

All Hallows Healthcare Trust

# All Hallows Hospital

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 19 July 2017 and was unannounced. At the last inspection on 11 and 27 October 2016, we asked the provider to take action to make improvements to safety, nutrition, care planning and the governance of the service. At this inspection we found that the action has been completed and substantial improvements had been made.

All Hallows Hospital is registered to provide care and support for up to 30 people. On the day of our inspection the service was supporting 18 people. The service provides residential care and nursing, respite and palliative care, including for people with a long term neurological condition.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At this inspection the manager had recently been recruited and had submitted their application to register with the Care Quality Commission.

An assessment of people's care and support needs was carried out by the service before people began using the service. This was to ensure that the service could meet the needs of the person before providing care and support. Risks to people from receiving care and support were assessed, as part of this process and actions put in place to mitigate any identified risk. Care plans clearly identified actions staff should take to ensure people were kept safe. Risk assessments were regularly reviewed and amended when required.

People received their medicines safely as prescribed. There were systems in place to ensure that the administration of medicines was recorded effectively. This included checking that staff complied with procedures. Where staff were identified as not administering medicines safely appropriate action was taken.

Care plans were written with the involvement of people and their relatives, where appropriate. People's care and support needs were identified in care plans with clear instructions for staff as to how these were met. Care plans also recorded people's social interests. The service provided support for people to maintain their social interests and develop others.

Since our last inspection the provider had reviewed how the service was managed. There had been a number of senior personnel changes and the provider had reviewed its approach to strategy and operations. This had resulted in a more effective governance framework and the provider developing a clearer direction for the service. People told us they had been involved and consulted with the changes. The chief executive of the provider told us that this process was on-going and further improvements were planned.

## 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 ●

Medicines were managed safely and people received their medicines as prescribed.

There were risk assessments in place both with regard to people's care and support and the wider organisation.

There were sufficient staff to meet people's care needs.

Staff received training in safeguarding and had the knowledge to help keep people safe from abuse.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate development and support to enable them to provide good quality care.

People's consent was appropriately obtained before care and support was provided.

Peoples were supported to maintain a healthy diet in line with their preference and dietary requirements.

### Is the service caring?

Good ●

The service was caring.

The wishes of people receiving palliative care were respected and they, and their relatives, were involved in their care planning.

People were involved in their care planning.

People had developed positive relationships with staff.

### Is the service responsive?

Good ●

The service was responsive.

The needs of people had been assessed and appropriate care plans were in place. Care was regularly reviewed.

People were provided with opportunities to participate activities to meet their needs and interests both within the service and in the local community.

Systems were in place for people to raise concerns or make suggestions, to improve the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service was open and transparent involving people in changes to the organisation.

The management team was visible within the service. People and staff told us that the team was approachable and listened to them.

There were plans for on-going improvement.

# All Hallows Hospital

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 19 July 2017 and was unannounced. The inspection team consisted of 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. Our expert-by-experience had experience of supporting people using care services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we held about the service. This included monthly reports sent to us by the service as part of their conditions of registration and other information about events happening within the service and which the provider or registered manager must tell us about by law. We also looked at information we held about the service including previous inspection reports.

During our inspection we spoke with two people using the service, three relatives and observed how staff supported and interacted with people. We also spoke with two nursing assistants, one registered nurse, the housekeeping manager, the activities co-ordinator, the clinical educator, the deputy manager, the manager who the service referred to as matron, and the chief executive.

To help us assess how people's care and support needs were being met we reviewed three people's care records. We also looked at other records regarding the management of the service, for example medicines audits. We looked at the systems for assessing and monitoring the quality of the service.

# Is the service safe?

## Our findings

At our previous inspection on 11 and 27 October 2016 we found that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations), safe care and treatment. At this inspection we found the service was no longer in breach of this regulation and significant improvements had been made.

