

Hambrook Care Limited

Hambrook Meadows

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 

Overall summary

This inspection was unannounced and took place on 29 October 2014. As the service was newly registered this was the first inspection.

Hambrook Meadows is a service which is registered to provide accommodation for 20 older persons and who maybe living with dementia. This accommodation is provided over two floors. On the day of our inspection they were providing care for 17 people.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy to be living at Hambrook Meadows. They said they felt safe with staff and relatives had no concerns about the safety of people. There were policies and procedures in place regarding the safeguarding of adults and staff knew what they should do if they thought people were at risk of potential harm.

Summary of findings

People received support from staff to take their medicines as directed by their GP. There were appropriate and safe systems in place for the ordering, storage, administration and disposal of medicines. These systems were regularly monitored by the registered manager.

Care records contained an assessment of people's needs. These were supported by risk assessments which protected people from any identified risks and helped keep them safe. There were also environmental risk assessments in place to minimise risk of harm within the home. Plans were in place to protect people in the event of an unforeseen emergency such as fire or flood.

Staff were aware of the needs of the people they supported. There was an effective care planning system in place which reflected the assessed needs of people. Staff involved people, where possible, in identifying how they wished to be supported and what was important to them. Staff delivered care with compassion and understanding. They took time to listen to people and ensure they understood them.

Appropriate recruitment checks were carried out for newly appointed staff to check they were suitable to work with older people. Staffing levels were adequately maintained to meet people's needs. Activities and reminiscence sessions were available specifically designed to support people living with dementia.

Food at the home was both nutritious and appetising. People could choose their meals from a daily menu and alternatives were available if they did not like the choices available. Staff provided support to people at meal times and monitored food and drink intake as required.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made where this was in their best interests. The Care Quality Commission (CQC) monitors the operation of the

Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to DoLS, we found the registered manager understood when an application should be made and how to submit one. The provider had arrangements in place to meet the requirement of DoLS.

Each person had a plan of care which provided the information staff needed to deliver support to people. Staff received regular training to help them understand, implement and meet people's needs especially around supporting people living with dementia. All staff received regular supervision which monitored staff's performance. Staff had completed further professional training in working within social care to National Vocational Qualification (NVQ) Level two or equivalent.

People's privacy and dignity were respected and staff had a caring attitude towards people. Staff were seen to be engaging positively with people. There appeared to be a good rapport between staff, people and their relatives.

The registered manager encouraged feedback from people, relatives, staff and visiting professionals. They responded to comments and involved people in making changes raised from these concerns through surveys, comment cards and regular meetings.

Quality assurance procedures were in place to check the quality of the service people received. Daily quality checks were carried out by the registered manager and senior staff. The provider carried out their own quality monitoring visit every month.

Staff knew what their roles and responsibilities were and what was expected of them. Staff said the registered manager was approachable and encouraged staff to voice their concerns or ideas on how to change the service delivery or aspects of care for individuals. Staff said the home's ethos was about making sure the people were at the centre of their care they received and involved in decisions about their care.

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 was safe. People felt safe and staff understood how to support them. Staff were aware of procedures to recognise and report abuse with appropriate systems in place to protect people from abuse and avoidable harm.

There were sufficient staff available to meet the needs of people. Recruitment procedures were robust and ensured suitable staff were employed who had the right skills to support people.

Risk assessments were in place to keep people safe. Where risks were identified, guidance was available for staff on ways to minimise or remove the risk.

Medicines were stored and administered safely by staff who had received appropriate training.

Good



Is the service effective?

The service was effective. People were supported by staff who knew how to care for them. Staff received appropriate training, supervision and support to deliver care. We were told there was good communication between people, relatives and the staff.

People's health care needs were monitored by staff. People were able to access health and social care professionals to support their healthcare needs as required.

People were provided with healthy and nutritious food. They were involved in choosing their meals and staff supported them to maintain a healthy diet.

Good



Is the service caring?

