

City of York Council

Haxby Hall

Inspection report

York Road
Haxby
York
YO32 3DX
Tel: 01904 768944
Website: www.york.gov.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

The inspection took place on the 5th and 6th February 2015. The inspection was unannounced.

We last inspected the service fully in April 2014 and we issued two compliance actions for care and welfare and records. We carried out a further follow up inspection in September 2014. We found the service was compliant with care and welfare but still had further work to do in regards to quality monitoring and management systems.

We held an internal meeting to determine how best to drive the improvements that were needed. We told the provider to send us monthly updates of their quality monitoring systems.

Haxby Hall is owned by City of York Council and provides accommodation for up to 49 older people who have personal care needs, some of which may be assessed as high dependency needs. There is a six bedded safe unit

Summary of findings

for people with dementia care needs, which includes two respite beds for individuals requiring a short stay there. The service is purpose built, and is sited close to the local amenities in Haxby.

Haxby Hall does not have a registered manager although the provider has put in place interim arrangements for the management for the service. 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.

Although people told us they felt safe they also told us that the current staffing levels were impacting on service delivery. Ten people raised concern about the number of staff on duty. Staffing levels were said to be insufficient and people expressed concern about the number of agency hours in use.

The home had clear systems and processes for managing safeguarding concerns and these were understood by staff. People had risk assessments included within their care records and checks were carried out on the premises to help keep people safe.

Where new staff were employed appropriate recruitment checks were completed.

Medication systems were appropriately managed and people told us they received their medication on time.

Staff received induction, training and supervision; however this was not always regular and may need to be reviewed.

There was limited evidence in care records to demonstrate that mental capacity was considered. Staff had not received training in this area although they were able to give some examples of when the Mental Capacity Act 2005 (MCA) legislation may need to be considered.

We received mixed comments about the food provided. Some people said it was good and others thought that there should be more choice available. We saw that some people were disturbed during their meal by personal care tasks which may impact on their mealtime being an enjoyable social opportunity.

People told us their health needs were monitored and that they could see a doctor or other health professional when they needed to.

People told us that they were well cared for and we observed people being spoken to kindly by staff throughout our visit. People told us they were treated with dignity and respect.

People had their needs assessed and following an assessment of their care needs a plan of care was developed.

People told us there were very few activities available and felt this was an area that could be improved upon.

People told us they felt able to raise concerns and complaints and felt confident that these would be acted upon.

The home did not have a registered manager, although management arrangements were in place. This included an overall manager and a senior carer who had taken on additional management responsibilities.

Quality monitoring systems had improved since our last visit and there were a number of audits and checks taking place. However this work was still in the early stages which we will continue to monitor in future visits to the service.

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 requires improvement for it to be safe.

The home had safeguarding policies and procedures which were understood by staff.

People told us that staffing numbers meant that care was not always provided safely.

People received their medication on time and as prescribed by their doctor.

Requires Improvement



Is the service effective?

The service requires improvement for it to be effective.

Care records were person centred and reflected how people's needs should be met. However there was very little recorded about people's capacity and staff confirmed they had not received training in The Mental Capacity Act 2005.

People knew how to complain and there were systems in place to make sure complaints were effectively managed.

Although staff were positive about the support being offered by management they were not receiving regular formal supervision.

Requires Improvement



Is the service caring?

The service is caring.

People told us they were cared for and we observed positive interactions between those living and working at the home.

People told us that their dignity was maintained and said staff supported them to be independent.

Good



Is the service responsive?

The service requires improvement for it to be responsive.

People had detailed care records in place which helped staff to meet their needs.

People told us the current staffing levels meant that the service was not as responsive as it could be to their needs.

People told us that there was insufficient social activities taking place which meant that people could be isolated.

People told us they were able to voice any concerns and were confident these would be acted upon.

Requires Improvement



Summary of findings

Is the service well-led?

The service requires improvement for it to be well led.

The home did not have a manager who was registered with the Care Quality Commission.

Systems to monitor quality; seek people's views and bring about improvements were being developed.

Requires Improvement



Haxby Hall

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.

The inspection took place on the 5 and 6 February 2015. The inspection was unannounced.

The inspection team consisted of an inspector from the Care Quality Commission (for both days), an inspection manager (for one day) and an expert by experience (for one day). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in care services for older people.

We did not ask the provider to complete a provider information return (PIR) for this inspection as this was a follow up visit to previous concerns. 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 looked at the information we held for this service. This included notifications.

