

Silverfield Care Management Hallgarth Care Home

Inspection report

Hallgate
Cottingham
Hull
HU16 4DD

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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

About the service:

Hallgarth is a residential care home that was providing personal care to 42 older people and people living with dementia at the time of the inspection. The service accommodates up to 45 people.

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

People received a very caring and responsive service, from staff who were trained and supported in their roles. Staff were aware of risks to people's safety and wellbeing and acted to minimise these risks. The home was clean and good infection prevention and control measures were followed. People received their medicines in line with their prescription, but we have made a recommendation about ensuring best practice in medicines management is consistently followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were complimentary about the food and there was good information for staff about people's nutrition and hydration needs. People had access to healthcare professionals and specialists where needed, and staff followed the advice of health professionals. The environment was suitable for people's needs and the décor reflected people's preferences.

Care plans provided staff with appropriate information about people's needs and preferences, which enabled staff to provide person-centred care. Staff were very attentive and caring, and people's privacy and dignity was respected. There was a welcoming, positive atmosphere in the home and people took part in activities of their choosing. People were supported to maintain relationships with friends and family members.

Systems were in place to check the quality and safety of the service and the provider demonstrated commitment to continual improvement. We received positive feedback from people, relatives and staff about the management of the service. People were very satisfied with the service and felt confident any concerns they raised would be dealt with.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated Good overall (published 11 July 2017).

Why we inspected:

This was a scheduled inspection based on the service's previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hallgarth 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at information we held about the service, including information the provider is required to send us about events which occur. We requested feedback from partner agencies. We used this information to plan the inspection.

During the inspection

We spoke with eight people who used the service and five relatives and visitors. We spoke with seven members of staff including the registered manager, the nominated individual for the provider, the activities coordinator, a domestic staff member, a chef and two care workers.

We looked at records related to people's care and the management of the service. We viewed care records relating to four people, medication records, two staff recruitment and induction files, training and supervision information, staff rotas and records used to monitor the quality and safety of the service.

After the inspection

We continued to review evidence from the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider had a system to manage medicines and people were satisfied with the support they received in this area.
- Staff who supported people with their medicines were trained and had their competency checked.
- We identified some areas where best practice was not being consistently followed, including issues with the recording of stock levels and staff not always counter signing hand-written entries on medication administration records. The provider had a pharmacy medication audit planned shortly after our inspection and was responsive to our feedback.

We recommend the provider seeks advice from a reputable source about guidance and best practice in the management of medicines and reviews practices accordingly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed risks to people's safety and acted to minimise these. Risk assessments were routinely reviewed.
- People told us they felt safe because, "We are so well looked after" and "I only have to go out the door and I can find someone. They (staff) are all very friendly."
- Staff were very attentive to people's safety and wellbeing, including when supporting people to mobilise.
- Staff completed comprehensive accident and incident records, with information about responsive action taken. These records were reviewed by the registered manager to identify any lesson learned or further action required.

Staffing and recruitment

- The provider employed sufficient, appropriately skilled staff. The registered manager reviewed staffing levels according to people's needs.
- People, staff and visitors confirmed there were enough staff available to care for people safely. One visitor commented, "Every time I visit there seems to be enough staff to see to requests."
- The provider completed recruitment checks to ensure applicants were suitable to work with people who may be vulnerable.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and access to local authority policies and procedures.
- Safeguarding concerns had been appropriately referred to the local authority safeguarding team when required. Records were retained of action taken.

- Staff were aware of indicators of potential abuse and knew how to report any concerns.

Preventing and controlling infection

- The home was clean and well maintained.
- The provider employed domestic staff, who followed regular cleaning schedules.
- Staff followed good infection prevention and control practices. They used personal protective equipment when required, such as disposable gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction, training and regular supervision to support them in providing effective care.
- People confirmed staff had the right skills to support them. One commented, "They look after me very well." Relatives told us, "The staff are wonderful" and, "They (staff) are very, very good."
- Staff were satisfied with the training they received and felt well supported.

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

- The provider assessed people's needs and kept these under review.
- The registered manager was aware of guidance and best practice. They encouraged new staff with previous experience in care to share their knowledge and good practice.

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and submitted DoLS applications when required.
- The provider retained evidence where people had a Lasting Power of Attorney or legal representative. This helped to ensure that only those with appropriate authorisation made decisions on people's behalf.
- People signed consent to their care plan and staff sought people's views and permission when offering care.

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

- People were supported to eat and drink enough.
- Information about people's nutrition and hydration needs was recorded in their care plan and shared with catering staff.

- People described the food as, "Always nice," "Good" and, "The best food in the country." Choice was offered and one person told us, "There is a menu on the board outside and if you don't like it they will do something different."
- Drinks were readily available and encouraged. However, records in relation to people's fluid intake were poor. The registered manager was already aware of this issue and was taking action to address it, to enable more accurate monitoring.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- People were supported with any health needs and had access to a range of healthcare professionals and specialists. Staff followed the advice of health professionals.
- Information about people's health needs was recorded in their care plan.