Our inspection of October 2016 identified concerns with the management of medicines. This related to the recording of the medicine a person had received, who had administered it to them and when. There were a high number of omissions on the medication administration record (MAR) which meant that we could not be sure that people were receiving their medicines as prescribed. At this inspection people told us they were receiving their medicines as they should. One person said, "I brought my medicines with me, you know in blister packs. Yes the staff dole them out okay." We spoke with the deputy matron who showed us the audits they carried out to ensure that people's medicines were recorded correctly by staff. They also described the robust action they took if staff did not record medicines administration correctly. Records showed that there had been no omissions in the MAR charts for the five months prior to this inspection. There were effective systems for the ordering, storing and disposing of medicines. Staff responsible for administering medicines received regular training and observation of their practice. This meant that people received their medicines safely as prescribed.

Our inspection of October 2016 also raised concerns with the management of risks to people. Risk assessments were not up to date and did not provide adequate guidance for staff on the management of risk. At this inspection we found the provider had completely reviewed how they managed both risks to people from receiving care and to the service as a whole.

When asked if they felt safe in the service one person replied, "Yes, of course. The staff are very good," another said, "Oh yes. It's all very good." A relative said, "Definitely yes. Now with the new security stuff [keypad entry system] I feel [relative] is even safer." People's individual care plans contained risk assessments relevant to the care and support they were receiving. These were clearly set out with the identified need, the goal to be achieved and the care plan to address the risk. For example, it had been identified that one person was unable to use their call bell; the goal was to ensure the service met the person's needs; the plan in place was to carry out hourly checks of the person and leave their door open. Another person had been identified as needing a puree diet, the goal was to maintain their weight and nutritional intake, the care plan described how this would be achieved including using thickened fluids and offering small amounts.

The service had a corporate risk register in place which was reviewed quarterly by the provider. This included risks such as a high level of nursing vacancies due to sickness or training, the supply of meals and the risk of legionella. Strategies to mitigate the identified risks were in place along with procedures to respond to emergencies such as loss of gas or water.

Our inspection of October 2016 had raised concerns about how the service controlled access to the building.

On this inspection we found that security had been improved with key pad access to the main part of the building and membership cards for people using the gym. When speaking with a relative about if they felt their relative was safe living in the service they said, "Much better now with the new management and the codes on doors to get in. I didn't think about the danger of leaving open the outside doors to [relative's] room. I always close them when I leave now after the [chief executive] explained the risks."

Our inspection of October 2016 identified that the methods for assessing staffing levels was inconsistent and we could not be sure that procedures were in place to ensure there were sufficient staff with the right skills to provide people with the care they required. Following that inspection the provider carried out an in-depth assessment of staffing levels in the service. As part of this review the provider looked at the time taken to complete all aspects of care, administration and management as well as the roles and responsibilities of registered nurses and healthcare assistants. The review recommended an establishment for staffing and skill mix for the service. At this inspection the matron demonstrated that these levels were being met.

Staffing levels were reviewed regularly. Staffing levels took into account the dependency of people using the service, staff absences for sickness, annual leave and training. The service also employed dedicated housekeeping, maintenance and kitchen staff which meant that care staff did not undertake these duties and were free to provide care and support. People told us that there were sufficient staff to meet their needs and provide their support without feeling rushed. One person said, "There seem to be sufficient, yes. They [staff] often pop in to see if I'm okay. I had three staff come in to help me wash this morning. They [staff] seem very good and have listened to how I want things done." Another person said, "Yes there are, but they [staff] do get pushed at times." Two relatives we spoke with felt that the service would benefit from additional staff. During the inspection we observed that staff responded promptly to people's requests and staff were a visible presence in the service. Staff we spoke with told us that there were sufficient staff to meet people's care needs and that staffing levels allowed time for staff to spend time with people.

The provider told us in their PIR that new staff were subject to disclosure and barring service checks and references were received before staff commenced employment. This ensured that staff had the correct qualifications and were suitable to work in the service. The service was actively recruiting new staff to prepare for a planned expansion. This was to ensure that suitable staff were in place before the service began to provide support to people requiring specialised care.

Staff had received training in safeguarding people from abuse. They were able to describe to us the signs of potential abuse and the service safeguarding procedures. Since our last inspection the provider had reviewed their whistleblowing policy and appointed a freedom to speak guardian. This position was filled by a Trustee of the provider to allow staff to speak with a person who was not their line manager. This policy had been actively brought to the attention of staff by the chief executive.

