

Hanford Manor Limited

Hanford Manor

Inspection report

85 Church Lane
Hanford
Stoke On Trent
Staffordshire
ST4 4QD

Tel: 01782642144

Date of inspection visit:
07 January 2020

Date of publication:
05 February 2020

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Hanford Manor is a residential care home providing personal and nursing care to up to 31 people aged 65 and over. The accommodation is provided in a single building, arranged over two floors, with communal facilities including two lounges, a dining room with café area, roof terrace and secure garden. At the time of our inspection, 30 people were using the service, some of whom were living with dementia.

People's experience of using this service and what we found

The provider's quality assurance systems needed to be developed to ensure they were applied consistently and monitored all aspects of the service, to assure us that appropriate action was always taken.

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. Any concerns were taken seriously, investigated thoroughly and lessons learned shared with staff to minimise the risk of reoccurrence.

Risks associated with people's care were identified and managed safely. People received their medicines as prescribed and regular reviews ensured they remained safe for them. Staff were proactive and ensured people received timely and dignified care at the end of their life.

There were enough, suitably recruited staff to meet people's needs. Staff received training and ongoing support to meet people's individual needs. Staff worked closely with health and social care professionals, who were positive about the care and support people received.

The registered manager and staff promoted a kind and caring, inclusive atmosphere. People told us the staff always respected their privacy and dignity and provided care in their preferred way. People were supported to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access activities that were inclusive and based on their interests and benefited from close links with the local community. Staff used social media appropriately to help widen people's interests and opportunities for friendship. People had choice over their meals and were supported to access other professionals to maintain good health.

People and their relatives had no complaints but felt confident any issues raised would be resolved. There were systems in place to capture people's views on how the service could be improved and these were acted on. Staff felt supported and valued by the management team.

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

Rating at last inspection

The last rating for this service was Good (published 8 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Hanford Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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.

Service and service type

Hanford Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, a senior carer, three care staff, the activities co-ordinator, and two housekeeping staff. We also spoke with two professionals involved with the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of

observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff knew how to recognise and report abuse. Staff were confident the registered manager would act quickly to keep people safe if they reported any concerns.
- There were effective safeguarding systems in place. The registered manager reported any concerns promptly, using local safeguarding procedures, and informed us as required.

Assessing risk, safety monitoring and management

- People told us they were comfortable living at the home and felt safe. One person said, "I feel secure and I have my own key [to my room]." Relatives had no concerns, one said, "There's been no problems at all and they're great here, treat [name of person] really well and we are pleased."
- People were involved in making choices about risks to their safety and staff supported them to take positive risks and have maximum control over their care and support.
- Risk assessments and risk management plans were person centred and kept under review. Environmental risks were also considered and mitigated, for example there were detailed plans to keep people safe whilst building works were carried out at the home.

Staffing and recruitment

- People told us staffing levels varied at times but overall felt staff were available when needed. Comments included, "Oh yes there are enough and if I press that button [call alarm] they're here immediately", and, "They could do with a few more but it's okay."
- Staff told us they worked together to ensure people's needs were met in a timely way, for example during the morning when they were supporting people to get dressed. One said, "Things are sometimes a bit stretched when we are busy, but we manage okay."
- We observed staff were available when people requested assistance and call bells were responded to promptly. Staffing levels were varied to ensure people's needs were met, for example an additional member of staff had been introduced in the afternoon to ensure people's needs were met and this was being monitored by the registered manager.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely

- People received their medicines as prescribed. The service ensured people's medicines were regularly reviewed to ensure they remained appropriate for them.

- Staff received training to administer medicines and we observed they spent time with people, explaining what the medicines were for and ensuring they had taken them.
- Medicines were stored correctly and disposed of safely.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- The home was clean, and staff were observed to be using personal protective equipment when needed. One person said, "Everything is kept spotless."
- Staff received training and understood their responsibilities to follow infection control procedures to keep people safe from the risk of infection.

Learning lessons when things go wrong

- There was an open culture at the service which encouraged staff to report any concerns.
- The registered manager carried out thorough investigations, for example in relation to accidents and incidents, and any learning was shared with the wider staff team to help to prevent a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- People and their relatives had been involved in decisions about the home environment, which had recently undergone a complete refurbishment. People were now able to access a variety of areas, including a garden terrace and a café area where they could see family and friends.
- The provider had considered the needs of people living with dementia. Adaptations had been made to ensure people could move around the ground floor freely and lighting installed to help reduce the symptoms of 'sundowning'. This is when people's confusion and agitation increase in the afternoons.
- However, people had not been given the opportunity to personalise their bedroom doors, for example with a memory box, and there was no pictorial signage on bathrooms. These adaptations help support people to orientate themselves and promotes their independence. The registered manager assured us this would be addressed during the completion works. We will follow this up at our next inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they were accepted into the home and their care and support was planned for and delivered in line with best practice. For example, we saw that detailed plans were in place for people who had diabetes, which considered their wider health needs.
- Prompt referrals were made to other services to make sure people's needs were met. A health professional told us, "The staff are proactive and adopt a precautionary approach, which is very helpful to me."
- The home worked closely with other professionals, such as the community nurse team and followed their advice to ensure people received effective care, in line with best practice. One visiting professional told us, "My colleagues and I have never had an issue here. The manager is very switched on, they listen to any issues we have and if we ask for anything, it's always there. In my view they are top of the list of homes we visit."

