

City of York Council

Haxby Hall

Inspection report

York Road
Haxby
York
North Yorkshire
YO32 3DX

Tel: 01904552610
Website: www.york.gov.uk

Date of inspection visit:
28 February 2019

Date of publication:
21 March 2019

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: Haxby Hall is a care home providing personal care and accommodation for up to 49 people aged 65 and over, some of who may be living with dementia. At the time of the inspection 46 people were living at the service.

People's experience of using this service: The provider had systems in place to safeguard people from abuse. Staff could recognise and report any safeguarding concerns if they suspected abuse. Relevant risk assessments had been completed. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks.

Staff had appropriate skills and knowledge to deliver care and support people in a person-centred way. Staff recruitment was safe and staff understood how to keep people safe.

People and their relatives told us they were happy with the service they received and felt staff had a clear understanding of their needs and preferences. People were supported with good nutrition and could access appropriate healthcare services.

Staff cared about the well-being of people they supported and we received positive feedback about the kindness of staff. Relatives were made to feel welcome.

People described a range of activities and events both within the service and the local community, based on their interests and preferences. People and their relatives were supported to receive information in an accessible way either through easy read, large print and pictorial formats to enable them to be involved in their care and support.

Care plans had been developed and were regularly reviewed. These contained relevant information about how to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice.

People were treated with respect and dignity and their independence was encouraged and supported. Where people required support at the end of their lives, this was carried out with compassion and dignity.

The environment supported people to have time on their own and time with other people if they chose this. Throughout the environment appropriate signage for people living with dementia was in place to support people to find their way around the service. Cleanliness and health and safety were well managed.

The registered manager and staff team worked together in a positive way to support people to remain as independent as possible and to be safe. Staff told us they were well supported by the registered manager and management team.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The values of the organisation of working together, to improve and make a difference were embedded. This supported people to receive the positive service described.

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

Rating at the last inspection: At the last inspection the service was rated good (published 1 November 2018).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Haxby Hall

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by one inspector and an assistant inspector.

The service had a manager registered with (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.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

Notice of inspection: The inspection was unannounced.

What we did: We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. Providers are required to send us key information about their service, what the service does well and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch England. Healthwatch England are an independent organisation who listen to people's views about local services and drive improvement by sharing those views with organisations who commission, deliver and regulate health and care services. We also sought feedback from professionals who worked with the service. This information helps support our inspections.

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including; the nominated individual, service manager, care leader, team leader, care workers and cook. Following the inspection, we spoke with the registered manager

on their return from leave. We also spoke with two health and social care professionals and an advocate.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were considered during and after the inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment.

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They received appropriate training in this topic area.
- People and their relatives told us they felt safe and supported by members of staff. People told us, "I am safe here." and, "I could go to any of the staff if I had a problem with anything."
- The provider operated a safe recruitment process.
- People and their relatives told us they received care in a timely way. The registered manager monitored the amount of staff required to keep people safe based on people's needs.

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

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The management team reviewed how they assessed the risk of people falling and how to implement control measures based on best practice.
- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- The environment and equipment used had been assessed for safety.

Using medicines safely.

- Medicines were safely received, stored, administered and disposed of when no longer needed. People were encouraged to manage their own medicines where they had those skills.
- Where medication errors were found during audits they were investigated and action taken as needed.
- People told us they were happy with the support they received to take their medicines. One person told us, "Yes, everything is in order and I don't need to worry, its always on time."

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- A slight odour detected in one area of the service was raised with the nominated individual. They shared with us the actions in place to address this. This included, additional deep cleaning and increasing the ancillary staffing hours. This was confirmed with the registered manager during our discussion with them on their return from leave.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs.
- Staff worked closely with health and social care professionals, people and their families to ensure people's abilities, hopes and preferences were recognised, recorded and shared amongst staff.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, the environment had been adapted to support people who may be living with dementia to navigate around the building independently.
- People were free to access all areas of the service, including the garden which was secure and had accessible pathways to walk on and a range of seating and shade.
- People enjoyed the environment which had plenty of communal spaces where people could spend their time. One person told us, "There is no place like home, but there's no better place than here." Relatives told us, the service was a 'family-friendly' home and they were invited to events and activities held at the service.

Staff support: induction training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A relative told us, "The staff are brilliant, they bend over backwards and are well trained. They can't do any more than they do."
- Staff had completed a comprehensive induction and training programme. They had the opportunity for supervision and appraisal. One staff member told us, "We all have the opportunity to access further training and we are encouraged to develop further in our roles."
- The registered manager had good systems to understand which staff needed their training to be refreshed and who required supervision.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support.

- People had a choice and access to sufficient food and drink throughout the day. Menus were planned in consultation with people using the service based on their likes and dislikes and feedback from resident's meetings. Menus were flexible and took into account people's preferences and patterns of eating and

drinking.