The service was caring. People were supported by staff who understood their needs and showed interest, compassion and care when supporting them.

People were encouraged to express their views on their care and felt comfortable with staff to tell them their concerns. People could change aspects of their care and were involved in changes to their care plans.

People were treated with respect and staff protected their dignity when supporting them. Staff spent time with people showing patience and understanding when engaging with people.

Good



Is the service responsive?

The service was responsive. People received care and support that was personalised and responsive to their individual needs.

People provided information about their life history, likes and dislikes, which were reflected in their care plans. The care plans gave staff information to enable them to support people in the way they wished to be supported.

People were supported to participate in activities of their choice. They were able to plan activities for themselves or for a group.

Good



Summary of findings

Is the service well-led?

The service was well led. People and staff said the registered manager was approachable. They shared information with people and relatives through regular meetings where people could voice their opinions on the service.

There was an effective quality monitoring system in place. The registered manager and provider monitored the quality of the service and took action to improve the service when concerns were raised.

The service ethos was to put the person at the centre of their care and to provide a personalised service to people.

Good



Hambrook Meadows

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 29 October 2014 and was unannounced. The inspection team consisted of an 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. Their area of expertise was in dementia care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some information about the service. It asks them to tell us what the service does well and what improvements they intend to make. We reviewed this form

and previous inspection reports before carrying out our inspection. We looked at notifications sent to us by the provider about significant events in the service they are required to inform us about. This was the first inspection of the service since registration.

We observed people receiving care and support in communal areas. We saw how staff interacted with them during meal times and throughout the day. We looked at plans of care, risk assessments and medicines records for five people. We looked at training, recruitment and supervision records for five members of staff. We reviewed staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities that occurred, menus and records about the management of the service such as audits and policies.

We spoke with seven people and six relatives to ask them their views on the service provided. We spoke with the manager, the provider and seven members of staff who told us what it was like to work in the service. We also contacted a social worker from the local safeguarding team. A GP who visited the service was also contacted.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us, "I feel very safe here and the staff really help me to keep well." Another person told us, "There are always staff around to help me if I need it." One person said, "I have a call bell I use at night if I need staff help. They are usually quite quick to answer it." A relative said, "the service is safe, they have made dad's room very safe." They told us their relative had pressure mats on the floor so that staff were aware if their relative got out of bed at night. "They (the registered manager) involved both father and me in discussions before they installed them." One relative told us his brother was, "safe and the staff do everything they can."

The registered manager followed the guidelines within the local authority's safeguarding procedures. The document was accessible to all staff in the office. The provider had their own policy and procedures which referred to the local authority document. The provider openly displayed information and advice on reporting safeguarding concerns for people and staff.

Training records showed staff had undertaken training in safeguarding adults. All staff confirmed they had received training in safeguarding within the last year. They were able to describe different kinds of abuse they may witness or be told about. The registered manager and staff knew what actions to take to protect people at the home. One member of staff said, "I would report any concerns to my manager and if they were not around I would report them to social services or the CQC." Safeguarding concerns were reported appropriately.

There were risk assessments in people's records of care. These gave staff clear guidance on managing risks. For example one person's area of risk had been identified around their mobility within the service. There was a falls risk assessment that had been completed following a number of falls. This identified measures such as the use of bed rails, pressure mats on the floor and the use of a wheelchair for moving the person from room to room. There were guidance notes for staff on the use of a hoist in another person's room. A member of staff said, "I check this every time we move the person as it shows the correct way to position the sling." Staff used the equipment as directed to ensure the safe transfer of people.

There was a fire risk assessment for the building and each person had a personal evacuation plan for emergencies. This gave instructions to staff on the type of support each person needed if they had to leave the building quickly. There were emergency plans in place should the service become uninhabitable due to an unforeseen emergency. The registered manager and senior care staff provided an on call service for staff if they required support or advice when the manager was not in the building.

