Cumbria Nursing Services

Hames Hall Residential Care Home

Inspection report

Hames Hall
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Cockermouth
Cumbria
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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

Overall summary

This was an unannounced inspection on 7th May 2015. At our last visit in April 2014 the home was in breach of the regulation related to staffing numbers. We had received information from the provider after the inspection in 2014 that showed us that staffing levels had increased. We judged at this inspection that the home was suitably staffed and the regulation had now been met.

Hames Hall is a period property set in its own grounds outside Cockermouth but within easy reach of the town's amenities. The house has been adapted and extended to accommodate up to 25 older adults. Accommodation is mainly in single rooms, some of which have ensuite facilities and there are suitable shared areas. The provider owns two other care homes in Cumbria.

Summary of findings

The home had a registered manager who was registered in October 2014. 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 and associated Regulations about how the service is run.

There were suitable arrangements in place to ensure that vulnerable people were protected from harm and abuse. Staff understood their responsibilities in safeguarding people.

The home was clean, orderly and safe. Good infection control measures were in place.

Medicines were ordered, administered and disposed of correctly. Staff received suitable training and checks on their competence in dealing with medicines.

Good recruitment systems were in place, All of the staff had received induction training as the new manager felt that the staff team needed to go back to basics. The team had then all received training in the skills and knowledge related to their role.

Staff received supervision and appraisal. Good practice issues were discussed in these sessions.

Staff understood their responsibilities under the Mental Capacity Act 2005. No one in the home was being deprived of their liberty.

People received good health care support.We had evidence to show that treatment and health prevention services were accessed by staff so people could stay as well as possible.

People in the home were happy with the food provided. We saw good quality and varied meals being served. Nutritional planning was in place to make sure people ate as well as possible.

We observed caring and sensitive interactions when staff dealt with people in the home. Privacy and dignity were maintained when staff supported people. We had evidence to show that the staff team were encouraged to help people to be as independent as possible.

We heard and saw staff working with people in a kind and patient way. They treated people in an equitable way and were able to explain things to people appropriately.

We had evidence from the staff and visiting professionals to show that the team aided and supported people appropriately in the last days of their lives.

We looked at assessment and care planning. We judged that these had improved since our last inspection. We saw that detailed and up to date plans were in place. Most people had been assisted to complete life stories. Staff were working on ways to continually improve the planning for care delivery to include more details on things like spiritual and psychological needs.

People told us they were happy with the regular activities on offer. People were supported to follow their own hobbies as well as joining in with organised activities. Trips out were arranged for small groups of people. Individuals could also ask to be taken out to meet friends and family.

There had been no formal complaints received by the service, the local authority or by ourselves. No one on the day of the inspection had any complaints. Suitable complaints policies and procedures were in place. People in the home and their visitors told us they understood how to complain.

We heard from staff, and we saw evidence to show, that new operational systems were in place so that all aspects of the home would run smoothly. We had evidence to show that this was because the registered manager was suitably experienced and skilled to develop the home.

We also saw that there was a new quality assurance system in place and that this was being used to develop an improvement plan for the home. Changes had been made in things like care planning and in deployment of staff. We also noted that there had been a change in the culture of the home. Staff were being encouraged to work in a more person centred way.

Summary of findings

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.

There were suitable arrangements in place to make sure people were protected from harm and abuse.

Good staff recruitment had ensured there was enough staff to deliver appropriate levels of care.

Medication was ordered, administered and disposed of appropriately.

Good

Is the service effective?
The service was effective.

Staff were suitably trained and supervised.

No one in the home was being deprived of their liberty and staff were aware of their responsibilities under the Mental Capacity Act 2005..

People in the home had good health care support and were given nutritious foods.

Good

Is the service caring?
The service was caring.

People told us staff were caring and we observed caring and sensitive interactions between staff and people in the service.

Staff understood concepts like equality, diversity, privacy and dignity.

We had evidence to show that end of life care was managed effectively and sensitively.

Good

Is the service responsive?
The service was responsive.

We judged that assessment and care planning was appropriate and met the needs of people in the home.

People told us they were happy with the activities, entertainments and outings on offer.

There had been no formal complaints received in the last year. A suitable complaints procedure was in place.

Good

Is the service well-led?
The service was well led.

