

Avery Homes Hanford Limited

Hanford Court Care Home

Inspection report

Bankhouse Road
Hanford
Stoke On Trent
Staffordshire
ST4 8EN

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hanford Court is a residential care home providing personal and nursing care to people aged 65. The service was supporting 61 people in one adapted building across three floors at the time of the inspection. Each floor has separate adapted facilities. One floor specialises in supporting people living with dementia.

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

People received an exceptionally caring service. People and relatives told us they felt staff were all very caring. People were completely engaged in the service and were supported to be involved in ways which made them feel valued. People's needs, wishes and preferences were well understood and used to provide exceptionally person-centred care. People and relatives were very complimentary about how well they felt supported by staff. People were respected and the service was focussed on providing people with support to remain independent.

People were safeguarded from abuse and risks to safety were mitigated. There were enough staff available and safe recruitment practices were followed. People received medicines as prescribed and were protected from the risk of cross infection. Where incidents happened, learning was in place to prevent reoccurrence.

People had their needs assessed and clear plans were in place to meet them. People were supported in an adapted environment and staff understood their individual health needs. People had support to maintain a healthy diet. People received support from trained staff who were well supported in their role.

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 received person centred care and were supported to maintain important relationships and follow their interests. At the end of their lives people had support which was based on their wishes and preferences. People understood how to complain and felt listened to by the service.

The provider had systems in place to check on the quality of the service and engaged people, staff and relatives in sharing their views. The provider understood their responsibilities and the registered manager and staff understood their role. Partnership working was encouraged and the provider had adopted a learning culture.

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 13 June 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before 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. 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 five people who used the service and two relatives and had large group discussions with 17 people about their experience of the care provided. We spoke with seven members of staff including registered manager, deputy manager, team leader, senior care worker, care workers and the area manager. 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 six people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including, quality audits, complaints files, feedback about the service and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 now 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 felt safe and were protected from the risk of abuse. One person told us, "I do feel I am quite safe being here, not had any worries about that in five years since been here. Always lots of staff around to come to me if I want anything, which is reassuring."
- Staff had received training in how to recognise abuse and were able to share examples. Staff understood how to report any concerns and the procedures to follow.
- The registered manager had made referrals to the local safeguarding team when incidents had occurred and notified CQC.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans were in place to manage them. Risk assessments were completed using an electronic care planning system and these led to a care plan being in place to minimise the risks.
- Staff were able to describe in detail how they supported people. For example, where people's skin integrity was at risk they could describe the equipment in place, medicines and actions they needed to take to reduce the risks.
- Risk assessments and plans were monitored and updated as required. For example, people at risk of falls had a regular check on their mobility risk assessment and plans were updated.

Staffing and recruitment

- People were supported by enough safely recruited staff. People told us there were enough staff to support them. One person said, "I do feel as though there is always plenty of staff about as they keep calling in to see me. Look one has just bought me a cup of tea and biscuits."
- People did not have to wait for their support. Staff also felt there were enough staff to meet people's needs. Staff told us if needs changed people's needs changed the staffing numbers increased.
- Staff continued to be recruited safely. The registered manager told us checks were carried out to ensure newly appointed staff were safe to work with vulnerable people.

Using medicines safely

- People continued to receive their medicines as prescribed. One person told us, "All my medicines are done well. They come around to my room bringing them on a trolley at regular times. They hand them to me and I have a drink when taking them."
- Staff were trained in medicines administration and followed the provider's procedures. We saw detailed guidance was in place for staff on how to administer medicines safely. This included where people needed

to have their medicines administered on an as required basis.

- Medicines were stored safely and there were accurately completed electronic medicines administration record to show how and when people's medicines were administered.

Preventing and controlling infection

- People were protected from the risk of cross infection. We spoke to one group of people living at the home about the cleanliness of the home and staff procedures. Comments included, "The home is spotless." And "Staff wear gloves and aprons when doing things."
- Staff told us they received training in infection control and were able to describe how they used gloves aprons and handwashing procedures for example to minimise the risk of cross infection.
- Our observations confirmed staff were using personal protective equipment when carrying out care tasks for people.

Learning lessons when things go wrong

- There were systems in place to learn when things went wrong. Accidents and incidents were monitored and action was taken to prevent incidents from reoccurring.
- There were daily meetings and this enabled staff to discuss any incidents that had happened and ensure any updates to people's care plans were carried out.
- The registered manager told us they used reflective practice with staff to learn and as a support for staff following incidents. Records showed these discussions were used to reflect for example when there had been medicines incidents and accidents.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and care plans put in place to meet them. One person told us, "My family live away but they sorted this out with me as I could no longer cope on my own. I was seen by the registered manager and assessed and I moved in."
- Staff told us assessments and care plans helped them to understand how to effectively meet people's needs. The electronic assessment and care planning system enabled staff to update people's care plans easily when their needs changed.
- Where needed people had specific assessments in place to give staff guidance on how to meet individual needs. For example, where people were living with diabetes.