- People told us, as well as the planned meals in place, they could speak to the cook and order additional meals, or lighter foods if they wanted this. People had free access to hot and cold drinks and a variety of snacks throughout the day.
- Where people required their food to be prepared differently because of a medical need or problems with swallowing this was catered for. People also had equipment to support them to remain as independent as possible when eating their meal and drinking. Assessments had been completed by healthcare professionals to support people with eating and drinking.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

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.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were made in people's best interests.
- Where people did not have capacity to make decisions, they 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.
- Where required appropriate applications had been made to deprive people of the liberty within the law.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- We observed people were treated with kindness and people and their relatives were positive about the staff's caring attitude. Relatives told us, "This is a real home from home, for my family member it is better than what they had at home." Another told us, "They understand them and treat them very well. I have complete confidence in the staff." A health and social care professional told us, "Staff are very encouraging and develop good professional relationships with people."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. This included understanding people's life history which is a known way of promoting positive relationships between people and staff. A member of staff told us, "As a team what we want is; for people to be happy and to receive a good service."
- People were treated with kindness and were positive about staff's caring attitude. Feedback from people and their relatives supported this. Comments included, "The staff are kind and caring, I can't fault them." One relative had written to the service complimenting them on the improvement in their relatives health and the kindness, compassion and 'can do' attitude of the staff team.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- Staff gave us examples of how they made suitable adjustments to meet the diverse needs of people who used the service, such as those related to disability, gender, sexuality and ethnicity. For example, a translator was accessed for one person to assist in communication, and staff used a translation device on their mobile phones as an additional aid.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- There was a monthly multi-denominational faith service held at the home for those who wished to attend. People's diversity needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

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

- Staff enabled people to make decisions about their care; and knew when people wanted help and support from their relatives. People were directed to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- People were enabled to maintain and develop relationships with those close to them and to develop social networks and links within the local community. Relatives could visit at any time and were made to feel welcome.
- People's independence was promoted. They were encouraged to maintain their independent living skills. For example, going to the local shop to buy their newspaper and pouring their own drinks where possible.
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way.
- People's rights to privacy and confidentiality were respected.
- Dignity champions within the service involved people in the promotion of dignity within the service.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care records were personalised to a good standard and reflected each person's individual needs. The information was kept under regular review and updated in line with any changes needed. A member of staff told us what person-centred care meant to them, they said, "It means giving people what they want. We have a key worker system in place so we can develop professional relationships with people based on trust and respect."
- People were empowered to make choices and have as much control and independence as possible, including developing care, support and treatment plans. Relatives were also involved where they chose to be and when people wanted that.
- The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- Where people were unable to come to the dining room or needed a more flexible arrangement in relation to their medication support, staff arranged this to ensure their needs were met.
- People's feeling of wellbeing benefitted from the staff promoting social events, access to the community, and activities based on their preferences.
- People were engaged in a programme of activities if they chose this. This included on site activities and activities within the local community. Activities enabled people to maintain friendships with their local community, hosting coffee mornings, visits from local primary schools and colleges.
- People were supported to prevent ill health and promote good health. Staff worked with people to support their rehabilitation following hospital admissions to enable them to return to their own homes. A health and social care professional told us, "The staff are very understanding and respond well to people's complex needs in a positive way."

End of life care and support.

- Staff explained that when required, people would be supported to make decisions about their preferences for end of life care. Professionals were involved as appropriate to ensure people were comfortable and pain free.
- Compassionate care was provided at the end of people's lives. Relatives praised staff for the way they cared for their family members and the kindness shown towards them.
- Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.

Improving care quality in response to complaints or concerns

- People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to. The registered manager acted on complaints in an open and transparent way. They used complaints received as an opportunity to improve the service.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and their relatives spoke positively about the registered manager and the quality of care provided. Comments included, "If we have a problem it is addressed and I feel I can go to see anyone," and "They are very approachable."
- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.
- The service involved people and their relatives in day to day discussions about their care.
- People had completed a survey of their views and they met frequently to discuss the service they received. The feedback had been used to continually improve the service. For example, to plan menu's, plan outings and activities. For example, people had asked to have their main meal early evening rather than at lunchtime and this arrangement had been put in place.
- Staff told us they felt listened to and that the registered manager and nominated individual were very approachable and supportive. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One member of staff told us, "I absolutely love my job." Staff told us they felt valued and appreciated.
- Where internal audits identified any concerns or trends, detailed action plans were put in place and communicated to the staff team.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles. Staff were held to account for their performance where required.
- Regular checks were completed by the staff and registered manager to make sure people were safe and that they were happy with the service they received.
- All appropriate reporting had been carried out to alert CQC and local authorities when incidents occurred.

Working in partnership with others.

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements: Continuous learning and improving care.

- Regular checks were completed by the staff and registered manager to make sure people were safe and they were happy with the service provided.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- All feedback received was used to continuously improve the service.