

# York Heritage (The Hall Thornton le Dale) Limited

## The Hall Residential Home

### Inspection report

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Date of inspection visit: 7 October 2014  
Date of publication: 16/02/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection which took place on 7 October 2014 was unannounced. At our last visit to The Hall on 22 April 2013 we did not ask for any improvements to be made.

The Hall Residential Home provides accommodation and personal care for up to 47 older people, some of whom were living with dementia. There were 34 people living at The Hall on the day we inspected and seven of those were living with a dementia. The building is a converted hotel with a more recent extension. It is a large historic property with a large garden and car parking facilities.

There was a registered manager at this service who has been registered since April 2011. 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.

# Summary of findings

The service was safe and people who used the service confirmed to us that they felt safe. There were enough staff on duty to care for people appropriately. Medicines were managed safely.

Safeguarding alerts had been made by the service to the local authority when necessary but none had been substantiated. Staff had been trained and knew what to do in situations where people may be at risk of harm.

This service was not always effective. There were some features of a dementia friendly environment but more needed to be done to develop the environment in order to make this a truly enabling service.

**We recommend that the provider looks into good practice guidance relating to dementia friendly environments.**

The registered manager followed the principles of the Mental Capacity Act (MCA) 2005.

Activities were organised to enhance people's lives. People were given plenty to eat and drink at mealtimes and were supported by staff where necessary.

Staff were kind and caring and we saw them knocking on people's doors showing respect for them.

The service was responsive and people who used the service were asked about their likes, dislikes and preferences.

There was a complaints policy and procedure in place and people told us they would approach staff if they had needed to complain.

The service was well led by a registered manager and directors who led by example and who had completed training in order to be able to develop the service. There was an effective quality management system in place.

# 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?

This service was safe. People told us that they had no concerns about their safety. There were enough staff employed to keep people safe.

Safeguarding alerts had been made by the service to the local authority but none had been substantiated. Staff knew what to do in situations where people may be at risk of harm and had been properly trained.

Medicines were managed appropriately and all documentation in relation to medicines was up to date.

Good



### Is the service effective?

This service was not always effective. There were some features of a dementia friendly environment but more needed to be done to develop the environment in order to make this a truly enabling service.

The registered manager followed the principles of the Mental Capacity Act and made sure that people were consulted where possible.

Activities were organised daily to enhance people's lives. People were given plenty to eat and drink at mealtimes and were supported by staff where necessary.

Requires Improvement



### Is the service caring?

Staff were kind and compassionate. They listened to people and gave people support and choices where necessary.

We saw staff knocked on people's doors before entering ensuring respect and privacy for the person.

People were encouraged to maintain contact with their families and friends if they wished and we saw friends and family visiting people throughout the day.

Good



### Is the service responsive?

The service was responsive ensuring that people were asked about their likes, dislikes and preferences and that care plans contained all the relevant information.

Care plans were regularly evaluated and reviewed.

There was a complaints policy and procedure. People told us they could approach any of the staff if they had a complaint.

Good



### Is the service well-led?

This service was well led. The directors led by example as did the registered manager which meant that there was a clear culture of learning and improvement.

Good



# Summary of findings

There was an effective quality management system in place. Actions were identified and plans put in place to make improvements.

# The Hall Residential 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 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.

This inspection took place on 7 October 2014 and was unannounced. The inspection team was made up of two inspectors and an expert by experience that had experience of adult social care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with eight people who used the service, ten staff, two relatives, the registered manager and two of the directors. We inspected care and support plans, medication administration records and risk

assessments for four people and observed medication being given to three people. We inspected the management of the medicines and observed a lunchtime period. We also looked at documents which demonstrated how the service was run.

We used the Short Observational Framework for Inspection (SOFI) whilst observing a lunchtime period. SOFI is a way of observing care to help me understand the experience of people who could not talk with us.

Before the inspection, we asked the provider to complete 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. This had not been received by CQC but the provider was able to evidence that they had sent it to us and gave us a copy on the day of the inspection.

We also spoke with the local authority commissioners who had no concerns about this service

# Is the service safe?

## Our findings

We found that this service was safe. When asked about their safety in the service, people who used the service told us, “I feel very safe here” and “They wouldn’t dare take any liberties with me.” We asked people’s relatives about their experience of this service and if they felt that their relatives were cared for safely and they told us that they viewed The Hall as a safe service.

There had been six safeguarding alerts made over the last year. These are alerts made to the local authority when there is a suspicion that someone may have been the subject of abuse. None of the alerts had been substantiated by the local authority. Four of the incidents involved people who used the service becoming aggressive with each other and had been dealt with through care management and two were anonymous concerns about how the service was being run which we had noted for this inspection. Staff told us that they were aware of what to do if they witnessed or suspected that anyone was at risk of, or was being harmed. When asked, staff we spoke with said they would have no hesitation in alerting their registered manager or another agency if that was more appropriate and knew how to do so. Staff told us that they had been trained in safeguarding adults and we saw from training records that this was so. The registered manager told us that they knew what action to take in the event of any safeguarding concerns. This meant that staff were alert to the risks of abuse.

Staff numbers were sufficient to meet the needs of people living at this service on the day of the inspection, and we saw these numbers were consistent when we looked at the staff rotas. We saw that staff were readily available

throughout the day of our inspection. The registered manager told me that there was a delegated person on call when they were not available who could provide support to staff.