Staff support: induction, training, skills and experience

- People and their relatives felt the staff understood their needs. One person said, "I've nothing but praise for them, they're ever so good."
- Staff were positive about how the provider and management team supported them to fulfil their role. One member of staff said, "The provider is good, training is always available".
- Staff had regular supervision and appraisal meetings, which enabled them to reflect on their practice and identify opportunities to develop their skills and knowledge to meet people's changing needs. Senior members of staff observed training sessions and mentored staff to monitor their practice and competence.
- New staff received an induction, which included completing the nationally recognised Care Certificate,

which equips staff with the skills to work in health and social care. Staff shadowed experienced staff and did not work unsupervised until they and their manager were confident they were able to do so.

Supporting people to eat and drink enough to maintain a balanced diet

- People had choice over their meals and had access to sufficient food and drink throughout the day. We saw meal times were not rushed and people were offered alternatives if they wished.
- People were consulted about their preferences, which included considering any cultural or ethical beliefs. The registered manager told us how they encouraged staff to bring in foods which represented their varying cultural backgrounds, which people had enjoyed.
- People's weights were monitored when needed and staff sought advice from the dietician and speech and language therapist if they had any concerns.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to manage their day to day health and had access to ongoing support from their GP and other professionals including dentists, occupational therapists, podiatrists, and opticians. One person said, "They contact them for me [GP, nurse etc] and they wouldn't rest until I was cured too".
- Professionals we spoke with were positive about the approach of staff. One said, "Staff know the residents very well and are very person-centred, which helps me in my job."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their relatives told us the staff sought their consent before providing care. One person said, "They explain things [first]."
- Staff had received training in the MCA and understood their responsibilities to support people to make their own decisions as far as possible. One member of staff explained how they tried different approaches when people's capacity to consent to their care fluctuated. They said, "We look for patterns [in what works]. We try a different face [member of staff] or a different time."
- Applications had been made to the local authority to lawfully deprive people of their liberty to ensure their safety. The registered manager notified us when authorisations were received, and we saw that a condition was being met, which assured us that people's rights were being upheld.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives had good relationships with the staff and told us they were kind and caring. One person said, "I look forward to staff coming to my room, they are absolutely lovely." A relative said, "We have no worries at all, the staff are lovely with [name of person] and do anything they want."
- People were supported by a consistent staff group, some of whom had worked at the service for many years, who knew them well. Staff chatted with them about their family or things they knew interested them, which promoted a warm, friendly atmosphere.
- Staff were motivated and proud of the care they provided. One staff member said, "I love my job, just knowing I've made someone smile gives me job satisfaction." Another said, "We work so well as a team, that's how we make sure people get good care."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and told us they could choose how they spent their time. One person said, "I get up and come up [to bed] when I want to."
- We saw people could choose to have a lie in if they wished and we heard staff asking people what drinks they wanted and where they wanted to sit. A staff member told us, "We always take people's opinions into account."
- Whenever it was appropriate, staff involved people's relatives in planning their family member's care, to ensure their preferences were understood. For example, staff gathered information about people's life histories, likes and dislikes.
- People were supported to access an advocate if needed. An advocate is a person who supports people to express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were always treated with dignity and respect. One person told us how they felt comfortable when staff supported them with personal care. They said, "It's all done correctly." Another person said, "They do respect me – how can I put it, they treat me as I should be treated."
- Staff treated people with warmth and comforted people when they became unsettled. They were discreet when asking people if they required support with personal care and were mindful that people were covered up when they were being moved using equipment.
- A professional told us they had received feedback from people who had stayed at the home for a short respite period, whilst building work was going on. They said, "People said it was noisy at times, but staff provided screens [to minimise disruption] to ensure people's privacy was maintained."