# Is the service effective?

## Our findings

Our inspection of October 2016 had found that people's nutritional needs were not always met and that the service was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, meeting nutritional and hydration needs. At this inspection we found that improvements had been made and there was no longer a breach of this regulation.

People told us that their dietary needs and preferences were met. One person said, "I don't have a special diet but I do like plain food. Shepherd's pie, lasagne, stuff like that. I don't like fussy stuff like quiche. The food's good. There's plenty of fresh veg, I like fresh veg. The staff come around mid-morning and take your order. There's usually three choices for lunch and you can choose a pudding and there's always ice cream." Another person told us how they preferred small portions and, "...that's what I'm getting which is good." At lunch time we observed staff taking food to people in their bedroom and taking time to ensure that they were able to eat their meal comfortably. The housekeeping manager told us that care staff speak with people who have limited appetites on a daily basis to offer a choice of meals in case they can tempt them. We saw an example of this where the service had obtained strawberry ice cream for a person.

The service supported people who received their nutrition via a percutaneous endoscopic gastrostomy (PEG) feed. The care plans for these people contained comprehensive details of how the PEG was managed and nutrition administered.

Fluid charts were maintained for people who had been assessed as needing them. These were kept in people's rooms and checked regularly throughout the day to ensure people were taking sufficient fluid. Where checks showed that people were not taking sufficient fluid staff recorded the action taken to address this on each visit. Fluid charts were totalled to ensure that people were taking sufficient fluid in a 24 hour period.

Our inspection of October 2016 had identified concerns with staff training. There was a lack of effective record keeping which meant that we were not assured that staff had received up to date training. At this inspection we found that improvements had been made.

People told us that staff had the knowledge to meet their needs. One said, "I'm sure the staff are trained well here." Staff told us that they received regular training in areas such as safeguarding and manual handling. The house keeper told us that housekeeping staff completed safeguarding and manual handling training. This meant that should these staff, who came into contact with people, identify a safeguarding issue they would know how to deal with the situation which may not usually fall into their job description.

The provider had carried out an analysis of training compliance and identified areas they could improve across the organisation. They had employed a clinical educator who had commenced employment the week of our inspection. They were enthusiastic about their role and had completed a training needs analysis and associated action plan.



There was an induction and supervision processes in place. A supervision schedule showed when nursing assistants and nursing staff had received supervisions. The provider told us in their PIR that, 'Training of staff after induction continued with appropriate specialist and updating sessions/courses.' Staff told us they were supported to gain further qualifications. One member of care staff was being supported to undertake a nursing qualification.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

People told us that staff obtained their consent before providing care and support. One person told us, "They [staff] ask me all the time. Do you want us to clean your teeth or are you ready for a wash. Happens all the time." Another person told us, "They [staff] check it its okay to help me." Staff we spoke with had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards and were aware of their responsibilities with regard to making best interest decisions where people may lack capacity.

People told us they felt confident discussing their health needs with staff. One person said, "Oh yes of course. You got to be able to haven't you." Another person said, "Oh absolutely, yes. No problem."

The local GP visited the service daily and nursing staff referred any health concerns directly to them. The service held regular multi-disciplinary meetings which were attended by the matron, nurses, physiotherapist and other relevant professionals. Staff could refer any concerns to this meeting where solutions could be explored by a variety of healthcare professionals.

## Is the service caring?

### Our findings

Our inspection of October 2016 had found concerns regarding the care provided to people who were terminally ill and receiving palliative care. At this inspection, although there was nobody receiving palliative care we looked at recent care records and spoke with staff to determine their understanding of palliative care. We found that palliative care provision had improved. Staff we spoke with demonstrated a good understanding of this type of care and were able to describe how they delivered it. Care records for a person who had received palliative care at the service prior to our inspection demonstrated that they and their family had been involved in all aspects of their care planning and this was clearly recorded. The care plan demonstrated the involvement of the person's GP and the local palliative care team. People's condition can change quite quickly when receiving this type of care. The care plan had been reviewed regularly and as soon as changes were seen appropriate action had been taken. The care plan was written around the person receiving care, reminding staff to still explain what they were doing even if the person appeared to be unconscious.

