

Avery Homes Newcastle UL Limited

# Hempstalls Hall Care Home

## Inspection report

Hempstalls Lane  
Newcastle Under Lyme  
Staffordshire  
ST5 9NR

Tel: 01782349320  
Website: [www.averyhealthcare.co.uk/care-homes/staffordshire/newcastle-under-lyme/hempstalls-hall](http://www.averyhealthcare.co.uk/care-homes/staffordshire/newcastle-under-lyme/hempstalls-hall)

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08 November 2016

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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 was unannounced and took place on 8 November 2016.

Hempstalls Hall Care Home provides accommodation and personal care for up to 40 older people and people living with dementia. On the day of our inspection there were 38 people living there. The previous inspection was carried out in January 2013 and the provider was compliant with the regulations.

The home had a registered manager who was present for the inspection. 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.

People felt safe living in the home and staff were aware of their responsibility of protecting people from the risk of potential abuse. People were protected from the risk of harm because staff knew about the importance of keeping the environment safe and to check equipment before using them. There were enough staff on duty to care for people and to support them to take their prescribed medicines.

People were cared for by staff who were skilled and who received regular one to one [supervision] sessions. People's human rights were respected by staff because staff applied the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards in their work practice.

People had access to a choice of meals and were supported by staff to eat and drink sufficient amounts. People were assisted by staff to access relevant healthcare services when needed.

People were cared for by staff who were aware of their specific needs and care and support was provided in a caring and sensitive manner. People were involved in planning their care which was delivered in a way that respected their right to privacy and dignity.

People were involved in their care assessment to ensure staff were aware of their preference. People had access to social activities inside and outside of the home. People felt confident to share their concerns with staff and complaints were listened to and acted on.

People were aware of who was managing the home and were encouraged to have a say in how the home was run. The provider's governance was effective to ensure people received a good service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe living in the home and staff knew how to protect them from the risk of potential abuse. Risk of harm to people was reduced because staff were aware of the importance of keeping the environment safe. There were enough staff on duty to care for people and to support them to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were skilled and received regular one to one [supervision] sessions. Staff applied the principles of the Mental Capacity Act which meant people's rights were protected. People had access to a choice of meals and drinks. People were supported to attend their medical appointments.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were aware of their needs and who supported them in a kind and caring way. People were involved in planning their care and staff cared for them in a way that respected their right to privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were involved their assessment of their care needs and they had access to a variety of social activities. People knew how to share their concerns, which were listened to and taken seriously.

### Is the service well-led?

Good ●

The service was well-led.

People were aware of who was managing the home and were encouraged to have a say in how the home was run. The provider's governance ensured people received a good service.

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# Hempstalls Hall 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 inspection took place on 8 November 2016 and was unannounced. The inspection team comprised of two inspectors.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

We asked the provider to complete 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service, three care staff, the activities coordinator, regional manager and the registered manager. We looked at three care plans and risk assessments, medication administration records and quality audits.

## Is the service safe?

### Our findings

People told us they felt safe living in the home. One person said, "I feel safe here because the building is secure and staff are always around." Another person said, "I feel safe having people around me." The staff we spoke with were aware of various forms of abuse and how to protect people from this. All the staff we spoke with said if they had any concerns about abuse or poor care practices they would share their concerns with the registered manager. Staff were also aware of external agencies they could share their concerns with to protect people from the risk of further harm. Discussions with the registered manager confirmed they understood their responsibility of reporting acts of abuse to the local authority to protect people.

People were protected from the risk of harm because staff knew how to keep them safe. One staff member told us they ensured people's walking equipment was regularly assessed by an occupational therapist to ensure they were still suitable for use. They said they always made sure they were available to help people when needed. Another staff member said a maintenance person was available in the home to do essential repairs when needed to ensure the home was safe to reduce the risks to people. We spoke with another staff member who said they ensured obstacles were removed that could cause people to trip.

Staff confirmed they had access to risk assessments that supported their understanding about how to reduce the risks to people. For example, they said risk assessments informed them about suitable equipment to support people with their mobility. Another staff member told us there was a risk assessment in place to promote a person's independence and safety whilst making hot drinks.

Staff informed us that the majority of accidents in the home were due to falls. Accidents were recorded and showed what action had been taken to reduce the risk of this happening again. For example, one person was reluctant to ask for support with their mobility and this resulted with them sustaining a number of falls. The person had been provided with protective clothing to protect their body from injury.