Recruitment records for staff included proof of identity, two references from previous employers and appropriate checks such as Disclosure and Barring Service (DBS) had been completed prior to staff working with people. These checks helped employers to make safe recruitment decisions and prevent unsuitable people from working with people who use care and support services. There were also records of people's application forms and interview notes. Staff confirmed they did not start working in the service until all of the recruitment checks had been completed.

The registered manager planned the duty roster to make sure there were suitable and enough staff on shift to meet people's needs. One member of staff told us, "There are enough staff to support people. I don't feel hurried and we always seem to spend time with people when they ask for it." This was confirmed by people and relatives who made positive comments about the quality, friendliness and effectiveness of staff. One person said, "It would be nice to have more one to one time with staff, but they have to meet all of our needs."

Staff understood the need to respect people's confidentiality and knew they should not discuss issues in public or disclose information about people they cared for. The provider had policies concerning privacy and confidentiality. Staff had read these policies and signed to say they understood the policy. This ensured people's personal information was safe.

Staff helped people to take their medicines. The provider had policies and procedures for the obtaining, storage, administration and disposal of medicines. Suitable storage arrangements meant medicines were kept secure. Medicine Administration Records (MAR) were up to date with no gaps or errors which showed medicines had been administered safely and as prescribed. Records of quantities of medicines were accurate. Staff received training in the administration of medicines and the training records confirmed this. Once staff had completed their

Is the service safe?

training they were assessed by the registered manager to be competent to administer medicines on their own. There were storage arrangements in place which were in line with misuse of drugs safe custody regulations and the Royal Pharmaceutical Society guidelines. A locked fridge was

used to store Insulin and the temperature was checked every day. Medicines returned to the pharmacy were recorded in a returns book and signed for by the registered manager and a member of staff from the pharmacy.

Is the service effective?

Our findings

People told us the staff were good. One person said, “they are solid gold, all the staff are excellent.” Another person told us, “I like the mix of staff in their age and it is nice to have a male carer.” One person said, “Staff help me when I need it and let me do as much as I can by myself.” People told us the food was “excellent”. One person said, “it is all home-made and is well prepared.” Another person said, “The food is really good here and nothing is too much trouble if you change your mind about what you want to eat.” A relative said, “the staff are very knowledgeable about dementia and really do know how to support my husband.” Another relative said, “the staff are very easy to talk to and they pass on information to the manager.” One relative told us, “we are kept informed when mum’s health is not good. The GP is very good and knows mum well.” People felt staff supported and encouraged them as well as cared for them.

Records showed staff received a full induction programme based on the Skills for Care common induction standards (CIS). These are the standards employees working in adult social care should aim to meet whilst working with people living with dementia. Staff told us, “When I had completed my induction, I worked with people alongside an experienced member of staff.” Another member of staff said, “My induction and training have given me a better understanding of how dementia affects people in different ways.” People were supported by staff who had received appropriate training specific to their needs.

The registered manager had a training plan for staff, which identified training and updates staff had completed. Staff had attended training specific to the needs of the people they supported. These included training about people’s physical and medical conditions and ways to support them. There were a range of other essential training events which all staff had completed such as, first aid, medicine administration, infection control and health and safety. Staff told us they had been able to use learning from training events in their daily practice and increased their confidence. When supporting people living with dementia they felt able to understand how it can affect their memory and behaviour.

Staff received regular supervisions. (Supervision and appraisal are processes which offer support, assurances and learning to help staff development). Staff used their

supervisions to talk to the registered manager about concerns they may have about people they supported. The registered manager also provided feedback on their work performance. Staff found these to be beneficial. There were also regular staff meetings where new information could be shared and people’s care plans could be discussed if required.

People were involved, where capable, in assessing their needs and planning their care. People were able to talk to staff about changes to their care during a regular monthly discussion. The registered manager helped to deliver care on a regular basis and used this as an opportunity to talk to people about their care plans. Assessments were reviewed each month by the registered manager and where people’s needs had changed these were recorded and care plans updated to reflect this.