The home had a suitably qualified and experienced registered manager who had been in post for less than a year.

We had evidence to show that the manager had influenced a change in culture in the home and was developing systems to ensure the home operated smoothly.

Good

Summary of findings

There was a quality monitoring system in place. People who lived in the home, their relatives, the staff and other interested parties were asked their opinions about quality.

Hames Hall 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7th May 2015 and was unannounced.

The inspection was undertaken by an adult social care inspector who was accompanied by 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 for older adults.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

Prior to the visit we spoke with commissioners from the local authority who purchase care in the service. We also had contact with commissioners of health care.

The inspector spoke with seven people in the service and the expert by experience spoke with 14 people. We spoke to people individually and in groups.

We spoke to the registered manager and the deputy manager. The inspector spoke with eight members of staff and looked at eight staff files. These files included information on recruitment and staff development.

The inspector also looked at ten care files and read six of these in depth. Medication and relevant records were checked. Food hygiene records and menus were looked at in the kitchen. We looked at quality audits and actions plans. We checked on fire safety records and a number of general risk assessments. We looked at specific policies and procedures.

Good

Is the service safe?

Our findings

We asked people in the service about how safe they felt. People said they felt safe in the house and that the staff treated them appropriately. Comments included: "There always seems to be enough staff. I never have to wait very long when I need help." Another person said: "I feel safe in my room…I have my own key…and the house is quite safe."

A relative told us: "The staff are great people who always make you welcome."

During our inspection we spoke with staff who were able to talk to us about protecting vulnerable adults. They told us that they had received training on this matter. They also told us that they understood how to contact the provider and external agencies. The service had suitable policies and procedures and senior staff understood their responsibilities in making safeguarding referrals.

We walked around all areas of the building and we saw that the home was safe and secure. We learned that there was an emergency plan in place if there were any problems with the building. There were good infection control measures in place around the home. We spoke to housekeeping staff who had a very good understanding of their responsibilities. The house was clean, orderly and well maintained.

The service had suitable risk assessments in place. Accidents and incidents were recorded appropriately. Falls were analysed, assessed and management plans put in place to lessen future risks.

We asked for a copy of the last four weeks rosters. We saw that the home had been suitably staffed in April. There was a good mix of skills and experience on each shift. We also had evidence to show that there had been a full complement of staff since summer 2014.

We looked at six staff files and we saw that staff had been appropriately recruited. We asked some relatively new staff about their recruitment and they confirmed that all checks were in place before they had any contact with people who used the service.

The provider had appropriate disciplinary procedures in place. The registered manager had experience in managing disciplinary and competence matters.

When we arrived at the home there had been a delivery of medicines and topical creams. This was checked in by the registered manager and the deputy. We looked at the arrangements for ordering, administering and disposing of medicines. These were in order. We saw that there were weekly and monthly audits of medicines. All medicines were locked away securely. We observed staff administering medicines and this was done correctly.

Good

Is the service effective?

Our findings

The people in the home told us that they were happy with the staff group and that they judged that “the staff seem to get plenty of training these days.” People said that they were consulted and their consent sought. We were told about how they were supported and asked for consent in day to day things: “They only encourage you to go to bed so you are not too tired in the morning…no one forces you to do anything", ”I like to watch the TV later on and you can do this here (in the lounge) or in your room” and “ When they come to get you up they ask you if you would like a bit of a lie in and then come back when you want to get up.”

We asked for, and received, a copy of the training that had been delivered to staff in the last year. We also spoke to staff and to the registered manager. Everyone in the service had completed an induction even if they had been in the service for a number of years. This was done to make sure that staff understood their role. This was supplemented by core training delivered to the full staff team by an external trainer. Staff had also received more specific training to help them with their work. We learned that individual members of staff had completed more advanced training on end of life care and dementia awareness. Their training had then been cascaded to other staff.

The registered manager had supervised the staff team and had completed most of the appraisals for the year. She shared her plan for appraisal and supervision with us. The deputy manager was also going to take more responsibility for this. Staff told us that they had received formal supervision and also were supervised whilst they were at work.

When we spoke to staff on duty we learned that there were on-going discussions about best practice. We saw that this was discussed in staff meetings and in individual supervision. New ‘reflective practice’ groups were being set up. We saw a new handover system that helped staff to communicate to each other.