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

- The environment was suitable for people's needs.
- There were a number of communal seating areas and some signage to assist people to locate rooms. The furniture, flooring and décor was conducive to people's meeting people needs. For instance, one person had their bedroom decorated like their room at home.
- People had access to the equipment they required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 supported by very caring and attentive staff. They demonstrated sensitivity to people's emotional needs.
- People were highly complementary about staff. They told us, "I get on well with all of them (staff). There is not one I don't like," "The staff are always lovely" and, "They are ever so kind and they will do anything for me."
- A relative told us, "I feel peace of mind with [my relative] here. The staff are wonderful." When asked to describe the staff another relative told us, "They are very friendly and caring. They have very good attitudes as far as I can see and the way they talk to people is very nice."
- Staff ensured people were treated fairly and their diverse needs respected. People's religious and cultural needs were recognised and there was a weekly church service at the home.
- There was a strong person-centred culture. People told us staff had provided additional support to them in their own time on occasions, to take them out and attend appointments. One person added, "They will also do shopping for you if you have no one to do it for you. They have taken me out for a coffee."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. They were able to describe how they put people at ease when providing personal care.
- People told us staff were considerate and made them feel comfortable.
- People's independence was promoted. Staff tailored their support to people's needs and encouraged them to do things for themselves where possible.

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

- People were involved in decisions about their care. We observed staff offering people choices and respecting their views.
- Regular meetings took place to involve people in discussions about the service.
- People could access independent support with decision making and expressing their views if required.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff were very responsive and tailored their care to people's individual preferences and needs.
- People confirmed they were in control of their own routines; one person commented, "I get up when I want and go to bed when I want." Another told us, "They (staff) would do anything for you."
- The provider had introduced a new electronic care planning system and work was on-going to fully embed this system and ensure all information was consistently recorded. For instance, there were some gaps in monitoring records about oral care and food and fluid intake.
- Care plans contained information for staff about how to support people in line with their needs and preferences. Care plans and risk assessments were routinely reviewed.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about their communication needs. This information was available to be shared with other agencies. should someone need to go into hospital or access another service.
- A range of relevant information was accessible and on display in the home.

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

- There was a positive, welcoming atmosphere in the home and people were supported to take part in a range of activities. We heard laughter and lively chatter between people throughout our visit.
- The provider employed an activities coordinator. Activities included exercise classes, singing, bingo and trips out. One person had recently been supported to achieve their aspiration of creating a 'Santa's grotto' at the home. A member of maintenance staff built a frame which the person was then able to decorate with their craft work, to create the grotto. People, relatives, staff and their children were then invited to the home for a visit from Santa, which was much enjoyed.
- Staff built good relationships with relatives and encouraging them to visit at any time. This helped people maintain contact with their family and friends. A relative told us how nice they found it that staff encouraged them to join their relative for a meal in the dining room.

End of life care and support

- The provider ensured people received compassionate, pain free, end of life care.
- People had opportunity to express any advanced wishes they had.
- The provider worked with other healthcare professionals to ensure people's needs were met.

Improving care quality in response to complaints or concerns

- There was a complaints procedure on display in the home.
- Records showed that complaints were investigated and responded to in a timely manner. Compliments and thank you cards were also retained and shared with staff.
- People and relatives confirmed they would feel comfortable raising any concerns with the registered manager or staff. They were confident any issues would be dealt with.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and provider were aware of regulatory requirements and submitted required information to CQC about events which occurred at the service.
- Staff attended meetings, handovers, supervision and training; all of which helped ensure they were clear about their roles and responsibilities.
- The registered manager understood requirements in relation to the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the management of the service. One person told us, "Everything seems to go like clockwork. It seems pretty well organised." A relative told us, "The staff set a good tone of respect and friendliness and generally residents and staff feel happy. I think it is good the office is right in the entrance, right in the heart of things."
- Staff were motivated and felt well supported. They told us there was good team and one described the registered manager as "Lovely."
- There was a quality assurance system and the registered manager conducted checks on the quality and safety of the service. The registered manager agreed to review their medication audit, to ensure it was more effective in identifying issues and driving improvements.
- Compliments and thank you cards demonstrated high satisfaction levels. One relative had given each staff member an individually designed appreciation card/poem in acknowledgement of the care of their loved one.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider used feedback from people and relatives to make changes and influence decisions at the home.
- Staff were engaged in the running of the service and could provide feedback in staff meetings and supervision.
- The provider demonstrated commitment to continually improving the service. They welcomed feedback and suggestions. Since the last inspection they had introduced changes, such as the new electronic care planning system.

Working in partnership with others

- Staff worked positively with other health and social care professionals to meet people's needs.
- There were good links with the local community, which helped enhance people's wellbeing. This included visits from the local school and church, and regular flowers sent from a local shop.