

All About Care Limited

# The Hailey Residential Care Home

## Inspection report

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Date of inspection visit:  
15 October 2018

Date of publication:  
03 December 2018

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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

The Hailey 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 Hailey can accommodate up to 40 people who require support with their mental health. On the day of our inspection, there were 32 people living at the service. Each person had their own bedroom. Everybody shared a communal lounge, a large kitchen/diner, a laundry and utility room, a smoking room and large rear garden and a courtyard.

At our last inspection we rated the service overall as Good. At this inspection we found continuing evidence to support the overall rating of Good with no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is therefore written in a shorter format because our overall rating of the service has not changed since our last inspection.

Medicines were managed safely and people received their medicines when they needed to. People were supported to maintain good health and attended appointments and check-ups. People were supported in a safe environment and risks had been identified and managed in a way that enabled and encouraged people to live as independently as possible.

Staff understood how to protect people from the risk of abuse. They had received safeguarding training and were aware of how to recognise and report safeguarding concerns. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so that staff knew what to do in an emergency.

Staff recruitment processes were thorough with sufficient numbers of staff on duty to meet people's assessed needs. Staff received regular training and supervision which enabled them to support people effectively.

People were supported to make decisions and choices about all aspects of their lives. People took part in activities that they had chosen. Staff understood people's support needs and there were detailed care plans, risk assessments and guidance in place to help staff support them in a personalised way.

People were supported to raise any concerns they may have. Staff respected people's right to complain if they were unhappy and supported them to resolve any concerns and issues.

Staff were caring, kind and respectful of people's privacy and dignity. Interactions between people and the staff were positive and people were comfortable and at ease.

The registered manager and the registered provider had good management oversight. Staff said they were

listened to and their suggestions were discussed and implemented. Quality assurance audits were carried out to identify any shortfalls within the service and highlight any improvements that needed to be made. The service had good links with other health and care professionals and staff were proactive in working in partnership to achieve the best outcomes for people.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained Good

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good

### Is the service well-led?

Good ●

The service remained Good.

# The Hailey Residential Care Home

## **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 was planned to check 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 unannounced inspection which took place on 15 October 2018 and was carried out by two inspectors. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at the previous inspection report and any statutory notifications sent to us. Notifications are information we receive when a significant event happens, like a death or serious injury.

During the inspection we looked at a range of information including, four care plans, the staff training matrix, staffing rotas, three recruitment files, minutes from staff meetings, internal audits, health and safety records and two staff supervision and appraisal records.

We spoke with four people, the registered provider, the registered manager, three staff, one relative and two professionals. We observed interactions between people and staff. Following the inspection, the provider sent copies of documents that we had requested including, internal survey results, the service development plan and the revised internal audit template. They were received in a timely manner.

# Is the service safe?

## Our findings

People remained safe from abuse. One person told us, "I have always felt I was treated safely [here]." Safeguarding policies and procedures were in place and staff were able to tell us what steps they would take to ensure people were kept safe. Staff told us, "We act on every single concern." They outlined the providers safeguarding procedures and showed us a copy of the safeguarding policy.

At our last inspection not everyone living at the service had a 'personal emergency evacuation plan' (PEEP), to give staff guidelines on how to move people out of the home in the event of an emergency. At this inspection they were in place for all. People and staff were involved in fire drills, and fire safety was discussed at meetings for people and staff. The business continuity plan detailed the steps staff should take in order to keep people safe in the event of emergencies. There were records to show that checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were individual guidelines in place to tell staff what action they should take to minimise the risks to people, for example if people were living with diabetes or were at increased risk of abuse such as exploitation. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date. People were protected from the risk of financial abuse. There were clear systems in place and these were regularly audited. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.

A formal dependency tool was not in place. The registered manager told us that staffing levels were adjusted to meet the needs of people, for example if a person had an appointment the staffing rota was planned to make sure there would be enough staff available. Staff were available to take people out, during the inspection three people went out shopping with the support of a staff member. The staffing rota for the four weeks prior to our inspection indicated there were consistent numbers of staff. The registered manager was supported by a deputy manager and senior staff. Along with care staff there were also domestic, kitchen and maintenance staff.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. Checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes.