We met community nurses on the day who told us that they thought communication in the team had improved dramatically. When they visited the staff knew the issues people in the home had and they had evidence to show that staff communicated the treatment plans correctly to other team members.

We asked staff about their understanding of mental health and mental capacity legislation. We had evidence to show that staff had a good working knowledge of this. Staff were aware of their responsibilities under the Mental Capacity Act 2005 through supervision and training. People in the home were free to leave the building and had keys to their own rooms if they wished. The registered manager said that she had assessed everyone in the home and no one was being deprived of their liberty. The home had a policy stating that no one would be restrained in the home.

We spoke to people about how consent was gained. People told us that they were: "Always asked very politely about anything I want or need help with." During the day we heard staff asking permission to go into individual bedrooms and asking people about care interventions. We also noted that, where possible, people signed their risk assessments and care plans. People told us that they were asked their opinions individually and at residents’ meetings.

We looked at case files, the office diary and the handover sheets. We saw that people were supported to gain access to GP's, community nurses, occupational therapists, physiotherapists, dentists and opticians. Where appropriate people were referred to specialists and consultants. When people had hospital appointments staff accompanied them and we were told that they were very "supportive".

We walked around all areas of the property. We saw that it had been suitably extended and adapted for older people who may have problems with mobility. We noted that the registered manager had started to improve the signage for people who became a little disorientated. She told us that she was planning to do more work on this and to look at the environment to make it as ‘dementia friendly’ as possible.

Both the expert by experience and the inspector were invited to share a meal with people. The dining room tables were nicely set with good quality linens and crockery. People told us that they had plenty of variety and choice. Some people chose to eat their meals in their rooms whilst others preferred to socialise in the dining room. People said that the food was “always of a very high standard and I enjoy both the quality of the food and the social atmosphere of the dining room.”

Good

Is the service effective?

We went into the kitchen and saw that there was a good store of fresh foods. The cook told us that all meals were made from 'scratch' and we saw that there were no ready meals or convenience foods in the home.

When we looked at care files we saw that nutritional assessments were completed and people were weighed regularly. The staff talked about people having fortified foods and supplements. We saw that people were encouraged to eat as well as possible.

Good

Is the service caring?

Our findings

We measured this outcome by asking people their opinion of the staff group's approach. People told us: “My visitors like coming here as it’s so friendly,” and “It’s like inviting someone into your own home.” People said the staff were “friendly”, “kind and caring.” A visitor said: “They are not just doing a job they really care.”

We also spoke to visiting relatives who confirmed that the staff team had a caring and sensitive approach. We observed one relative talking to the registered manager and we could see that this person had complete trust in the manager. This relative told us: "I think the care is excellent… from the manager to the domestic staff. [My relative] is very well looked after and is cared for and cared about."

We spoke to staff about their understanding of individual rights. Staff had a very good understanding of people's rights and the balance they had to strike because of the duty of care they had as staff. This balance of rights and care support could be seen in care plans. Staff said they talked about this on a regular basis. The home had contact with an organisation that could provide advocacy if necessary.

We saw some examples where staff were being guided to support people to make informed choices. Staff said that the registered manager gave them this guidance and was able to explain why specific support was in place.

We learned that there were regular residents’ meetings and we saw evidence to show that family members were involved in decisions made where appropriate. We heard staff explaining things to people and giving them information. We saw that this was done for the group during residents meetings. We saw that reviews of care were undertaken as were "best interest" meetings.

We saw in induction records and in supervision notes that confidentiality, privacy and dignity were discussed. We also noted that the registered manager and her deputy led the team in these matters. Staff meeting minutes showed that these issues were discussed with the staff team as a whole. We observed staff treating people appropriately and we had positive responses from people living in the home. Visiting professionals also confirmed that they judged people were treated appropriately.

When we looked at care plans we saw that people were encouraged to be as independent as possible. The registered manager and her deputy said that they were aware that sometimes staff could be quite risk averse but they continued to promote independence as much as possible.

Visiting professionals told us that the staff team were very good at supporting people at the end of life. They said that they worked well with the community nurses and that the aim was to keep people in their own home at this time. The deputy manager had completed end of life training and people's wishes were recorded on file.

Good

Is the service responsive?

