed. There had been recent changes to the environment and an old fireplace had been removed from the lounge. Due to the negative response from people who used the service, the provider responded by putting the fireplace back.

The home had a complaints procedure and people who lived at the home told us they would feel comfortable raising concerns and complaints. There had been two minor complaints in the last year, both of which had been resolved. The registered manager had recorded her investigations and action taken.

Is the service well-led?

Our findings

A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home.

The home had a registered manager who had worked at Hope Green for the last 25 years and been manager for nearly five years. In conversation with the inspectors she demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as manager.

People's views on the quality of the service were regularly sought. Annual satisfaction surveys were carried out and the results provided to people who used the service and their relatives. Actions were taken as a result of some comments, for example the lighting had been improved in the lounge, a larger TV had been purchased for the lounge and wheelchairs were being cleaned more often. Staff took pride at being part of a team. One said; "I think moral is good at the moment. Due to the recent work on the extension there has been a lot of disruption. Residents coped well with this, as did staff." Surveys of staff and visiting professionals were also carried out. The results of the staff survey showed that the staff were happy working at the home and 95% said they felt valued. Visiting professionals also made very positive comments about the staff and the care provided.

Relatives told us they knew who staff were and their position. They felt all staff were approachable if they had a question.

All care staff attended daily handovers to ensure effective communication was maintained.

We saw evidence that the registered manager regularly walked around the service checking the environment, staff interactions and behaviours and resident care and welfare. She completed regular quality assurance audits to assess the safety and performance of the service; these audits included medication, care plans, infection control and kitchen audits. She also carried out unannounced night visits to make sure that night staff were providing the expected standard of care. The hairdresser who had visited three times weekly for ten years told us, "She (the Manager) is around all the time, she mucks in with everybody, I have even seen her cleaning toilets".

Support was available to the registered manager of the home to develop and drive improvement and a system of external auditing of the quality of the service was also in place. Help and assistance was available from a quality assurance manager, who reviewed information submitted from the home such as statutory notifications, any reports from external assessors, accident forms, training attended and other information on people who used their services such as admissions, discharges, deaths, weight loss, infections and pressure ulcers. She also carried out monthly audits of the service which included reviewing records and any complaints and observing staff practice. Directors of the company that owned the service also made unannounced visits to check on the quality of the service. If necessary, action plans were drawn up as a result of these visits and on subsequent visits the quality assurance manager checked whether the registered manager had completed the actions.

Staff meetings were also held. These meetings provided staff with the opportunity to express their views on how the service could improve the experience for those that live and work at the service.

The local authority had completed a quality inspection in July 2015 and were happy with the service.

The staff we talked to spoke positively about the current leadership of the home. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns, and they could approach the manager at any time for help and advice. Staff said they were well supported and had lots of opportunity to develop.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.