People continued to receive their medicines safely from trained staff. Staff had signed medication administration record sheets (MAR) to confirm that people had been given the correct doses when they needed them. Checks were completed by the registered manager with monthly audits carried out to ensure

that medicines were ordered, stored, administered and returned safely and in line with best practice guidance.

The premises were clean and well maintained. Measures were in place to prevent and control the spread of infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained. Staff had access to personal protective equipment such as disposable gloves and aprons.

## Is the service effective?

### Our findings

People's needs were assessed using a comprehensive assessment tool before they moved to the service. Initial assessments also considered any additional provision that might be needed to ensure that people's citizenship rights under the Equality Act 2010 were respected. For example, establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided. This supported the manager to consider if the service could meet people's needs and review if any additional staffing or training was required. This assessment was used to create the person's care plan. Where possible people and their relatives were involved in planning their care delivery and were aware of risks to be monitored and managed.

New staff completed an induction programme that included online and classroom based training, competency assessments, shadowing experienced staff and office based tasks such as reviewing care files. Staff then continued to complete an ongoing programme of training designed to enable them to support people's specific needs. Records confirmed that training was reviewed and updated regularly with additional training made available to support staff development. The registered manager and deputy manager completed supervision with staff. A mixture of formal supervisions and direct observations were completed when managers worked alongside staff.

People were supported to maintain a varied and balanced diet. One person commented, "The food is good, always lots of choice, it's tasty." The menu offered a range of dishes for each meal and there was flexibility for people who did not want the set meal. People with health conditions such as diabetes, were supported by staff to maintain a healthy diet and where fortified meals or supplementary drinks had been recommended, people confirmed they had received them.

People were supported to live healthier lives and staff continued to work proactively with external health professionals. Records confirmed that people had attended appointments with specialist mental health nurses, dietitians, dentists, and opticians with follow up as required. One person told us, "I see the GP when I need to, the staff call them for me." When another person's mental health had started to deteriorate, staff had worked with the mental health team and followed their guidance to develop the support plan.

The premises had been adapted to meet people's needs. Rooms were personalised with photographs and mementos and a new extension had provided additional rooms and self-contained suites to support people who wanted to begin making the transition towards independent living. Corridors provided easy access for people and led to a courtyard and separate garden giving people safe and restful spaces outdoors.

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 with appropriate legal authority.



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.

Staff understood the principles of the MCA and people were offered choices throughout the inspection, like where they would like to spend their time and what they would like to drink. When important decisions needed to be made on people's behalf, best interest meetings had taken place with people who knew the person well.

## Is the service caring?

### Our findings

There was a person-centred culture at the service, with care planned around the individual. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. Staff spent time with people to get to know them, and supporting them in a way they preferred.

Staff continued to demonstrate strong, supportive relationships with people. One person told us, "I've lived here a long time and I'm really happy living here." They went on to tell us that the staff were "all lovely" and everything about the place "was lovely". During lunch time we saw that meals were a social occasion, with chatter and laughter between people and staff with music playing, creating a relaxed and friendly atmosphere.

One professional commented, "It's a pleasure working with the staff who appear to genuinely care for the client's wellbeing". People told us that staff supported them well. They could talk to the staff and felt that they would be helped. One relative described the care as "exceptional."

There were descriptions of what was important to people and how to care for them in their care plan. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. People responded well to staff and looked comfortable in their company. We saw staff interacting with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedroom. People were given discrete support with their personal care. People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to and regular arrangements were in place to support those that needed it, to visit their family or for their family to visit the.

People were supported to make decisions about their care and were actively encouraged to be involved in their support. Staff told us that when care plans were updated they presented the information in a way that people could understand and supported them to express their opinions and review the plans together. When reviews were carried out, the person, their keyworker, their care manager and their relatives, were all involved and the person was given the time they needed to get their point of view across. If people did not have friends or family members to support them at reviews, the registered manager knew how to access external lay advocates to support the person to make decisions. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People were supported to be as independent as they wished and during the inspection, people came and went from the service as they chose. Staff told us they involved and supported people with daily living skills. The service had its own independent living training room specifically designed to support people who had the intention of moving to independent living. They had also appointed a new activities coordinator to develop the independent living programme.

