Kripa Care Limited

# Hanbury Court Care Home

## Inspection report

Hanbury Court
Dagmar Road
Dagenham
RM10 8XP

Tel: 02085938000

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28 September 2023

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22 November 2023

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service
Hanbury Court Care Home is a residential care home which was providing nursing and or personal care to 33 people at the time of our inspection. All people living at the service were older people, some of whom were living with dementia. The service can support up to 34 people in one adapted building over two floors.

People's experience of using this service and what we found
Systems, processes and practices safeguarded people from risk of abuse. Risks to people were assessed, monitored and managed. There were enough staff working at the service to meet people's needs. Recruitment processes were robust. Medicines were managed in a safe way. Effective infection prevention control measures were in place. Lessons were learned when things went wrong as incidents were recorded and actions completed to keep people safe.

People were assessed in line with the law before being admitted to the service, this was so the provider could be assured the service could meet people's needs. Staff received induction and training, so they knew how to work effectively with people. People were supported to eat, drink and maintain healthy diets and people were positive about the dining experience. Staff communicated effectively with other agencies, including health care services, to ensure people received good care. 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's capacity to make decisions were recorded, their wishes respected, and they were provided with choices about their daily lives.

People thought staff were caring. People were supported to express their views. People's privacy and dignity were respected, and their independence promoted.

Care plans were person-centred and guided staff to meet people's needs. People's communication needs were met. People were able to take part in activities provided by the service. People were provided with information about how to complain and when they did, complaints were responded to appropriately. The service recorded people's end of life wishes and people and relatives were treated with respect and dignity when people approached the end of their lives.

A positive person-centred culture was promoted within the service. People and staff thought highly of the service and management. The registered manager understood duty of candour and acted appropriately when it was felt the service could do better. Staff understood their roles and the registered manager fulfilled the service's regulatory requirements. People and staff were able to be engaged and involved with the service through meetings and surveys. Quality assurance systems monitored care so there was the potential for it to be improved. The service worked with other agencies to the benefit of people using the service.

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 the service was good published on 01 September 2018.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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.

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?**<br>The service was safe.<br>Details are in our safe findings below. | Good |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | Good |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below | Good |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | Good |
| **Is the service well-led?**<br>The service was well-led.<br>Details are in our well-led findings below. | Good |

# Hanbury 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.

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 carried out by one inspector, one specialist advisor for nursing and one 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
Hanbury Court care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement dependent on their registration with us. Hanbury Court 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 the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well and we used all this information to plan our inspection. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with 12 people who used the service, about their experience of the care provided. We spoke with 13 members of staff including a director, the registered manager, the deputy manager who was also the clinical lead, the cook, a nurse, two domestic staff and 6 care staff. We also spoke with 2 visiting health care professionals.

We reviewed a range of records. This included 5 people's care records and multiple medicines records. We looked at 4 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.

Good

# 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

- There were systems and processes in place to safeguard people from risk of abuse. People and relatives told us they felt people were safe. One person said, "I feel safe here, there is always someone about."
- Staff were trained on safeguarding people from abuse and knew what they would do if they suspected abuse. One staff member said, "When there is an issue, we go to the line manager or [registered manager] or you can go above them, you can go to local authority, whistle blow. We're talking abuse, anything, if something is not right. It's about protecting the service user."
- The service recorded safeguarding concerns appropriately and informed the local authority, families and the Care Quality Commission when these types of incidents occurred.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed. Electronic care plans contained information about risks to people which were assessed and reviewed regularly. Risk assessments highlighted areas of concerns appropriate to each person. There were actions recorded which could help mitigate risk to people. Risk assessments included areas such as manual handling, falls and risk of physical abuse as well as others.
- There were various actions in place to assist mitigating risk. For example, one person's care plan stated they were at increased risk of fluctuating blood sugar levels due to diabetes. The risk assessment provided information for staff to monitor and record the food and drink the person ate and drank and raised concerns with the nurse if they noticed any symptoms of diabetes, such as being confused or feeling dizzy.
- Regular checks were made on equipment at the service which staff used with people, such as hoists and pressure relieving air flow mattresses. Checks were also made to the premises to ensure these were safe for use. This included maintenance checks on gas, fire systems and water. This meant the provider had systems in place to keep people safe.

