

# Ashmere Derbyshire Limited

# West Hallam Care Home

## **Inspection report**

8 Newdigate Street West Hallam Ilkeston Derbyshire DE7 6GZ

Tel: 01159440329

Website: www.ashmere.co.uk

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### Ratings

Overall rating for this service	Good •
Is the service safe?	Good
Is the service well-led?	Good

# Summary of findings

## Overall summary

#### About the service

West Hallam Care Home is a residential care home providing personal care to up to 31 people. The service provides support to older and younger adults, people living with dementia and people who have physical disabilities. At the time of our inspection there were 25 people using the service. Accommodation is provided in one adapted building.

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

West Hallam Care Home provided homely surroundings where people felt safe. People knew who to tell if they had any concerns and were confident these would be addressed. Infection prevention and control procedures were implemented to reduce the risk of infection to people. People enjoyed friendly, respectful interactions with staff. Staff were trained to be competent and confident to ensure people's medicines were safely managed.

The home was well run and provided a welcoming and caring environment. Feedback about the home, the staff team and the registered manager was consistently positive. One relative told us, "I can't praise them enough. I would highly recommend (the home)".

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

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

#### Rating at last inspection

The last rating for this service was good (published 20 February 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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

We always ask the following five questions of services.

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Is the service safe?	Good •
The service was safe.	
Details are in our safe findings below.	
Is the service well-led?	Good •
The service was well-led.	
Details are in our well-led findings below.	



# West Hallam 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. We checked 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector and 1 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

West Hallam care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. West Hallam care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners who are involved with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service, 9 relatives of people who used the service and 2 visiting professionals about their experiences of care at the home. We spoke with 8 members of staff including the registered manager, the provider area manager, the peripatetic manager, members of the housekeeping team and care staff. We reviewed a range of records; this included 3 care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. After the inspection we looked at a variety of records relating to the management of the service, training data and quality assurance records.



## Is the service safe?

# Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at West Hallam Care Home. One relative told us, "I think they (relative) are very safe. I used to worry about them before, now I don't."
- People or their relatives, understood how to raise any concerns they might have and felt comfortable to do so if they needed to. One relative told us, "If we were unhappy we would say. The (registered) manager is very approachable."
- Staff had completed training on how to recognise and report concerns and understood how to protect people from abuse.

Assessing risk, safety monitoring and management

- People were supported to keep safe.
- Areas of risk in people's lives were identified and detailed guidance available to staff to support people to help them keep safe.
- People were involved in managing the areas of risk in their lives and in taking decisions about how to keep safe. People were supported to choose to be independent in meeting their own needs as they wished.
- The registered manager carried out a review of all accident and incident records to identify and manage areas of risk for people.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

• We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

• People were supported by safely recruited staff. The provider followed safe recruitment guidelines, including DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers

make safer recruitment decisions. The provider was considering a review of their policy to include ongoing checks of staff DBS status.

- People were supported by a stable and consistent staff team. One relative told us, "Nothing is too much trouble for them (staff). Staff have been there a long time. It's a brilliant place."
- There were sufficient staff available to support people. One relative told us, "There appears to be loads of staff around. (My relative) is hoisted so needs two, there's always enough staff to support them."
- People were supported by staff who were trained to meet their needs. One relative told us, "All the staff know what they are doing. I am sure (my relative) is getting all they care they need."

#### Using medicines safely

- People received the support they needed from competent staff to manage their prescribed medicines safely.
- The provider implemented an electronic system to manage people's medicines. The management team had daily oversight of the system. Actions were taken immediately to address any issues identified.
- People, or their representatives were involved in managing their medicines. One relative told us, "The medication and the care they (relative) get is amazing and now they are much better for it. They are much healthier, happier, and safer. They (staff) monitor their medicines carefully and keep me updated."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care home

• People received visitors in the home without restriction, in line with current government guidance.

#### Learning lessons when things go wrong

- The provider had systems in place to manage and monitor peoples safety. Staff understood how to record and report incidents for investigation by the registered manager.
- The registered manager identified where improvements could be made and shared the lessons learned with the staff team.



## 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were proud to uphold the ethos of the home to ensure people felt safe and comfortable.
- People were supported to be independent in the areas they chose to be. One relative told us, "There have been positive changes. Their confidence has come back."
- People, their relatives and staff appreciated the benefits of a happy place to live, visit and work in. One relative told us, "The atmosphere in the home is good. Everyone is always happy."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibility to keep people informed when incidents happened in line with the duty of candour.
- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff were clear about their roles and responsibilities and felt valued and supported. Feedback from staff about the registered manager was consistently positive.
- The provider had systems in place to review the quality of the care and support people received. A range of audits were carried out by the management team providing good oversight of the service.
- The systems implemented by the provider produced regular reports which were analysed by the registered manager to drive improvements where required.

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

- The provider implemented systems to gain feedback from people, their relatives, staff and professionals. Responses were reviewed by the registered manager and acted on to make improvements to the service.
- People provided feedback using a variety of methods, for example, communication cards, which helped people answer questions and express their preferences.
- People, their relatives and staff all described an open-door policy where they could talk to the registered manager about any concerns they had. One relative told us, "I think the (registered) manager is doing a good job. Nothing is too much trouble. They gave me lots of reassurance at the beginning which put my mind at rest. I would recommend it (the home)."

Working in partnership with others

- The provider worked in partnership with other professionals such as GP and pharmacist, the community mental health team and local hospital services to support people to access healthcare and specialist support when they needed it.
- Feedback from professionals who regularly visited the home was positive. One visiting professional said, "The home is clean, staff are always helpful, and care is person centred. I have no concerns about this home."
- The activity team engaged with the local community, promoting opportunities for people and their families to become involved in a variety of activities and events. These links encouraged mutually beneficial relationships between the people who lived at the home and local residents and businesses.