People said staff always told them what they were going to do before they carried out any care. We heard staff asking people for their consent and waiting for the person’s response before they delivered care. Staff knocked on people’s room doors and waited for an answer before entering.

The provider and registered manager understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People’s mental capacity had been assessed and the registered manager was aware of which people were assessed as not having the capacity to make some significant decisions. Some people had relatives who were appointed as power of attorney and their records showed the level of responsibility for decision making for that relative. For example one person who had been assessed as not having capacity also had a visual impairment. They required support with reading and understanding letters about their finances and care. This was carried out by a relative who had power of attorney to make decisions about finance and welfare on behalf of the person. A meeting was held to ensure decisions made about their care placement were carried out in the person’s best interest.

People’s healthcare needs were met. People were registered with a GP practice and the registered manager arranged regular health checks with appropriate healthcare professionals. A relative told us, “I am impressed with the ongoing monitoring of my mother’s care and the prompt action of staff if medical advice is required.” A GP told us the staff were good at identifying when people were not well

Is the service effective?

and worked well with the health professionals in delivering treatment and care in accordance with people's health care plans. An example of this was a concern regarding a moving and handling practice for one person. Appropriate health professionals assessed the practice, advised on ways to improve it and delivered training to staff in the techniques.

During a meal time people received their food quickly and it looked appetising. The food was hot and fresh vegetables were included. If people needed assistance to eat this was quickly and sympathetically given by staff. Drinks were served throughout the meal and people were encouraged to drink adequate fluids. People were given choices of main courses and desserts. Staff knew the people who required specific meals due to their diabetes and which people received supplements. The cook prepared meals specifically to support people's health conditions.

They were conscious of healthy eating principles and used fresh fruit and vegetables at every mealtime. The menu was planned to give people a balanced diet and staff monitored the types and amount of food people ate. People were offered drinks and a choice of snacks in between meals. The cook showed us lists for each person of their likes, dislikes and favourite foods. If people requested their main meal to be in the evening this was made available to them.

People's nutritional needs were assessed by use of a Malnutrition Universal Screening Tool (MUST) assessment. This identified if people were at risk of malnutrition or obesity. People were weighed, either weekly or monthly and records were kept of these weights. Where necessary records were maintained of what and how much people had eaten and volumes of drinks they had consumed. This made sure people could be given food supplements if necessary under medical advice.

Is the service caring?

Our findings

People and relatives told us staff were caring, friendly and approachable. One person said, “staff are so good, they really do care and nothing is too much trouble for them.” One person said, “I am very happy here and this is my home. Staff always ask my permission before they do anything.” A relative told us, “We have been involved in mum’s care plan and they have so much information that makes sure staff know how best to care for her.” One relative said, “staff have learned how to care for my husband and his particular type of dementia. They do a wonderful job to help him to do as much as he can for himself.”

People knew who the registered manager and provider were and could speak to them at any time. One person said, “the provider is always around doing little odd jobs.” Another person, “said the manager always encourages us to tell them if things are not right. They always listen and have made some changes when we asked for them.” The provider sent out a questionnaire to people and their relatives every year. This asked people for their opinion on the care they received. There were some very positive comments about the quality of the care and responsiveness of carers. One person said, “Everybody treats me with respect.” A relative stated, “I have witnessed nothing but kindness and caring from all of the staff.”

Each person had an individual plan of care. These plans were written in language that was appropriate for people to understand. People had seen their care plans and one person had been involved in discussions about what was in their care plan. Relatives had also been involved in the care planning process and staff had used this shared information to ensure the plan was personalised to the individual. The registered manager had used an advocacy service to support a person who did not have capacity to

be involved in their care planning. The care plans guided staff on how to deliver care appropriate to the needs of the person. There was information on the type of support people needed and what people could do for themselves. We observed staff delivering care in communal areas and they were knowledgeable and showed they understood people’s needs.