Staff support: induction, training, skills and experience

- Staff were trained and had the skills and experience to support people effectively. One relative told us, "I am very happy with the staff skills and training and would not have my relative here if I thought otherwise."
- Staff told us they had an induction into their role and regular updates to their training. Staff were complementary about the training and said they thought it was good. One staff member said, "You can't fault the training here they stay on top of it all the time there is always something to learn and its good."
- We saw staff used their skills to support people. For example, with infection control, medicines administration and moving and handling training.

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

- People received support to eat and drink and have a healthy diet. One person told us, "You get a choice of a couple of things on the menu and there is also an alternate menu like omelettes and salads if you prefer."
- Where people were at risk relating to food and drink this had been assessed and guidance was in place for staff to ensure people were safely supported. For example, where people were at risk of malnutrition or at risk of choking. Guidance included information from relevant health professionals.
- Staff were observed following the risk assessments and plans for people and could describe how they kept people safe. For example, monitoring people's weight and following Speech and Language therapy (SALT) advice.

Staff working with other agencies to provide consistent, effective, timely care

- People received consistent care. Staff told us the electronic care record system enabled them to look back easily and see how people had been during periods when they were not at work. Staff told us this kept them up to date.
- There were systems in place to coordinate care with other agencies. Staff documented visits from other

health professionals and where required care plans and risk assessments were updated.

- There were other systems such as daily meetings to discuss people's care, clinical needs monitoring and handover discussions between each shift.

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

- The home was purpose built and was adapted to meet people's needs. There were adaptations in place in bathrooms, handrails in corridors and an alarm system to enable people to call for staff help.
- The home had a range of communal areas where people could spend their time. There were external gardens accessible from two floors and a balcony area from one.
- All bedrooms had ensuite bathrooms with accessible toilets and a level access shower and there was picture signage in place to help people find their way around.

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

- People were supported to maintain their health and wellbeing and had good access to healthcare. One person told us, "If I feel I want to see my Doctor I tell the staff and they get contact them for me."
- Staff were aware of which professionals were involved in people's care. One staff member told us about how the nurse supported one person to manage their diabetes and how this was incorporated into their care plan.
- The registered manager told us they were in the process of reviewing people's individual oral care needs. The review was to ensure there were detailed plans in place to maintain oral hygiene and health.

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 were supported in line with the principles of the MCA. People told us staff asked them to give consent to their care and support.
- Where people may lack capacity to make some decisions an assessment was carried out and decisions were made in their best interests.
- Where people were being deprived of their liberty applications had been made to the appropriate legal authority.

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 improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were actively involved in staff recruitment. One person told us, "If they need to recruit staff one of us helps with the process. I helped with a chef appointment. We interviewed three and made each one prepared a meal. The one we picked prepared a simple meal, well presented and ideal for this environment. It worked well, we always know when they are cooking the meal."
- Staff used innovative ways to support people with communication. One person found speaking with people difficult. Staff encouraged the person to become involved in staff recruitment to help improve their communication skills and build confidence. The person said, "I do feel better talking to others now and have more confidence. I feel that I am wanted and needed and that I count as helping to run the home."
- Another person was supported to engage in an activity which involved writing and receiving post cards from different people around the world. We saw the person's assessed levels of wellbeing had improved after their involvement. The person said "I love it. I am in touch with the whole world. People from all places write to me."
- People expressed a wish for a fish tank to be placed in a lounge with tropical fish, however didn't want the fuss of looking after the fish. Staff explored different ways to meet this request carried out research and found an innovative interactive program for use on a screen. The maintenance staff then worked to design a frame for the screen and this became a fish tank.
- People had benefited from the therapeutic impact of the fish. The registered manager told us people's wellbeing had increased significantly and many people had their anxiety reduced. One person's wellbeing assessment showed a dramatic improvement. The person had previously spent all their time alone but now spent time with others everyday viewing the fish. The person said, "It makes me feel relaxed and I am not lonely anymore as I am sat with people being sociable."
- People had control and input over the service development and ran the resident meetings deciding items for discussion and making decisions and choices. The chair of the meeting told us, "I chair the resident meetings. Quite open with it talk about anything people want to. The minutes are all recorded." The resident's meetings discussed a whole range of different topics and we saw actions were taken to address areas which had been raised.
- People were involved in decisions about their care and support. One person told us, "You are under no pressure here. You can do what you want to, come and go as you wish and they will support you with anything you wish to do or participate in."
- Staff made time to ensure people were in control and made their own decisions. Staff spent time supporting people to choose meals using the menus available, and where this was difficult staff showed people plates with meals so they could visually understand the choice and make this themselves.
- Care plans included information about people's preferred options for their care and what level of support

they needed from staff to help them make decisions.