People told us they had developed positive relationships with staff. One person said, "We have some good laughs. You've got to have 'n't you. It's no good moaning is it? Most of the staff here seem committed." They went on to describe one member of staff who they described as, "Brilliant" and "First class." Another person told us, "The staff are very kind and caring. They [staff] do seem dedicated. This feels more than a job to them [staff]. The staff are very respectful which is good, don't you think."

The service had a key worker system where each person had a named nursing assistant and nurse. They were responsible to ensure that people had things they needed, such as toiletries, and that the person and their family had an identified point of contact. The named nursing assistant and nurse also participated, where appropriate, in regular reviews of the person's care. This helped ensure that the review accurately reflected the care and support the person required.

People told us they were involved in their care planning. One person said, "I'm totally up to speed, yes. My [relative] as well." New care plans had been put in place since our last inspection. Six monthly reviews of these were planned with the involvement of people and their family, if appropriate. We saw that where people's needs had changed care plans were reviewed promptly.

Care plans recorded people's likes and dislikes. One person said, "The staff do know. There were three pillows on my bed and I told them about my neck and that I can only have one pillow and they sorted it straight away. See," they pointed to their bed where there was one pillow. All levels of staff demonstrated a caring attitude to people they were supporting. We observed a member of care staff quietly passing on a telephone message to a person in their room. Another member of staff chatted with a person before a musical event and made sure the person knew the time of the performance and that there had been a change of room.

People told us that communication within the service had improved since our last inspection and that they had been fully involved and consulted about changes that had taken place. A relative told us about a

suggestion they had made at the last relatives meeting regarding the staffing mix. We saw that further meetings were planned with people and their relatives.

People told us that staff respected their privacy and dignity. One person said, "Yes, absolutely. The curtains are drawn and the door is always closed." Another person said, "Totally. I have no hesitation in saying yes." Information provided by the service showed that staff received training to support people with their privacy and dignity. This had recently included a person who lived in the service attending staff training sessions to promote privacy and dignity.

Relatives told us they felt welcomed by the service and could visit when they wished. One relative said, "The staff are constantly caring and compassionate. Everyone [staff] is approachable and nice to all of us. They make us [family] feel welcome. I can't complaint about anyone [staff wise]." Another relative said, "Most definitely, they're [staff] kind and caring to [relative] and me as well."

## Is the service responsive?

### Our findings

Our inspection of October 2016 had found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, person-centred care. This was because effective assessments were not carried out before people began receiving support. Care plans for those living in the service did not provide staff with the information needed to provide person centred care and support. At this inspection we found that the format of care plans had been completely revised and care plans now provided staff with the information required to meet people's diverse needs.

Following our inspection of October 2016 the service had reviewed their admission process. Admission documentation was reviewed to make the assessment process clearer. In their PIR the provider informed us that all admissions since our previous inspection have been carried out in accordance with the admission process. A clear process which is being followed meant that the service could assess whether the needs of potential residents could be met.

Each person had an individual care plan which clearly recorded their needs and how these were met. These were kept in two separate folders that were available to all staff. Staff told us, and records demonstrated that there were core care plan documents contained in all care plans and these were supplemented with additional information for people entering the service with different requirements. Core documents included what personal care a person required, their nutritional needs and their mobility needs. The care plan for a person receiving palliative care had the core documents plus additional information relevant to their care, the care plan for a person entering the service for rehabilitation detailed the care and support specific to their needs. One member of staff told us that the new care plans were shorter for some people entering the service but more focussed on people's needs. They told us that feedback they had received from relatives was that they felt more involved in care planning. Another member of staff told us they had time to read care plans which contained information about people's hobbies and interests which was, "Really helpful to know what to talk to people about."

People told us they were involved in their care planning. One person said, "Oh yes, we've [service and person] talked about what is needed." Another person said, "The service listens, yes. I do feel my care is personal to me. I know it is." Care plans were reviewed six monthly. We saw that, where appropriate, a person's family, named nurse and key worker had been involved with their review. Care plans were reviewed sooner than six months if people's needs changed.