The staff knew people’s personal histories and the things that mattered most to them. Staff spent time talking to people about these things. The registered manager said they spoke to relatives and the person to obtain information on their family history, occupation and what their interests and hobbies were. These had been included in people’s records so that staff could become familiar with people’s backgrounds and could engage people conversationally.

Staff respected people’s privacy and dignity. Staff knocked on people’s doors and asked if they could come in before entering. Staff explained to people how they were going to support them. They asked them if that was alright and waited for a positive response before delivering care. People were addressed by their preferred name and their care records highlighted this. Staff chatted with people and took time to listen, showing people kindness, patience and respect. This approach helped to ensure people were supported in a way that respected their decisions, protected their rights and met their needs. People got on well with staff and appreciated that not many staff had left the service.

Staff knew what people needed help with and what they could do for themselves. We saw staff encouraged people to do as much for themselves as they could. This was noticeable at meal times and when assisting people to move around the home. People’s care plans identified how much and what type of support people required for each activity.

Is the service responsive?

Our findings

People were aware they had a plan of care and in some cases what was written in it. One person said, "I told a member of staff about all of the things I really like and some things I am not partial to. I also told them how I like to be helped. They used this to write my care plan." Another person said, "I know my care plan tells the staff about my health and how they should help me." Relatives said they were involved in the care planning process. One relative said, "We are always invited to any meeting about Dad's care. It's good to know what is happening and to make changes if needed." People enjoyed a range of activities both at the service and in the community. One person said, "I really enjoy my swimming classes; I never thought I could learn at my age."

People were supported to maintain relationships with their family. There were no set visiting hours although the registered manager had responded to people's request for no visitors at meal times. This had been recorded in the minutes of the resident's meeting. The registered manager discussed this with relatives who agreed to respect people's wishes by leaving when meals were served. Relatives were made to feel welcome and kept informed of how people were. A relative said, "Communication is excellent and I know they will let me know about any concerns or problems." Another relative told us, "We feel as if we were visiting Mum in her own home."

People were involved in a regular resident's meeting where they could discuss any issues they had. This gave some people the opportunity to be involved in how their care could be delivered. Minutes of these meetings were available as a member of staff facilitated the meeting. These showed people were involved in planning activities, meals and the decoration and upkeep of the home. One person had requested to go out more often. They told us they now went to the local pub once every week and went into town often with staff support.

People could choose to join in a wide range of activities in the home, such as music, games and craft sessions. There were regular themed activities for people. For example they were holding a 1940s themed day after our inspection. People could dress up in appropriate period clothes, listen to music and enjoy some dancing. Films and books from the period would also be available. The chef was preparing some typical food from that period for people to eat as

well. One person told us, "I am really looking forward to the 40s day as it will remind me of my childhood." There were also external visitors from the local church and schools who engaged people in activities. One person visited the local church every week and several people enjoyed going to the local pub. People also chose day activities such as visiting places of interest, garden centres and the beach. The provider had listened to people and arranged for them to access interests and activities both within the home and in the community.

Staff told us about the personalised care planning approach they used. The care records for people contained sufficient and appropriate information to guide the support and care of people. One section contained a history of the person, which included information about the person's education, employment, family and personal interests. This helped staff to respond and interact with people when they spoke with them. Care plans also included details of the person's medical history, mobility and essential care needs such as sleep routines, personal care, communication, diet and socialisation.

People were as involved as possible in how their care was delivered. An assessment of need was carried out before people moved into the service. Each person was encouraged to provide information on their personal history, likes, dislikes and how they wished to be supported. Relatives were also involved where people required support with communication or remembering details. The assessments were regularly reviewed by the registered manager and this was signed and dated in the records. This made sure the assessment was updated when people's needs changed. For example a person had a number of falls and their risk assessment was reviewed. An action plan was developed and advice was sought from the falls team. The person did not have any other falls following this intervention.

Daily records compiled by staff detailed the support people had received throughout the day. Care plans were reviewed every month which made sure they were kept up to date and reflected each person's individual needs. In one person's care plan we saw changes had been made due to a change in their health needs. The care plan had been amended to reflect this. It provided staff with updated information about the support they needed to maintain this person's health.