During our inspection we spoke with twelve people using the service, four visitors and five staff.

We also looked at three peoples care records, recruitment records and records to monitor the quality of the service.

Prior to our visit we contacted Commissioners to seek their views of the service provided.

Is the service safe?

Our findings

People told us they felt safe living at Haxby Hall. Comments included “Safe, oh yes” and “I feel safe and I have never heard anyone else comment about people’s safety.” Other comments included “I feel safe here, I came for two weeks and decided that I liked it” and “I feel quite safe here, most of the things are adequate for what I need” and about the staff “I think it is a difficult job and they do it well.”

The daughter of an individual said “They need more staff, when someone (who works at the home) is ill there seems to be only skeleton staffing”. She also said “At least I know she is safe.”

The home had clear systems and processes in place for managing safeguarding concerns and these were understood by staff. We spoke with staff about their understanding of safeguarding vulnerable adults and whistle blowing policies and procedures. They were able to clearly describe how they would escalate concerns should they identify possible abuse. They told us they had received training in safeguarding vulnerable adults and we saw records to support this. This training helped to keep their knowledge and skills up to date.

We looked at the care records for three people living at Haxby Hall. Care plans contained risk assessments. We saw these covered areas such as people’s mobility needs, their pressure care and their medication support needs. However we saw other examples where further detail could be recorded within care records. One person had a care plan which recorded that they became upset; it did not record how the staff could minimise this person’s distress.

One person told us “I had been in hospital following several falls at home and it was decided I needed to be here, I’m doing well here, I can walk along the corridors safely.” His wife who was visiting said “They look after him really well, we are very impressed, and so is our son.”

The registered manager carried out regular checks on the environment to ensure it was safe. Health and Safety meetings were also held. However it was not always clear that actions raised in these meetings were being addressed. For example, in the December health and safety meeting concerns had been raised about the front door and the key pad system. Although this had been reported to the facilities team for them to address this had still not been rectified when we carried out our inspection.

We looked at rotas and talked with people about staffing levels. We received mixed messages regarding current staffing levels at the home. Comments from people included “I can’t always find staff” and “There is a problem with staff, not the people but since I’ve been here I’ve noticed staff numbers have fallen and they seem to be multi-tasking more.” They also said they thought “Funding was an issue as plans to move to another site have been put on hold.”

A member of staff said “There are less staff now than when I worked here before” and also “It is very busy but it is a good atmosphere, the residents are lovely.”

The provider told us that staffing numbers had remained constant throughout the last twelve months. They said that proposals were in place to increase staffing levels and said that recruitment was underway.

We saw that although agency staff were being used at the home that a regular team of people were being used. This helped to provide some consistency for people.

Some people raised concern about how staff were allocated. They gave an example when a staff member had to work with three unfamiliar staff. A professional said “Staffing is an issue, too many agency staff. However there is a nucleus of established staff who we know and trust.”

Another person said “The staff don’t wear uniforms any more so I don’t know who they are, I don’t know who is coming in.” They also said “They are nice girls but they change so much I don’t get to know them.” The provider told us that care staff no longer wore uniforms as they wanted the home to feel more ‘homely’ in line with dementia care guidance. They also told us that they had purchased name badges for staff, however these were not available at the time of the inspection as they had been ordered but not delivered.

The relative of one person said it is “Good care” but also “It sometimes seems there are not enough staff and Mum has to wait as she needs two people to move her.” She added “She sits in a chair in the lounge but no-one seems to have time to chat with her or the others.”

People told us that staffing levels were impacting on the effectiveness of the service. One person said the following: “There are not enough permanent staff, some agency staff are rubbish.”

Is the service safe?

We recommend that the provider reviews their staffing levels to ensure that there are enough suitably qualified, competent and experienced staff on duty.

We looked at the recruitment records for two members of staff. We saw that the necessary recruitment and selection processes were in place. We found that appropriate checks were undertaken before new staff begun work. This included written references, satisfactory Disclosure and Barring Service (DBS) clearance, health screening and evidence of the staff member's identity. This helped to ensure that staff were suitable to work with people who lived at this home.