- Relatives were fully involved in the home where people wanted this and were all extremely positive about how well they were engaged and informed about what was happening with their loved ones. One relative told us, "I am aware of [person's name] care plan and I am kept updated with it. They are very proactive here and keep everything up to date. Another relative commented, "[Person's name] had a detailed plan and records and I can see it whenever I want to. I know it is alright. They don't let things slip here."

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

- Staff operated as a team and created a homely environment with a feeling of family. One staff member said, "I love the feeling when I walk through the door and people's faces light up when they see me."

- People and relatives confirmed this. One person said, "I like to have a natter and they know this. All of them here are so nice, not one but all of them." A relative told us, "All of the staff here are excellent, very caring toward [person's name] they do make time to have a chat with everyone too."

- People were supported to fully explore their preferences, wishes and choices. Staff had a deep understanding of people's individual religious needs. One person had an advanced directive in place which detailed their preferences based on their religion. Staff demonstrated an excellent understanding of how important this was to the person.

- Staff used their in-depth knowledge of people's personal histories and cultural background to deliver their care and support. One person's bedroom was designed to incorporate additional safe storage so the person could have all their familiar items stored safely in their bedroom. It was important for the person to have the items around them.

- Staff were extremely sensitive to times when people needed caring and compassionate support. For example, when people were approaching the end of their life staff worked closely with them to develop a wish list and ensured this was delivered. One person told them they had always wanted to ride in a helicopter. Staff engaged support from a charity to make this happen and the person fulfilled their final wish before passing away.

- Without exception staff demonstrated real empathy for people. Staff were continually observing for any signs of anxiety or distress and used their in-depth knowledge of people to offer support. One member of staff was discussing a planned activity with two people who were walking around the corridor and appeared anxious. At the end of the conversation both people were laughing and joking with the staff member.

- Staff encouraged and prompted people to use items of interest placed in communal areas when they became anxious which helped people to become calm. Memory boxes outside people's rooms with items of importance in them helped people to recognise their bedrooms.

- People were encouraged and supported to maintain important personal relationships. Relationships were discussed at initial assessment and care plans gave detailed insight into relationships which were important to people. Staff used this to ensure people were supported to maintain relationships which were important to them for example, helping one person make regular calls to their relatives.

- The person told us, "My family live away but staff assist me to keep in touch on the phone all the time and they do come and see me whenever they are able to." One relative told us, "Everyone here is lovely, so caring and really make you welcome when you arrive. [Person's name] loves them all."

- People were consistently supported by staff that clearly understood their individual needs and were treated very well. One person told us, "The staff are all very friendly and pleasant. Very caring and always make time for you with a smile on their faces and have a chat. Very happy here I am." A relative told us, "All of the staff here are excellent, very caring toward [person's name]. They do make time to have a chat too."

Respecting and promoting people's privacy, dignity and independence

- Promoting people's independence was central to the culture of the home. The registered manager and staff team had a strong focus on promoting independence. One person was in control of

recording their own fluid intake as this required monitoring. The person told us this was important to them as it gave them a sense of independence and control.

- The person added, "I do make all my own decisions and make any appointments I need myself. I do things for myself like having this fluid chart here on my bed which I monitor myself. I am quite capable and independent."

- Staff recognised the importance of people retaining their independence and worked together to find innovative solutions which helped people. A member of maintenance staff spent time designing a solution for one person who didn't want to have to have support from staff during the night. The person said, "The stand has been great for me, helped me maintain my independence as I do not want to wait for staff. My frustration has been lowered."

- Care plans were written to promote independence and where possible people were supported to manage their own care. For example, one person managed their own medicines which was important to their sense of independence. One person told us, "They always encourage me to do what I can for myself as I am still quite capable although need this walker to get about safely. I can go around here anywhere I want to."

- Respect for individual cultures and values was at the centre of how staff approached people's care and support. One person had been a minister of religion this was an important aspect of the person's life. Staff engaged the person in delivering a remembrance service.

- The person said, "I felt honoured to be a part of such a lovely service we are a family here at Hanford, although it was an emotional time, I was chuffed I could give them a memorial to be proud of." The person went on to say it made him feel closer to the people in the home. Commenting, "No matter what religion you are we are a family."

- People were respected and their privacy and dignity were maintained. One person told us, "Fortunately I can do most things for myself but if I need them they do always ensure my door is closed and the curtains are drawn across so there are no intrusions."

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.

