

Avery Homes Hinckley Limited

Hinckley House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hinckley House Care Home is a residential care home providing personal and nursing care for up to 60 people, some of whom have dementia. At the time of our inspection there were 55 people using the service.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt safe living at Hinckley House Care Home. People received safe care and were protected from the risk of abuse. Staff were aware of their responsibilities for keeping people safe and received safeguarding training.

People were supported by enough suitably experienced and trained staff who were safely recruited.

Staff worked with health and social care professionals to help people maintain their health and wellbeing.

Medicines were safely managed by trained staff. Risks associated with people's care had been regularly reviewed and were well managed.

Visitors were welcomed into the service and their views were sought, considered and respected.

There were robust systems and processes in place to monitor the quality of the service. When required actions were taken, and the necessary improvement made. The registered manager was supported by the provider to identify concerns and learn lessons when things went wrong.

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 04 March 2019)

Why we inspected

We received concerns in relation to the management of risk and concerns about lack of governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hinckley House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hinckley House Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors 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

Hinckley House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hinckley House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 staff including the registered manager, deputy manager, regional manager, care staff and a domestic assistant. We spoke with 1 person living at the service and we undertook a range of observations as some people were unable to communicate with us. We used an Expert by Experience to seek the views of 17 relatives and spoke with 3 relatives visiting the service on the day of inspection.

We reviewed a range of records about people's care and how the service was managed. This included 12 people's care plans and risks assessments, staffing rotas, records of staff and relative meetings, a range of medicines records and the staff training matrix. We also reviewed 8 staff recruitment files, along with the providers quality assurance audits and reviews.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 avoidable harm and abuse. Our observations showed staff followed people's care plans and provided care in a safe and dignified manner. Relatives told us, people were well looked after and safe.
- Systems and processes were effective at safeguarding people from the risk of abuse. Staff told us how they could identify different types of abuse and had access to the provider's safeguarding policy. Staff felt comfortable raising concerns and following local safeguarding processes when required.

Staffing and recruitment

- There were enough suitably trained and qualified staff to meet people's needs in a timely way. Relatives told us their family members were happy living at the service. We observed sufficient staffing levels throughout the home.
- Staff training records and the provider's electronic training matrix demonstrated a good mix of staff skills and abilities.
- Staffing levels were regularly reviewed. The registered manager completed a daily review of people's needs and changed staffing levels where required. This meant there was always appropriate staffing levels to ensure people's safety.
- Staff were safely recruited. The provider had robust recruitment practices in place, and these had been followed for each new employee, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. We witnessed a medicine round and observed medicines being consistently and safely administered to people.
- Protocols were in place for people who had been prescribed 'as required' medicines. Records we reviewed confirmed staff followed these protocols when administering people these medicines.
- The provider used an electronic medicine recording system (E-MAR). This system alerted staff to any medicine errors enabling prompt action to be taken.
- Medicines were stored appropriately and in line with best practice guidance.
- Staff who administered medication received training to do so, and had their competencies assessed in line with the provider's training and development plan.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visitors were welcomed into the home. The provider had no restrictions on people visiting their loved ones. We observed visitors to the service coming and going freely throughout the inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were regularly reviewed and changes were made when necessary. We found risk assessments to be up to date and inclusive of all necessary information required to keep people safe. For example, falls risk assessments were appropriately completed, reviewed and audited. Staff monitored people's mobility and changes to risk assessments were communicated effectively.
- Records confirmed safety checks and maintenance work was carried out to make sure the premises and equipment were in safe working order. For example, it had been identified recently that further equipment storage facilities were required. This had been ordered immediately and added to the management action plan to ensure this was completed in a timely manner.
- Fire safety audits were undertaken by the senior management team. Personal emergency evacuation plans were in place and accessible to staff and others, in the event people needed to be evacuated. Fire drills and fire safety checks were also completed.
- People's care records were reviewed and updated where necessary following any incident or accident. The provider logged, investigated and reviewed each incident and communicated changes in daily handovers, staff meetings and staff supervisions. This meant staff were able to learn lessons and reduce the risk of similar incidents occurring.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager, regional manager and staff team were friendly, welcoming and approachable. One relative told us, "The manager is very approachable and is often around".
- Staff were knowledgeable about people's needs, provided person centred care and worked to achieve people's individual outcomes.
- We observed many positive interactions between staff and people living in the home. One visitor told us that they, "Never considered taking [person] anywhere else".

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 understood their responsibility to comply with the duty of candour. We reviewed accidents, incidents and safeguarding records which had been logged and reported to the relevant authorities and the Care Quality Commission (CQC) when required.
- The management team were open and honest throughout the inspection. Staff were aware of what action to take to report any concerns or complaints raised.

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

- Systems and processes were effective at identifying and managing risks to the quality of the service. The registered manager completed regular audits to monitor the service. There was a monthly self-audit timetable in place to ensure all aspects of the service were monitored and service improvements made when necessary.
- The provider maintained an oversight of the service through regular operations and quality assurance reviews. Outcomes of these were used to develop an ongoing action plan for the service and to monitor the quality of all services under the provider.
- Staff told us they felt supported to understand their roles and responsibilities. Training records evidenced ongoing development for staff members.

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

- We received feedback from some relatives who felt communication could be improved. This was acknowledged by the registered manager who said, 'This is something we will work on as a service'.

- Resident and relative meetings were held for people to share their views of the service. Where any issues were raised, the registered manager reviewed and resolved them.
- The local community were invited to be involved with the service. For example, visits from local schools. People were supported to be a part of their local community, for example viewing Christmas lights. One relative stated people's pets could be taken in to visit. One person told us "[The registered manager] organised a show at Christmas and things to do at Easter. I get to have my nails and hair done. I am very happy to live here".

Continuous learning and improving care; Working in partnership with others

- Systems and processes were in place to ensure continuous learning and development for all staff. Records demonstrated staff support and development was reviewed and undertaken when required.
- The responsibility of learning lessons when things went wrong was understood by the registered manager and staff team. Records demonstrated learning that had taken place in order to ensure people received good quality care. For example, sharing recent lessons learned following a root cause analysis and improvement plan.
- The registered manager, deputy manager and staff team worked in partnerships with others, such as health care professionals, the local authority, the fire service and people's representatives to enable people to receive co-ordinated care. This meant people had the right access to the right support when they needed it.