We looked at systems to manage people's medicines. We saw that information regarding people's medicines was recorded within their care files. Medication care plans were detailed and person centred. The registered manager had good systems to manage people's medication and we saw

that people received their medication as prescribed by their doctor. Any medicines which had been given were recorded on their medication administration records (MARs). People signed their records to give their consent to staff administering their medicines. We observed a carer dispensing medication at the end of the meal service; she chatted with people and checked that they had taken their medication. A relative, who was visiting told us their relative had to have tablets several times a day and they said "They always bring his tablets at the right time."

We found that most areas of the home were clean and free from odour. The communal bathrooms and toilets we looked in were all very clean and odour free; and the cleaner we spoke with obviously took pride in keeping them so. She said "It's just like looking after your own home."

Is the service effective?

Our findings

People had mixed views about the effectiveness of the service. Comments included: “They need to address standards but I am impressed with the improvements made by management so far.” They also said “The atmosphere is much better, it felt depressed before.” Another person said “They need to consult the residents and it will get better, it is our home.”

We looked at staff induction, supervision and training records and we spoke with staff about the support they received. One person said “I had induction training and I shadowed staff for about a week. We can have a meeting with managers if we are struggling with anything.” Another staff member said “We have training with the workforce team, topics like first aid and manual handling.” Another staff member said “They are quite good with the training here.”

Although some people confirmed that they were receiving supervision, this was not always provided regularly. One person who had started working in 2013 had only one recorded supervision. Another staff member told us “I had one to one meetings, the last one was a while ago, but prior to this they were happening.”

Each person living at the home had an assessment prior to them moving in. Assessments help to ensure that the home is the right place for them to live. They also form the basis from which the care plan is written.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people’s best interests. The staff we spoke with said they had not received training in this area although they were able to give examples of when this legislation may apply. Other than people’s initial assessment, there was little recorded in people’s care records to demonstrate that mental capacity was being considered.

We received mixed comments regarding the food, one person said “I get fed up of the same thing, and would

rather do without.” However others said “The food’s good”, “The food is good, I like the homemade cakes, scones and jam tarts” And “Food is generally nice, sometimes it is hot enough.”

At lunchtime we observed that the majority of people were sat at dining tables half an hour before their meal was served. The main meal was provided in the evening. Lunch was a lighter meal of soup or sandwiches and people could have both. There was a choice of sandwiches, and we observed staff offering people a choice from trays explaining what the fillings were. Everyone was offered juice or water. People were offered additional sandwiches if they had finished. A carer offered additional juice as well. Grapes were offered after the sandwiches but we didn’t see any other fruit being offered. One person told us, “I buy my own fruit when my friend takes me out.” The provider told us that baskets of fruit were available throughout the day. People were offered a choice from a wide selection of cakes, scones and tarts.

We observed that some people who stayed in chairs around the edge of the dining room were being taken to the toilet during the meal service. They did not appear to be asked if they needed the toilet but were taken anyway. We observed one person was given their soup in a mug so that they could drink it themselves, only to have two other staff then come to them a couple of minutes later to take them to the toilet. They had not asked to go to the toilet and their soup was left on a small table. When they eventually returned, they were taken to the dining table and transferred from the wheelchair to a dining chair. They were asked if they had eaten and they said “My soup is over there”, pointing to the small table next to where they had been sat. The carer went for a fresh mug of soup and gave it to them at the table. She took away the cold soup.

Near the end of the meal service a carer noticed that there were three ladies asleep in the conservatory who had not been offered food. She went and awoke them and asked what they would like; they were then served. Both the managers helped serve and sat at tables with people and asked how the soup and sandwiches were. We observed care staff washing their hands as they moved from the kitchen back into the dining room.

We looked at how people’s health needs were monitored. We spoke with two visiting professionals who said the following “I have seen an improvement; they seem to be

Is the service effective?

tightening things up. As a group we think they are functioning well at the moment” and “I have seen a change for the better. Management are much more approachable and on the ball.”

We carried out a tour of the home. The building was clean if a bit dated. Most people sat around the edge of the room in chairs in both the lounges and conservatories. A few people chose to stay in their own rooms. Most of the rooms were small and very few had en-suite toilets and showers. One person said “It is a nuisance having to go down the corridor

to the toilet.” From what we observed there were very few personal items or photos in most of the rooms and the appearance was the same throughout. Personalising bedrooms can make them feel more homely for people.

We did note that the door at the top of the stairs leading into the small lounge banged shut very loudly and we saw people becoming startled when this happened. The provider told us this had been reported to the maintenance team in December and that adjustments were made.