People told us there were always enough staff on duty to support them when needed. One person said, "There are always enough staff because they always respond quickly to my bell [nurse call alarm]." We saw staff were available to support people when needed. Discussions with the registered manager and staff confirmed there were sufficient staff to care and support people. One staff member said, "We don't get many staff taking sick leave, we are quite a close team." The registered manager said staffing levels were determined by how much support people required to meet their care and support needs.

People could be assured that staff were suitable to work in the home because the recruitment process included safety checks. All the staff we spoke with confirmed a requested was made for references and Disclosure Barring Service [DBS] check was carried out before they started to work in the home. The DBS helps the provider make safer recruitment decisions to ensure the suitability of people to work in the home.

People were supported by staff to take their prescribed medicines. One person told us they were happy with staff managing their medicines and they received them when needed. Another person said, "The staff

manage my medication and I get them at a set time every night." We observed a staff member support a person to take their eye drops. They were patient and waited until the person was ready to receive them.

We found that medicines were stored appropriately to ensure people did not have access to medicines that had not been prescribed for them. We saw medication administration records [MAR] had been signed to show when medicines had been given to people. We found a discrepancy where the MAR had been signed but the medicines had not been administered. We shared this information with the registered manager who assured us this would be looked at.

Discussions with the registered manager and staff told us one person had requested to manage their medicines for pain relief. The person had been provided with support and guidance from a district nurse about how to administer their medicine safely. We saw a risk assessment was in place to ensure the person was monitored whilst administering their medicine.

The registered manager said staff who were responsible for the management of medicines had received training and staff confirmed this. A staff member told us the registered manager carried out competency assessments to ensure staff's medication practices were safe.

## Is the service effective?

### Our findings

People were cared for by staff who were skilled and received one to one [supervision] sessions. One person told us, "The staff are skilled they most definitely know what they are doing." Another person said, "The staff have lots of skills and are so good with people living with dementia." All the staff we spoke with confirmed they had access to regular training. One staff member said, "Training enhanced my skills to provide a better service." Discussions with staff confirmed the registered manager regularly observed care practices to ensure skills learnt were put into practice so people receive a better service.

A staff member said during their one to one [supervision] sessions discussions were held about their work performance and development. They said "Discussions within these sessions acknowledged the work I have done and where improvements may be needed." We spoke with another staff member who confirmed they received one to one supervision and also group supervision. They told us during these sessions they are made aware of how well they were meeting people's needs and where changes may be required to provide a better service.

We looked at how new staff were supported in their role. All the staff we spoke with confirmed they had an induction. One staff said during their induction they undertook training that refreshed their skills. They said, "My induction gave me the confidence to care for people." They told us they had worked alongside an experienced staff member until they felt confident to work alone. They said, "I feel well supported in my role." Another staff member said their induction, "Gave me a wider scope about how the home was run."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The people we spoke with confirmed staff always obtained their consent before they assist them. The staff we spoke with had a good understanding of MCA. We spoke with a staff member who said some people were unable to make a decision but efforts were made to assist people. For example, they gave people the opportunity to point at what they wanted. Another staff member said sometimes they used picture books to help people make a decision. We observed good practices where people were unable to give consent but staff explained to them what they intended to do. This approach demonstrated staff's respect for people.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We spoke with one person who was aware of why restrictions were in place for them. They told us, "I can go into the garden but I don't leave the grounds." They told us if they wanted to go out the staff would assist them and they were happy with this arrangement. We spoke with a staff member who said this person was supported by staff to go out when they wanted to ensure their safety.



The registered manager was aware of when to submit DoLS application to deprive a person of their liberty. For example, one person often expressed they wanted to go back to their original home. The registered manager said this would place the person at risk of harm due to their mental health needs. Hence, the registered manager had applied for a DoLS and was awaiting authorisation to lawfully deprive the person's liberty. The registered manager said where possible people were involved in discussions about the restriction on their liberty but due to people's mental capacity they were unable to discuss this with us. The registered manager said before requesting a DoLS a MCA assessment would be carried out. This enabled them to determine whether the person had the capacity to make a decision and whether a DoLS was necessary.

People were offered a choice of meals but we received mixed comments about the quality of meals provided. For example, one person said, "The food is good and we are offered a choice." They said when they moved into the home the cook asked them about the meals they liked. Another person said, "The food is alright, I eat everything." We spoke with another person who said they had raised concerns about the quality of meals provided. We spoke with a staff member who said there was a lack of variety of meals for people who required a soft diet. We shared these concerns with the registered manager who said they were aware of people's views and were taking action to address this.