- People were supported to maintain their independence as much as possible. Staff encouraged people to do things for themselves as far as possible. For example, we observed staff were patient and encouraged people to walk with their frames, to maintain their mobility as much as possible. A member of staff told us, "We encourage them to do what they can for themselves but are always there for back-up."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a strong focus on supporting people to access activities that were inclusive and based on people's interests. On the day of our inspection, people joined in with singing, dancing and an 'Armchair Challenge' testing people's ability to guess when 30 seconds had passed, which created a real 'buzz' at the home.
- The home had a minibus and people regularly went on outings to places which interested them. For example, an outing to RAF Cosford had been arranged for a person who had formerly worked in the RAF.
- People were supported to follow their faith through regular church services and Holy Communion.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their individual needs. One person said, "I've nothing but praise. I came here with two bad legs, the pain was killing me, and they've cured me, they are ever so kind. I have a room to myself and first thing in the morning they shower, wash and dress me."
- Relatives were equally positive and told us how they had seen improvements since their family members had moved into the home. One said, "[Name of person] has come a long so well since moving here and has made a great improvement." Another said, "We were so worried at first but [name of person] has settled in fine, likes it and is happy now."
- Staff understood the importance of companionship and supported people to have relationships and maintain contact with family and friends. Protected characteristics were identified and recorded in people's care plans to ensure their preferences for how they were supported were fully understood.

End of life care and support

- Staff were proactive in ensuring people had support, equipment and medicines in good time.
- People's end of life care and support needs were recorded in an end of life care plan, which considered their spiritual and cultural beliefs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS by identifying and meeting the needs of people with a disability or sensory loss. The registered manager told us information was made available in large print or braille to

support people with a sensory disability. They also added that aids such as flash cards were sometimes used when people were unable to communicate verbally.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise any concerns and complaints and were confident the registered manager and staff would listen and resolve them. One person said, "The staff are wonderful. If there is anything at all [I'm worried about] they say don't worry, we'll fix that, and they do."
- There was a complaints procedure in place, which was clearly promoted on noticeboards throughout the home. Any complaints were logged and responded to in accordance with the provider's policy.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant that aspects of the service management and leadership were inconsistent.

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

- Quality assurance checks were not always formalised and were not fully embedded in the service to assure us that risks to the quality of the service were consistently effective and used to drive improvement.
- Audits of medicines consisted of a monthly check of stock levels and did not look at other aspects to ensure staff consistently followed national guidelines around administering, storing and disposing of medicines. Whilst the medicines records we looked at were completed accurately, the lack of formalised checks meant we could not be sure that any shortfalls would be promptly identified and rectified. We discussed this with the registered manager who contacted the pharmacy who provided an audit template, which they assured us would be put in place immediately following our inspection.
- The registered manager told us care plans were checked for accuracy. However, it was not always clear what information was being checked and what action was required to follow up on any findings. This meant that the audits may not be completed consistently.
- Although we had not identified any concerns with the cleanliness at the home, the registered manager did not carry out a formalised infection control audit, which meant we could not be sure any concerns would be promptly identified and acted on. Following our inspection, the registered manager forwarded a copy of the monthly audit they had introduced. We will follow this up at our next inspection.

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

- People and their relatives were positive about the approach of the registered manager and staff and there was a warm and friendly atmosphere at the service. One person said, "Oh, I like it here, yes. I speak to the boss lady and they are always helpful and kind." A relative told us, "It's lovely, very welcoming and they always give me a cup of tea."
- Staff felt supported by the registered manager and provider and felt able to give their views on how things could be improved. A member of staff told us, "I feel supported in every way, both in my work and personally. Anything I raise is always acted on."

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

- The registered manager was open and transparent throughout our inspection and was clearly dedicated to their role. They understood their responsibilities under Duty of Candour and we saw that they were open and transparent with people and their families when accidents and incidents occurred.

- The registered manager notified us of important events that happened in the service, as required by their registration with us. This enables us to check that appropriate action has been taken.

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

- People's views on the service were sought through meetings and occasional surveys. We saw action had been taken to improve menus at the service in response to people's comments.
- People benefited from links with local schools and social media was used appropriately to enable people to make new friendships. For example, the activities co-ordinator supported people to communicate through "Postcards of Kindness", a social media site where cards are exchanged with people in care homes, both in the UK and overseas.

Continuous learning and improving care; Working in partnership with others

- Although we have identified that quality assurance systems were not fully embedded in the service, the registered manager was committed to improving people's experience of care. They told us they met regularly with the provider, who visited the service regularly to monitor the service people received. They told us, "Things change daily, and I make sure I address everything straight away."
- We saw the home promoted the Red Bag scheme, which helps to provide a better experience for care home residents when transferring between home and hospital. Care home staff pack a dedicated red bag that includes the person's records and medicines, as well as day of discharge clothes and other personal items. This showed us the registered manager and staff worked in partnership with other services to ensure people received joined up care.