We recommend that this is addressed as part of the on-going maintenance programme at the home.

Is the service caring?

Our findings

People told us that the permanent staff working at Haxby Hall treated them with kindness and compassion. However people also raised concern about the way in which they were treated by some agency staff. Comments included “Some of the agency staff are rubbish, they look at me as if they don’t know what to do, so I have to tell them” and “The problem with some staff is they don’t think we had lives before we came here and often talk down to us.”

People told us they could choose what time they got up and went to bed. One person said “Staff treat me well.” Another said “I think the care is ok.”

We saw that some people had “This is me” documentation in their care files. This provided staff with important information about ‘what matters to people’. It helps to engage staff with people as it gives them information, for example, information about their past lives so that staff can talk about topics which are meaningful to people.

We saw some evidence of people being involved with devising their care plans. People had information recorded within their files regarding their health conditions. This helped staff to develop an understanding of individuals care needs. One staff member told us “The care plans are written so we know about them (the residents) and their needs.”

All of the people we spoke with told us that family and friends could visit anytime. Some people went out with friends and family for meals or into the village shopping. We were told that a tablet (mini computer) had been

purchased for use by people and it was hoped that further computers would be bought so that “We can skype friends and family.” The wife of one person said “They always bring us a cup of tea to his room when I visit.”

People told us that staff were supportive when they made decisions about how they spent their time. One person said “Staff will take me into the village when they have time” and “I like to sit out front under the canopy to watch the world go by.” They also told us there was a plan to broadcast services from the Minister to the home.

Staff told us that they tried to encourage people to make choices and decisions. One said “Some people cannot express themselves, we need to listen, we try to prompt and encourage.”

People told us that they were treated with respect and we did not observe any issues regarding the way in which staff approached people during our visit. Staff knocked on people’s doors before entering their rooms and people were spoken with in a kind and caring manner. We spoke with a staff member who told us “We treat people with respect. Give them a choice. I treat people how I myself would want to be treated.”

One person told us that the support services from people such as the district nursing service were “good, even out of hours.” They told us that staff accessed this support when needed.

One individual was still in bed at 10.30am; she told us that she was left until last as she had “black outs” and that it was her choice to stay in bed. This information was recorded in the individual’s care plan. This meant that staff working at the home could check people’s care records to see how their needs should be met.

Is the service responsive?

Our findings

People expressed concern regarding how the service responded to their needs. They said that insufficient staffing was an issue. One person expressed concern about the number of agency staff saying that few staff, especially agency staff, knew how to care for them. We did not observe staff members sitting chatting to people as they were consistently busy. The relatives we spoke with also said they didn't really speak with the staff as they were so busy. However all of the people we spoke with acknowledged that 'Things were getting better' and said efforts were being made to address the current difficulties.

Each person living at Haxby Hall had individual care records. We looked in detail at three of these records. The records were organised and included pre-admission and admission assessments, care plans, risk assessments, reviews and input from healthcare professionals. There was information about people's life histories, and cultural, spiritual and social preferences. This helped staff understand the preferences of the people who used the service and to adjust care plans accordingly. Care plans overall were person centred; however they made no reference to mental capacity or consent, although some information was included in people's individual assessments. They did however included information regarding people's likes, dislikes and personal preferences.

People expressed negative feedback regarding the activities provided at the home. Although people recognised that this was being looked at by management, it was an area where people really thought the home could

improve. Comments included; "They keep promising more activities and entertainment and there is for upstairs" and "We asked for more activities in a residents meeting." We did not observe much going on for people in terms of social stimulation during our visit. The provider told us that they were unaware of activities being discussed in a residents meetings. They said a range of activities took place, examples included baking, skittles, arts and crafts, outings and exercise classes.

The lack of social activities and current difficulties with staffing meant that some people were concerned about their relative being isolated. One relative said that her mother-in-law was put in a chair in the lounge by the window well away from the alarm call and she couldn't walk. She said; "How does she call for help if she needs it, there is no-one (no carer) in the lounge most of the time."

York City Council had 'Have your say' forms so that people could raise any comments, compliments and concerns. In addition the service also had a complaints procedure which was displayed in the reception area of the home.

People consistently told us that if they had concerns they would either go to the office, or speak to the manager or a senior carer. Comments included "You can get hold of (name) or (name) and approach them." "(Name) is always about" and "They listen to us more now - there is a much better atmosphere now."