Staffing and recruitment

- People and relatives told us there were enough staff to meet people's needs. One person said, "I can call the staff and they come to help me." Another said, "They come when I call."
- Staff rotas showed there were enough staff working to support people. We asked staff specifically about what happens when staff shortage occurs, such as through sickness. One staff member said, "We get agency to come and support and will call other staff to come do an extra shift. We do have other staff around and the nurses help."
- Recruitment processes were robust. We looked at 4 staff files and saw the provider had made checks on staff to ensure they were safe to work with people. This included criminal record checks, employment history and identification.

Managing medicines safely

● Medicines were managed safely. People's medicines were administered by nursing staff appropriately. Nurses administered medicines in a person-centred way; they returned to people who were not ready to take their medicines. Nurse competency in medicine administration was completed regularly.

● Medicine Administration Record (MAR) sheets were completed appropriately. These sheets stated people's medicines, their dosages, when people should take them, and any allergies people had. MARs were audited for consistency and to pick up errors; ensuring people had taken their medicines.

● We counted 4 people's medicines and found them all to be in order. We also noted controlled drugs, which have strict legal control as they can cause serious harm if not used correctly, were stored correctly with adequate systems in place to ensure they were stored and administered safely.

Infection Control

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● 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 accessing testing for people using the service and staff.

● 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.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Visiting in care homes

● Visitors were permitted to the service. There was information at the entrance to the service to support with infection control. There was also PPE for visitors to use should they choose. People and relatives told us they could visit the service when they wanted and did not need to make advance arrangements to do so. This was in line with current government guidance around visiting care homes.

Learning lessons when things go wrong

● Lesson were learnt when things went wrong. Incidents and accidents were recorded so lessons could be learnt, and improvements made when things went wrong. Immediate actions were taken to keep people safe and follow up actions completed to enhance people's health, safety and or well-being. One staff member told us what they would do if someone had a fall. They said, "We report falls. If someone is on the floor, we press the emergency buzzer and wait for nurse and then everyone comes to support - and then nurses take it from there and we'll write an incident form." All actions sought to keep people safe and limit recurrence of incidents as much as possible.

Good

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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's needs were assessed before moving into the care home. This gave people and the provider assurance that people's needs could be met. Assessments contained information about peoples' needs and preferences, what their requirements were and what was important to them. This information formed the foundation of people's care plans.

● Assessments recorded people's protected characteristics, such as race, religion and sexuality. This meant they were in line with the law and sought to ensure people had equal rights.

Staff support: induction, training, skills and experience

● Staff were supported by the provider to fulfil their roles. New staff received an induction, so they were prepared to work in a way the provider wanted them to. This included reading policies and procedures, shadowing experienced staff, training, and getting to know the people at the service. One staff member told us, "We did shadowing on the first day, then we were with someone constantly for two weeks and we had an induction list, all about personal care, teeth care and catheter care, thickener, who's on a diet, normal diet, diabetes."

● Staff were trained how to do their job. Training was provided online or in person. Training topics included fire safety, moving and handling and first aid. One staff member told us the training they had received to use equipment in the service. They said, "Moving and handling training how to use hoists, sara steady and stand-up hoists and slings, sliding sheets."

● Staff received supervision to support with providing care and their own development. Records showed staff were able to seek support, request career development and be involved with how care was delivered at the service.

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

● People were supported to eat and drink enough to maintain a balanced diet. We observed people having their lunch and being supported to eat and drink. Staff, who supported people, did so in an unhurried and polite manner. People were provided choices at mealtimes and also offered food and drinks throughout the daytime.

● The service worked with people who had special dietary needs. Specialised diets were provided to those who required it. This included for both health and cultural reasons. We spoke with the chef and looked at how they managed the kitchen, including their cleaning schedules and how they stored food.

● What people ate and drank was recorded so information about their nutrition and hydration could be shared with health professionals as appropriate. This meant people were supported by staff who assisted them to maintain a healthy diet. A person told us, "The food is excellent, if I don't fancy what's on the menu,

[cook] will make me something else."