Our findings

We asked people about how the team responded to their needs and we learned that people had been asked about their needs and wishes. One person said: “When I came in [the deputy] asked me a lot of things about what I could do for myself…and it was written down. She has checked with me since to make sure I don’t need anything else.”

We also spoke to someone who stated: “Of course we can do what we want it’s our home isn’t it?” People told us that they were encouraged to socialise: “I have a lot of good friends in here and we all help each other.”

We learned from people in the home that staff were keen to ensure that they responded to people’s care, social and emotional needs: “Staff ask me regularly how I am,” and “The girls know all my likes and dislikes.”

We observed staff responding to people's needs and wishes in a timely and appropriate manner. We heard one person asking to go to the polling station to vote in the general election and a member of staff took this person without delay.

We looked at care files in depth. We met the people who owned these files. We had evidence to show that people had become much more involved in planning their own care. We learned from the manager and her deputy that they were trying to involve people more in this.

We saw that the registered manager or the deputy completed detailed assessments of people's needs prior to their admission. Some files also contained social work assessments and healthcare assessments. Initial care plans were based on these assessments.

Care files included simple life stories, on-going assessments and care plans. The care plans were detailed and up-to-date. The content covered care needs and gave good guidance to the staff team. The deputy manager had taken the lead in this and had updated every person's care plan. She was aware that there needed to be a little more detail about psychological, emotional and spiritual needs. We saw evidence to show that these important elements of care planning were being developed.

The home had an activities programme that included parties and entertainments, exercise and craft classes, musical appreciation and outings. There were regular religious services held in the home. On the day of our visit there was a knitting group in the morning and a music and movement class in the afternoon. Staff were keen to develop and improve on activities in the home and were talking to people about summer outings. A number of people in the home preferred following their own hobbies and interests. People were taken out into Cockermouth and we saw examples of people being taken further afield to meet their families for meals out.

There had been no formal complaints about this service received by the local authority or by the Care Quality Commission. The registered manager said that there had been no complaints in the previous year. People in the home told us that any minor complaints or concerns were dealt with straightaway. The home had a suitable complaints policy and this was available around the home.

Good

Is the service well-led?

Our findings

People told us that they were satisfied with the way the home was led. One person said: “We are really made to feel that our opinion matters” and their visiting relative said: “They have regular meetings we are invited to.”

The manager for this service had been registered with the Care Quality Commission since October 2014. She is a suitably experienced and trained person to manage a care home for older adults.

Prior to her appointment there had been a number of problems in the service. Some of these problems were related to systems in the home and others to the culture of the service. We had evidence to show that this new registered manager had worked on both systems and culture in the service. When we spoke to staff they were very clear about how the home operated and why things were done in certain ways.

People who lived in the home told us that the registered manager was “very good, very competent and the staff respect her.” We also had someone say: “The deputy is very good…she hasn’t been here long but she soon got to know us all.” We observed people in the home responding well to the management team and we noted that staff looked to them for leadership.

Staff were able to talk about communication, care planning and routines in the home. They spoke about their responsibilities and about the values in the service. All of the care, housekeeping and catering staff we spoke to were very happy with the way the home was being managed. One member of staff said: "This is the best management team I've ever worked with. The manager and the deputy are both very approachable and they understand the work we do. We get plenty of support."

We had evidence to show that the management team led by example and were keen to talk to staff about the vision and values of the service. The registered manager was fully aware of her role.

The registered manager shared with us her action plan for the home. This included a new approach to delegation and supervision. She was also working on amending policies and procedures. She had started to work on improving quality monitoring and quality assurance.

We spoke with one of the housekeeping staff who said: "We used to clean the home without having any real plan. The manager talked to us about this and together we have developed a quality assurance system. This means we always know what needs to be done and we record that we have done it. We are all quite happy about this and I think it has improved our work."

The manager had also appointed a new administrative assistant. Office routines were well organised and record keeping was up-to-date. Quality monitoring and audits were in place for care delivery, medicines, financial and budgetary control and staffing issues.

The registered manager had recently sent out surveys to people in the home, their relatives and other interested parties. We saw the returned surveys and the manager said that she was analysing these. We also saw that she had analysed accidents, falls and other incidents. Staff and residents meetings were regular occurrences. The registered manager was developing a whole service system where all of these elements would be used to develop future planning for the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.