We spoke with the service activities co-ordinator. They told us that since our last inspection communication in the service had improved and that the improved communication had resulted in an improvement to the quality of support provided as care staff were more involved and could do more. They told us that they spent time speaking to people and their relatives to find out what their hobbies and interests were. One person using the service attended a particular activity in the community with their partner. The activities co-ordinator had attended the activity with them so that they could discuss it with the person and see if it was suitable for others. Another person had English as a second language. The service had facilitated access to a television station in the person's mother tongue for them to watch. The involvement in outside activities and

access to information in their first language meant people did not become socially isolated.

On the day of our inspection we observed staff taking the time to talk with people, read to people individually and join in with the singer who was performing that day. This demonstrated that staff had time to provide care in a person-centred way.

Where appropriate the service supported relatives to participate in the support provided to the person living in the service. Staff gave us an example of one person who liked to assist nursing staff with the care of their relative. The person had received training in particular procedures but staff had put pictures on the wall in the person's room to remind them of how to carry out procedures correctly. This meant that the person was able to maintain a close relationship with a person that mattered to them.

People told us they had not needed to make a complaint but if they did they felt confident to speak to staff. A relative told us that they had recently met with the Chief Executive who they named and said, "I think the home is now going in the right direction." Another person said, "No, I haven't complained but if I need to I'd speak to the Matron who'd sort anything out I'm sure." Handbooks given to people when they entered the service gave people information on how to make a complaint and provide feedback on the service they had received.

## Is the service well-led?

### Our findings

Our inspection of October 2016 found that the service was not well-led and that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, good governance. The provider had failed to ensure that systems and processes operated effectively to ensure people received good quality care. After that inspection the provider carried out a root cause analysis of the issues identified. This resulted in changes to the management of the service with regard to systems and processes and staff. At this inspection we found that significant improvements had been made.

People and their relatives told us they had been involved with the changes in the service and had confidence in the new management team. One person said, "At the last meeting the [Chief Executive Officer first name] said 'My door's always open'. I think they're listening yes." A relative said, "The staff are kind and caring and things feel like they're improving all the time." They went on to give an example of how things had improved. Another person told us how they felt the service had improved to an extent where they felt confident to reduce the time they spent with their relative as their confidence in the care provided to their relative had improved.

Staff told us that the new management team was open and transparent when making changes in the service. A member of staff said, "Communication between [manager] and staff is great, really good. [Manager] explains reasons behind the changes. Really helps understand why doing things." Regular meetings had been held with staff at all levels to discuss the changes being made. The matron told us how they felt it was important to tell people why things were being done when changes were made. Two visiting chaplains told us that they believed the culture of the service was now one of encouraging people to raise any concerns and for all involved to say if they had any questions, queries or concerns about the way care was provided.

The management team were visible within the service and people and relatives knew them by name. A regular presence in the service meant that they could keep under review the day to day culture in the service.

The service is required, as a condition on its registration, to have a registered manager in place. The previous registered manager had resigned on the first day of our previous inspection. The provider had recruited a new manager who was in the process of applying to register with the CQC.

Since our previous inspection the provider had addressed how they managed the service. There was a clear management structure in place with consultation taking place on further changes within this structure. The provider had reviewed the strategic direction of all of the services it provided. Information given to us by the provider stated that, '... there have been a number of senior personnel changes and work to clarify, simplify and improve the Trust's approach to strategy and operations.' People and their relatives told us they had been kept informed of changes. One relative told us, "The new chief executive is keeping everyone up to date, the matron too." Another person told us, "The new manager [matron] has been holding meetings." The matron told us they felt supported by the chief executive of the provider who they met regularly to discuss

developments in the service. The provider had committed resources to improve and develop the service, for example recruiting a clinical educator.

There were also plans to improve the clinical governance and quality monitoring within the provider's services with the introduction of a Clinical Governance / Quality sub-committee which would have responsibility to monitor clinical governance and safety issues, oversee clinical performance and ensure the organisation responded to clinical issues and incidents.

Since our last inspection the service had reviewed their quality audits. A range of both clinical and non-clinical audits were undertaken to monitor the quality of the service provided. Clinical audits included care plans and infection control; non-clinical audits included emergency lighting and legionella. The service also monitored accident and incident reports to establish trends and identify any action required.

It was clear from the inspection that improvements had started to be made immediately after the last inspection and that the recent changes to senior personnel had given the improvements a boost and has laid the foundations for them to continue to improve.