People told us menus were situated on the tables so they always knew what meals were on offer and we saw this. The people we spoke with said they had access to drinks at all times. One person said they always had a jug of water that staff changed regularly. We saw mealtimes were relaxed and staff were available to support people with their meals. We observed one staff member assist a person with their meal. They explained what was on their plate and gently encouraged them to eat. We saw one person struggling to eat their meal and heard a staff member request staff to support the person which they did.

The staff we spoke with had a good understanding of suitable meals for people. They said they also had access to this information in people's care plan. Discussions with one staff identified their understanding of a person's health condition and the need for a special diet to reduce the risk of choking.

Discussions with staff confirmed if they had concerns about how much a person ate and drank this would be recorded and monitored. They told us where necessary people would be supported to access a dietician or speech and language therapist. These professionals provide people and staff with support and advice about suitable meals.

People were supported by staff to access healthcare services when required. One person said staff supported them to attend their medical appointments. Another person told us they had recently had an operation and staff assisted them to attend follow up medical appointments. They told us the GP visited the home every Tuesday but they could see them sooner if needed. A staff member said one person was unwell and was receiving treatment. They said, "If there are any changes to their health we would call the district nurse out." They confirmed people were supported to access a variety of healthcare services when needed. They said everyone was registered with a GP and a dentist of their choice.

## Is the service caring?

### Our findings

People were cared for by staff who were kind and caring. One person said, "The staff are very nice and very kind." Another person said, "On the whole it is good living here." "The staff are very attentive and caring." We spoke with another person who said, "I am quite contented here, the staff look after me well." We saw that staff were caring and acknowledged people when entering the room. They took the time to talk with people and showed an interest in what people were telling them. We observed social activities and saw that some people appeared disengaged and confused. Staff quickly recognised this and gently reassured them and encouraged to take part. We saw a staff member support a person with their meal in gentle and kind manner, they were patient and work with the person at their pace. The staff member was also observant of the needs of other people in the dining room and encouraged them to eat their meal.

People were involved in planning their care to ensure their needs were met. One person said, "Staff often talk to me about my care plan." A staff member said people were always involved in reviewing their care plan. For example, they said one person had asked for more assistance with their personal care. We spoke with this person who confirmed they were provided with additional support. They had also asked to visit the barbers regularly to have a wet shave and they were supported to do this.

The staff we spoke with had a good understanding of people's past history and were aware of people's care and support needs. Staff told us they had access to care plans that supported their understanding about the care and support the person required.

People's privacy and dignity was respected by staff. One person said, "The staff always knock on my door before entering." Another person told us, "I have a secure area in my bedroom to store my personal possessions and I have a key to my bedroom door." One person told us about the support they required from staff to assist them with their personal care needs. They told us staff gave them the opportunity to do what they could themselves. We spoke with a staff member who said, "When I assist people with their personal care needs I give them the opportunity to do what they can to promote their dignity." A male staff member said, "I always ask the ladies if they are happy for me to support them." They told us when they assisted people with their personal needs they always ensured they were covered to maintain their dignity. We saw staff knock on people's door and waited to be invited in. Where people required support with their personal care needs, we saw people were taken to a private place for this to be carried out. During meal times people's clothing was protected and we saw staff discreetly assist people to clean their face after their meal to promote their dignity.

## Is the service responsive?

### Our findings

People told us they were involved in their assessment. One person told us about their relative's involvement in their assessment. They said, "My [relative] wanted to ensure I received the best care." Some people we spoke with could not remember if they had an assessment but confirmed staff always asked them if they were happy with the care they received. The staff we spoke with confirmed people's involvement in their assessment and care planning. Staff told us they always asked people if they were happy with the care and support provided. Staff told us that during the admission process information relating to people's life history and the things they enjoyed was obtained. Staff said access to this information assisted them to provide a service specific to the person's needs.

One person told us about their assessment and admission process, they said they spent a couple of weeks in the home until they made a decision to stay permanently. They said they were able to decorate their bedroom with their personal possessions and this made them feel more at home.