Is the service responsive?

A GP who visits the service told us that the registered manager and staff were very approachable. They knew the people well and communicated well with them. Staff took on instruction and they felt confident that staff responded to changes in people's healthcare needs.

People, relatives and staff were asked for their views about their care and treatment through an annual survey. The registered manager looked at all of these and identified actions they needed to take to respond to any issues raised. One person had identified their bedroom was too hot in the winter. Bedroom radiators were fitted with thermostatic valves so that each room could be set to a temperature people were comfortable with.

There was an effective complaints system in place and all complaints were recorded in a complaints log. People had not made complaints, although they were very comfortable that if they did they could speak to the staff or registered manager. A relative said, "It is so easy to ask questions and the response is normally so quick that I have never had to make a complaint." We saw records of one complaint received which the manager had responded to in timely fashion. The manager investigated the complaint and worked with the person to resolve this complaint.

Is the service well-led?

Our findings

People told us the registered manager was very approachable and they could talk with them at any time. One person told us, “the manager is always available and sometimes supports me with my care. She knows me well and I like that.” Another person said, “The manager keeps me involved and up to date on my care and keeps my relatives up to date as well. A relative said, “The manager is excellent and has a very open management style.” Another relative said, “They (the registered manager) are so approachable and always knows what is going on, very visible. “ A relative told us, “I chose this home as it was homely and well run.”

Our observations, comments from people, relatives and staff showed us there was an open culture at the home that was focused on meeting the needs of people. The provider’s aims and values emphasised people being at the centre of their care. Staff were encouraged to maintain people’s privacy and dignity and respecting their wishes to be as independent as they could be.

The registered manager was available if people, relatives or staff needed to speak to them. They encouraged feedback on the quality of the service and would welcome the opportunity to discuss ways to improve the service for people. The staff team was well established and there was a very low turnover of staff. This had led to a consistent approach and staff worked well together. People had got to know the staff well and felt comfortable to talk to them if they had any concerns. Staff could talk to the registered manager about any concerns and knew they could make suggestions or changes to people’s care plans if required.

All accidents and incidents were investigated and any identified risk factors were noted and actions put into place. The registered manager discussed accidents and incidents with staff and used this to identify any learning points to prevent similar incidents occurring. The accidents and incidents were audited every month by the registered

manager to look for trends and if lessons learnt had been applied. Staff felt this helped to identify if people’s care plans needed to be changed to reflect a rise in incidents and what they could do to improve care to the person.

People and staff were able to comment on the running of the service and make comments and suggestions about any changes. Regular staff meetings and residents meetings occurred regularly. Minutes of these meetings were maintained. People and staff confirmed this and said the meetings were used to discuss concerns with the manager and other members of staff. They could also use a comment card system to raise concerns. For example one person had requested a kettle to be put in their room. Staff assessed them using the kettle in the kitchen and identified they would not be safe to do this unsupervised in their room. They looked at compromises such as use of a thermos flask or hot cup which maintained heat. The person agreed that they would ask staff for help to make their own drinks in the kitchen.

The registered manager had a quality assurance system in place which was completed with the provider. This consisted of the registered manager and provider carrying out weekly and monthly checks to monitor the quality of the service they provided. These checks looked at medication, food hygiene, health and safety, fire alarm systems, fire evacuation procedures and monitoring of care and staff records. These were all up to date and had been occurring regularly. The checks identified where action was necessary to improve the service. The registered manager prepared a list of actions to discuss with the provider and agree necessary work to improve the service.

The registered manager had a system in place for monitoring staff training, supervisions and appraisals. There was a record of all training events staff had completed and events they were booked on to complete within the next year. This highlighted when staff needed to attend update or refresher training in particular subjects. A similar chart approach was used to monitor when staff had received supervision or were due to have one. This made sure staff were aware of when supervisions and training had been booked.