Supporting people to live healthier lives, access healthcare services and support
● People were supported to access health care services and live healthier lives. People's health care needs were recorded in their care plans. Staff monitored different aspects of people's health to help keep them safe and support health care professionals with their care of people. Nutrition and hydration, bowel movements and people's weight were some of the areas where staff monitored people's health.
● Correspondence with, and advice from, health care professionals was documented. We noted numerous health professionals involved in people's care. These included, but were not limited to, GP, speech and language therapists, tissue visibility nurses and pharmacists.
● We spoke briefly with 2 visiting health professionals, one of whom told us one member of staff was "absolutely brilliant" and they thought positively about the rest of the service. The second visiting health professional told us, "This is one of the good homes, they follow advice, I have no concerns here."

Staff working with other agencies to provide consistent, effective, timely care
● The service worked with other agencies to provide people with consistent effective care. Care tasks completed with people were recorded as were other areas of their life, such as weight and nutrition. This information was shared with health and social care professionals where required.

Adapting service, design, decoration to meet people's needs
● The service was adapted to meet people's needs. The premises was decorated to a good standard. There was a bar created in the conservatory, which was reminiscent of a traditional pub, which people told us they enjoyed. Similarly, there was a garden with resident ducks which people and relatives could use.
● People were able to decorate their own rooms as they saw fit. Rooms contained pictures and furniture that belonged to people which demonstrated their personal choice and needs.
● The provider had adapted the service to support older people and those with dementia. There were pictures on people's doors to support recognition of rooms, handrails throughout to support with mobility and sensory objects adorned to walls. These adaptations supported people's needs.

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's consent and ability to make decisions were recorded in their care plans. If people were unable to make decisions, decisions were made in their best interests. Where this happened, families, health care professionals and or advocates were involved as per best practice.
● DoLS authorisation applications were made where it had been identified people needed to be deprived of their liberty so as to keep them safe.
● Staff provided people with choices, regardless of whether they had capacity or not.

Good

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 were well treated and supported by staff. We observed staff working professionally with people, polite and efficiently.
- The service had received feedback which showed people and relatives were content with how they were treated. One compliment we read stated, "At a dark and sad time in [person's] life you were able to provide some genuinely bright moments of joy." One person said, "The staff are helpful in every way." Another person said, "The staff are as good as gold."
- Staff respected people's equality and diversity. One staff member said, "Not long ago [person of specific faith] came for respite, they had faith specific diet, we made sure with the kitchen staff that happened. We have also taken people to [faith specific event]" Staff received training in equality and diversity and documentation at the service sought to ensure people's human rights were maintained.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to express their views. People and relatives were invited to and took part in meetings about people's care, so they had the opportunity to be involved with decisions.
- Care plans indicated people, relatives or advocates were involved with decision making. Regular care plan reviews showed involvement with relatives and health and social care professionals.

Respecting and promoting people's privacy, dignity and independence
- People's privacy and dignity was respected. Staff knocked on people's doors before entering and closed doors when attending to people in their rooms. One staff member told us, "We go to the room we shut the curtains and close the doors when we give personal care. The way we talk to them [is important] with good manners. We'll call them by their name and give them options." Staff were trained to respect people's privacy and dignity and the provider's policies and service user guide promoted such respect.
- People's confidential information was kept securely. Information was kept on password protected electronic devices or it was stored in lockable cabinets in locked offices. One staff member told us, "If someone is disclosing info about residents that is confidentiality. It's not ok to go home and talk about residents."
- People's independence was promoted. One staff member told us, "We give choices, such as brushing teeth, some like to feed themselves. we encourage people to do the things they can."

Staff encouraged people, where appropriate, to do things for themselves. Care plans recorded the support people required and where to encourage people to do things for themselves.

Good

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 that was planned to give them choice and control and meet their needs and preferences. People's needs and preferences were recorded in their electronic care plans. These care plans were person centred, highlighting people's individual needs and how to meet them. Care plans were reviewed regularly or as and when people's needs changed. Care plans included information about people's health conditions, their social situations and their interests. One staff member told us what person-centred care was. They said, "Care that is planned and arranged about the person's personal needs."

● Staff were updated about any changes in people's needs through handover meetings or could read information about people in their care plans.

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's communication needs were met. Care plans contained information about people's communication needs so staff knew what they were and how best to meet them. One staff member told us, "[Person] is deaf. We make sure they can see our lips and we will talk slowly. We may write it down on a piece of paper and there is sign language on their wall to sign with them. They will also try to teach us, as they show us signs, we learn new signs."