Discussions with the registered manager and staff identified the service was 'person centred.' For example, staff made an effort to explore people's history and their interests. Staff told us one person had an interest in caravanning and we saw this information contained in the person's care plan. Staff said they often chatted with the person about their experience of caravanning which they enjoyed. One person told us they enjoyed reading and said, "When the opportunity presents itself I like to go out." They told us they had plenty of opportunity to be involved in activities outside the home which they enjoyed. Another person told us they enjoyed knitting and going out. They said, "We go out pretty often." One person told us they enjoyed going into the garden in warmer months to listen to the birds. Access to a variety of social activities ensured people were stimulated and had a fulfilled lifestyle.

The provider had appointed two staff members to support people to pursue their interests. These staff members were aware of people's interests and the support they required to pursue them. One person told us they were provided with a list of social activities available within the home and we saw this. We saw people were offered the opportunity to attend concerts, shopping trips, exercise classes, knit and natter club and political debates. One person told us about a political debate they had and said it was enjoyable talking with others in home. We heard a staff member inform one person about social activities on offer that day. The person told us, "There is always something going on I'm never bored." They told us they enjoyed reading the newspaper and staff ensured they had one every day. Another person told us about the activities coordinators and said, "They offer us loads of things to do." They said they had been to the theatre recently and thoroughly enjoyed it.

People told us they were able to maintain contact with people important to them. All the people we spoke with told us there were no restrictions on visitors and they were always made welcome.

People were aware of how to share their concerns. One person said they had complained about the quality of meals provided. The provider had taken the appropriate action to address these concerns.

Another person said, "I can't grumble at all." They told us they had no concerns about the service they received but if they did, they would tell the staff. Another person told us, "If I had any concerns I would tell the matron [registered manager]."

The registered manager informed us that all complaints were recorded and responded to. Where necessary improvements would be made to ensure people received a better service. For example, discussions were being held with people and the catering staff about concerns raised about the meals provided.

## Is the service well-led?

### Our findings

People were involved in the running of the home and told us meetings were routinely carried out. These meetings gave people the opportunity to tell the provider about their experience of using the service. One person told us that during these meetings they were informed of imminent changes to the service, availability of social activities within and outside of the home. Another person said during these meetings the registered manager listened to their comments. They said, "The manager often gets back to us and tells what they have done regarding our comments."

Staff told us they had access to regular meetings with the registered manager. Staff confirmed the registered manager listened to their views. For example, a staff member said they had made a suggestion to have cordless floor cleaners to reduce the risk of trips and falls. They said the registered manager had arranged to purchase these.

People and staff told us the registered manager had individual or group discussions with them every Friday afternoon. This gave people the opportunity to tell the registered manager about things that had happened in the home and where improvements could be made. One person told us they enjoyed their chats with the registered manager.

We asked people about the culture of the home. One person said, "It's lovely living here." A staff member described the home as, "Homely and relaxed." Another staff member said, "It's a really nice home to live in." We saw there was an open culture and a positive atmosphere.

People were aware of who was running the home. One person said, "The manager is wonderful." Another person told us, "The manager is very kind and pleasant." A staff member said, "The manager is always busy but they always find the time for you." The registered manager said they were supported in their role by the regional manager and received regular one to one [supervision] sessions. The registered manager attended regular meetings with other managers within the organisations. During these meetings discussions took place about how to promote and drive improvements to ensure people receive a good service. The registered manager said they had the opportunity to learn new skills. They had achieved the National Vocational Qualification [NVQ] level five in management. This provided them with the skills to manage the home effectively.

We spoke with the registered manager about the provider's governance. The registered manager said people were given a quality assurance questionnaire to complete and the people we spoke with confirmed this. These questionnaires gave people the opportunity to tell the provider about the service they received and where improvements may be needed. The registered manager said information collated from these questionnaires showed that a number of people had requested new furnishings. This was discussed further with people and new furnishings were purchased. Audits were carried out to review the quality of service provided to people. For example, staff training and development was looked at to ensure staff had the skills to care and support people. We saw audits that reviewed the number of accidents in the home and action taken to avoid a recurrence. The registered manager said they had undertaken 'falls prevention' training.

This training provided them with the skills to analyse accidents and to take action to prevent them happening again. Systems were in place to ensure lifting equipment were routinely checked to ensure they were safe to use. The registered manager said 'head of departments' meetings were carried out. This included the cook, laundry staff and the maintenance person. This was to discuss issues relating to these specific areas and to drive improvements.

Discussions with the registered manager confirmed their understanding about when to send us a statutory notification about events that had occurred in the home.