People's privacy was respected and care plans with associated risk assessments were stored securely and locked away so that information was kept confidential.

## Is the service responsive?

### Our findings

People's care plans contained information about how to support people with specific tasks, such as washing or showering and how they liked to be supported to go to bed. They contained information about people's likes and dislikes and things that were important to them. Care plans were written from the perspective of the individual and from staff. This helped to give staff an understanding of how the person felt about their own care needs. Plans also contained relapse indicators, designed to help staff quickly identify any changes to the stability of people's mental health and therefore, seek relevant support.

Care plans were updated to reflect people's likes and dislikes, their interests, goals and aspirations and relationships that were important to them. They included cultural, ethnic and religious wishes in line with people's citizenship rights under the Equality Act 2010.

Health plans detailed people's health care needs and involvement of any health care professionals. The registered manager told us they were developing these into hospital passports, designed to give healthcare professionals details on how to best support the person in healthcare settings. Care plans were regularly reviewed and reflected the care and support given to people during the inspection. People were encouraged to be involved in the content of their care plan and most had signed to confirm they agreed with content.

People were supported to follow their interests and take part in activities in the community. Activities were planned on an individual basis based upon the person's own individual wishes and preferences.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

People were supported to raise concerns and staff understood the need to support them with concerns or complaints. There was a policy about dealing with complaints that staff and the manager followed. This was on display for people and relatives to easily view. Complaints since the last inspection had been investigated and responded to.

People had been asked about their preferences at the end of their lives, and there was some basic detail in care plans. Staff had received training in supporting people at the end of their life, and told us about how they had provided people with person centred care, such as brining in flowers that a person liked, and spending time sitting with a person. We discussed developing end of life care plans with the registered persons, so that they could be sure staff were clear about the care people wanted to receive. At the time of our inspection, no one was receiving end of life care.

## Is the service well-led?

### Our findings

There was a registered manager in post. 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.

The registered persons shared a clear vision for high quality, person centred care. The provider told us, "I have always promoted the idea that if [the service] is not good enough for me [to live in] then it's not good enough for the people living here." The provider told us that they consistently ensured that staff understood the standards that were expected when providing people with care and support.

The registered manager was aware of their responsibility to comply with the CQC registration requirements and had notified us of events that had occurred within the service. They were aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

Audit and quality assurance systems were in place including, health and safety checklists, medicines audits and health and safety audits. Where shortfalls had been identified, action plans had been put in place. Staff told us that the provider was very involved in the service, "[Provider] always walks around the service. [Provider] is approachable and easy to talk to and after staff meetings they always email the points raised and once things are agreed, they get done."

The provider had also worked with an external consultant to revise the internal audit documents and develop new audit tools. These were due to be introduced to the staff team. The registered persons sought feedback from people, their relatives and staff. Recent surveys had been completed and the feedback received had been reviewed, analysed and published. Positive feedback had been received and any comments had been responded to. At the time of our inspection the feedback from people was in the process of being analysed. Regular resident meetings took place, during which people were asked for their feedback about the home, the food and the activities. Minutes showed that suggestions, for example, for different meals were taken forward to the chef and added to the menu.

The provider was committed to continuous improvement. They had introduced new care planning software to ensure where staff could record issues that occurred quickly and accurately. The service had also worked closely with a local training provider and a local further education provider to ensure that they improved the quality of their care by continuously reviewing and developing the skills of the staff team.

People's health and wellbeing outcomes had been improved through proactive partnership with other external services including; the local authority, local commissioning authorities and the community mental health team. The registered manager and provider were also actively involved in the local registered manager's and provider's network. This ensured that the service received professional information updates and stayed connected to the latest changes in legislation and policy. The provider had developed a service

development plan that set out the service's priorities for the following year.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the registered providers website where rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. During the inspection the rating had been clearly displayed in the service and on the provider's website.