● Pictorial menus were available if required to assist people make choices with food and activities. The registered manager told us they could provide documents in easy-read format when needed and there were staff using the service who could speak multiple languages and support people from different cultures.

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 were able to take part in activities provided by the service. One person told us, "The staff made a fuss of me on my birthday." Another person said, "There are activities most days, we do face masks sometimes, [activities coordinator] makes me feel special."

We spoke with the activities coordinator who confirmed access to a range of activities including taking people out of the service. They said, "On a Monday we have in Rainham, St John's church and there is a dementia club. We take them singing, do puzzles and chatting."

● We observed people taking part in activities in a communal area and also on a one-to-one basis. We saw

people smiling and being able to make choices with their participation with activities. We were shown photographs of recent events where people had participated in activities such as parties and visiting places such as a garden centre. Care plans recorded people's activity preferences and participation.

Improving care quality in response to complaints or concerns

● People were able to make complaints or raise concerns, and these were responded to appropriately. One person told us, "If I have anything that needs sorting out, I go to the manager and things get sorted out."

● Complaints were recorded and acknowledged with subsequent actions completed in response. There was a complaints policy available to people and relatives which the service followed. Apologies were made to people when the service could have done better. Similarly, improvements to the service were made where possible.

End of life care and support

● People were supported at the end of their life. People's wishes for their end of life were recorded in their care plans. People's wishes with regard to resuscitation were also recorded appropriately in legally recognised documentation. Where this happened people, health care professionals and relatives had been involved in the process.

● Staff received training in end-of-life care and the service worked alongside health care professionals to ensure people and their relatives were supported appropriately when people were about to die. One staff member told us about end-of-life care. They said, "Making sure they [people] are comfortable and clean and if they need support and be supportive of the family."

Good

# 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. 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 service had a positive and open culture which achieved good outcomes for people. People, relatives and staff spoke positively about the registered manager and provider. A person who used the service said of the registered manager, "They will come up and talk to me if I am feeling fed up. I have got upset at times and they give me a cuddle when I need one." Another person said, "I hope to stay here for the rest of my life." One staff member said, "If you have a problem, you can tell them, and they will sort it."
- Staff sought to provide person-centred care and the best outcomes for people. Staff were trained in different aspects of person centred care, care plans were person-centred, and staff worked to meet people's needs, in line with their preferences and the provider's policies.

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 duty of candour and was open and honest when things went wrong. Complaints and incidents were investigated, information shared, and apologies made where appropriate.

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

- Staff were clear about their roles. Staff had job descriptions for their roles so knew what they were supposed to do. These were provided upon starting employment and copies kept in staff files. There was a management structure which people, relatives and staff were aware of. Even though the service had recently changed providers, the registered manager and new provider worked to ensure systems and processes remained the same to ensure consistency.
- The registered manager, and provider, understood risks to people, regulatory requirements and why the quality of care and performance needed to be monitored. The registered manager notified CQC when required and informed local authorities of any adverse events if and when they occurred.

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

- People, staff and relatives were able to engage and be involved with the service. Minutes of meetings showed people and staff were able to raise and discuss points of concern with the management team and provider. Various topics were discussed including health and safety, infection prevention control and staffing as well as others. One staff member told us how they can be engaged and or raise concerns, "We

discuss everything [in meetings], from praises to concerns, to new developments, new staff to everything. If any staff have any concerns, they speak up. You can speak up… If you don't think you can speak up you can add something to the post box we have - we can email too."

● Surveys were completed with both people and staff. Responses were generally positive about the experiences of care, and these were shared with people through being made available at the building's reception.

● People's equality and diversity was considered when gathering feedback. People's specific communication and cultural needs were considered when feedback was gathered.

Continuous learning and improving care

● The service sought to continuously learn and improve care. Quality assurance systems monitored the care and safety of people who lived at the service. Systems included audits completed by the management team and directors for the provider.

● Audits were completed regularly. Audit topics included health and safety, safeguarding, medicines management, dignity in care as well as others. Actions arising from audit findings were undertaken to improve how the service worked.

Working in partnership with others

● The service worked in partnership with others. Staff at the service worked alongside numerous agencies to support the needs of people who lived at the service. These included health care professionals, social workers and other local community organisations. The registered manager told us, "I go to the providers voice at the local authority, attend the outstanding managers network, who we have good links with. Our bar was done by the Prince's trust. We told them what we wanted."