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

- People received personalised care and support. People told us staff were responsive to their needs and encouraged them to be in control of their lives. One person told us, "I can come and go as I want to but mostly I want to sit here and watch the TV and read and they respect this choice to leave me alone." A relative told us, "This home is excellent I cannot praise it highly enough. It is the individual attention given to people's care which stands out for me."
- Staff could describe how they supported people with their individual needs. Staff told us the assessment, care plan and life history gave them information about people's preferences. They were able to share details of how people preferred their support.
- Care plans included personalised information and were updated to reflect people's changing needs.

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.

- People had their needs assessed and plans put in place to meet them. Staff understood the different ways in which people communicated and used this knowledge to ensure people were able to contribute to their care and support.
- There were clear plans in place for staff which described the most appropriate methods for communication. We saw staff followed the plans and adjusted how they spoke with people depending on their individual needs.

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

- People told us they were supported to meet their religious needs. One person said, "I am not too religious but like the church services and bible readings they do."
- People were engaged in a range of meaningful activities. One person told us, "The activities are very good with a good choice. They have someone who organises things and I enjoyed the film projector show this morning. It is a very relaxed atmosphere here and the staff do come and ask us what we would like to do."
- People were supported to follow their individual interests. One person told us how they had published books and continued to do this. Writing was important to them and they continued to do this with their computer every day.

Improving care quality in response to complaints or concerns

- People and relatives understood how to make a complaint. Everyone we spoke with told us they had not had to make a complaint, however they all knew they could speak to the registered manager if they needed to and felt their concerns would be addressed.
- There was a complaints policy in place and there was a system to learn when things went wrong.
- We saw where people had raised concerns these had been investigated and a response had been given.

End of life care and support

- People received support to plan their care when they were at the end of their life and document their future wishes.
- Staff were aware of people's future wishes and end of life care plans. Plans included detailed information on health care, people's preferences and pain management for example.
- Care plans included information about what was important to people at the end of their life. For example, one person's plan indicated they wanted to have flowers and photographs at eye level.

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 remained the same. 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 encouraged an open culture and people told us they felt confident to contribute their views about the service.
- People and relatives told us the home was a caring environment and felt like a family. One person told us, "Knowing I am safe here and don't fall over anymore and knowing staff are always here for me is the best thing about the service." One relative told us, "Staff here are excellent, very caring toward my relative. They make time to have a chat with her."
- Staff and other professionals also had positive views about the service. A staff member said, "I am having some time off soon, but will come in to visit once a week so people don't forget me." A visiting entertainer told us, "I do interactive films for residents taking them back to places they have been to when younger. I always get a full house like today. They are so happy and vibrant here and join in."
- The registered manager encouraged an open and transparent culture. For example, the registered manager had supported people and staff to understand one staff members personal situation so the everyone could be supportive.

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 responsibilities under the duty of candour and ensured there was open and transparent discussions when things went wrong.
- Relatives confirmed they were spoken to when incidents happened. One relative told us, "They keep me well informed about anything at all for [person's name] even the small things."
- We saw where incidents had happened people's relatives had been contacted and any other appropriate body had been informed.

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

- The provider had a range of systems in place to check the quality of the service people received. For example, there were audits in place which checked to ensure people had received their medicines as prescribed. Checks were carried out on care plans at regular intervals including one five days after admission.
- The provider checked people were receiving their care as directed by their care plan. Checks were carried out to ensure where needed people had received the correct diet and fluids and had been repositioned

correctly.

- The registered manager understood their responsibilities. The current rating was on display and notifications had been sent to CQC as required.

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

- People were involved in sharing their feedback about the service and told us they were able to share their views easily. There were regular opportunities for people to meet and have discussions about the home and people said they could individually give feedback to the registered manager.
- Staff told us they felt listened to and well supported. Staff said there were opportunities to raise any issues in individual supervisions and they could approach the manager about anything. One staff member said they had raised concerns about increased needs and a requirement for more staff and this had been addressed immediately.
- The registered manager was committed to equality and diversity. They were able to share an example with us of how they had engaged people and staff in discussions about gender.

Continuous learning and improving care

- The registered manager had developed a learning culture. Staff were encouraged to attend a range of training and seek out new opportunities. Staff confirmed this was always available and they really felt this was beneficial to people using the service.
- The provider used regional and national networks to continually learn from others and improve the service. The provider had an internal network where the registered manager could share learning with other managers.
- There were practice learning sessions run. For example, a recent session had involved role play for attendance at a coroner's inquest to improve the insight into the process for registered managers.

Working in partnership with others

- The registered manager had developed partnership working with local health professionals. We saw advice was sought and referrals made promptly as required.
- There were links with community organisations in place. For example, with local schools, a choir, places of worship and a local dementia café.
- People benefitted from these links describing the activities they undertook with community groups as "great" and "having a range of things going on".