Another person told us that when they had raised issues with the manager about the standard of provisions in the kitchen that action had been taken and the home had changed contracts with the suppliers.

Is the service well-led?

Our findings

Comments from people included “If I had a problem I would go to the office. I bought things up when I first moved here and they were sorted.”

The home does not have a registered manager although they do have a manager and a senior carer who are involved in the oversight and running of the service. The manager has submitted an application to be registered with the Care Quality Commission. People were positive about the manager and said that they had seen improvements since they had come into post. Comments included “I see him but don’t know his name” and “They (the manager) is always about.” Another person said “You can always get hold of them and approach them” (the manager). The daughter of one person told us that if she had a concern she would “Go to the senior carer.” However others said that they had not noticed any changes and made comments such as “Nothing has changed. They keep promising, there is more entertainment etc. upstairs but nothing for us.” Another person said “Things have changed since I have been here”, however, when asked, they were unable to give examples of things which had made a difference.

People told us that the new manager was endeavouring to involve people more in the running of the home, for example, in reviewing the quality of provisions, and by obtaining a tablet (a mini computer) for use by residents. Most people said they saw the manager and senior carer around.

Our overall impression from the people we spoke with was that they were satisfied, that things were improving since the new managers had been at Haxby Hall and that they would all like to see this continue.

We noted a sign for a staff meeting to be held on Monday 9th February at 1.30pm. It stated “All to attend please.” Staff meetings provide an opportunity for staff to have their say. One staff member told us “There are staff meetings, one since Christmas and one next week. We get to know what is happening. Meetings are two way, we can voice our opinions. Minutes are handed out to you if you don’t attend.” Another staff member said “We get told in advance of staff meetings and we get paid to attend. We can have a say and bring our own agenda items.”

There were bi-monthly residents meetings at the home. However we were told that only a few people attended despite everyone being invited to attend. We saw that a copy of the minutes of the residents meetings was displayed on the noticeboard. One person said “We have residents meetings; I don’t attend as I have nothing to air. I read the minutes as they are displayed on the noticeboard.” One relative told us “I think there is a relatives meeting once a year.”

Some people could not recall being asked to complete a survey; however we saw that surveys and questionnaires had been sent out with positive responses overall. Although this information had been analysed it was not easily understood. One person said “I have filled a questionnaire in with my family.” The provider told us that as a result of surveys the food quality had improved and that letters had been sent to relatives regarding laundry.

During our list visit to the service in September 2014 we found that the provider did not have an effective system to monitor quality within the service. We asked the provider to send us regular updates to demonstrate that they were seeking people’s views and monitoring the health, safety and well-being of people who lived in and visited Haxby Hall. Since our last visit we found that the home had a quality assurance policy in place. The policy made reference to a number of quality audits taking place. The provider informed us of an inspection tool which was now used to monitor compliance within the service.

Care plan audits had commenced. The manager was auditing 10% of care files each month. We found that in some cases it was not clear what action had been taken, for example, one care plan audit had a target date of 31/01/15 yet it was not clear what action had been taken to address the issues raised.

We saw the catering and dining room audits which were completed each month. However, improvements were identified but there was no record of the action taken to resolve the issues. The provider told us that action was being taken and gave an example where the catering suppliers had been changed in response to feedback regarding the food provided.

Is the service well-led?

We saw that a health and safety meeting had taken place in December 2014 where concerns were raised about the front door and the key pad. Although this had been highlighted with the estates team the work had not been completed when we visited.

We saw an infection control audit was completed in December 2014. Actions identified within this had been completed. Laundry and kitchen audits had also been completed.

In terms of the environment, whilst there was no specific audit relating to environmental design for people living with dementia, it was evident that staff had a greater understanding of the impact of the working environment and potential risks to people.

We looked at records of incidents and accidents. The new manager was in the process of setting up new systems

which meant that there was little evidence of any analysis or lessons learnt. Analysis of risks and incidents helps to identify potential causes which in turn may mean that action can be taken to minimise risks to people.

We talked to staff about the culture and leadership at the home. People were generally positive about the change in management and said that improvements were being made although it was recognised that there was still some way to go with this.

The manager carried out a daily walk around. Staff told us that there was also a 'manager on call' arrangement although they were not sure if this was a permanent arrangement or not.

Although we could see that significant improvements were being made, this work needed to continue, so we will continue to monitor the service in this area.