We checked four staff files and saw that safe recruitment practices had been followed. Training in mandatory subjects and specialist areas had been provided to ensure that staff had the skills they required to do their job. We saw in staff training records that training had been completed in safeguarding, infection control, MCA and Deprivation of Liberty safeguards (DOLS) and a variety of other subjects.

Medicines were managed safely. We observed a member of staff giving out medicines, checked medicine administration records, returns documents and checked that controlled drugs were stored and managed safely. A random stock check of controlled drugs identified that the stocks were correct and recorded properly. There were clear policies and procedures for staff around the management of medication and people could be confident that medicines were administered by staff that were trained and safe to do so. Monthly audits of medicines had been completed.

Maintenance checks had been carried out regularly and there was a maintenance person employed full time by the service to carry out every day repairs and maintain the building. Safety checks for gas, electric, fire safety equipment, lifting equipment and water had been completed and were up to date which meant that people could be confident that the equipment they were using was safe and fit for purpose. Fire safety checks took place regularly and were recorded

# Is the service effective?

## Our findings

Staff took part in a thorough induction when they started work at this service. One member of staff said, “I felt that the induction equipped me to do my job well.” The staff then went on to complete mandatory training in subjects such as safeguarding vulnerable adults and Mental Capacity Act 2005 and DOLS. Some staff had completed training in dementia care. All staff said they found the training good, a mixture of e learning and face to face training which ensured that they were equipped to care for the people who used the service. Three of the directors had completed training relating to dementia care with the University of Bradford, with one director completing a degree in dementia studies, giving staff access to good practice guidance within the organisation. The registered manager was also aware of good practice guidance around dementia care. Staff told me that they were well supported by their registered manager and the directors.

We saw from the records that we looked at that the service identified and monitored people’s health and care needs. However, a healthcare professional we spoke with following the inspection told me that they had previously had some concerns about people who used the service who were at risk of pressure ulcers because staff had not always understood what good practice was. They said they had given guidance to staff. Records showed that where it was necessary people who used the service had a risk assessment relating to the care of their skin and the appropriate equipment in place which indicated that staff had taken heed of that guidance. Staff had completed training in manual handling of people but we saw no evidence on the training matrix provided by the service to suggest that staff were trained to recognise when someone was at risk of a pressure ulcer which would have enhanced staff practice.

The registered manager showed understanding of the relevant requirements of the Mental Capacity Act (MCA) 2005. We saw that in cases where people lacked mental capacity to make their own decisions a mental capacity assessment had been completed and a best interest decision arranged. The registered manager was following the principles of the MCA.

The registered manager knew how to make an application for Deprivation of Liberty Safeguards (DoLS) to be put in

place but they had not had to do so. These safeguards are part of the Mental Capacity Act 2005 legislation which is designed to ensure that any decisions are made in people’s best interests.

A mental health professional we spoke with following the inspection told us that the service had had a problem initially admitting two people whose needs could not be met. This had happened because the home had not been given correct information and had resulted in people having to move. However at the moment they did not feel that there were any concerns about this service. They did say that they felt that the environment at this service may be confusing for people living with dementia. They said that there were so many corridors and different areas where people living with dementia may get lost. When we looked around the service we saw that this was so but people’s doors had been painted different colours to identify where their room was. This demonstrated that good practice guidance had been followed but more could have been done. For instance there was only minimal signage around the service and bedroom doors were not identified with pictorial signage.

There was an accessible and safe outside space where people could access a garden area whenever they wished. There were also other garden areas and patios around the building for use by people who used the service and their families.

People were asked what they wanted to eat but some people had not come across certain food choices before and had to ask staff to explain what the food was. The main meal was served at lunchtime and there was a choice of Beef bourguignon or pork stroganoff with rice or potatoes and vegetables for lunch as well as a pudding. The evening meal was a light supper such as soup and sandwiches. Staff did not have pictorial menus to show people and staff did not bring a plate of food to show people what the food looked like. This meant that people did not always understand what they had chosen.

We observed people who used the service being given drinks at regular intervals throughout the day, but we did not see many people with a drink beside them in between those times. We observed that they could not help themselves to a drink whenever they wished. A healthcare professional we spoke with also said that they did not know if people had enough to drink at this service and some people’s care plans recorded that they should have

## Is the service effective?

regular fluids. We saw that some people did have drinks on the day we visited but may have benefitted from additional drinks being available to allow them some autonomy when they felt thirsty.

There was a member of staff organising their colleagues which helped the lunch service run smoothly and maintain calm. Nineteen people ate in the dining room and everyone else chose to have their meal on a tray in their room. The tables and trays were set properly with cutlery and condiments. There were fresh flowers on the dining room tables.

The dining room did not have any signage or pictures to indicate the purpose of the room which would have assisted people living with a dementia to recognise that it

was a meal time. Staff provided support for people to enable them to eat independently respecting their dignity, sitting with them and quietly offering assistance. Adapted cutlery was available for people who needed it

We spoke with the chef who told me that they were responsible for producing the four week menus and calculating nutritional values. They told me that they find out about people's likes and dislikes by asking the people who used the service and their families. They understood how food should be presented to people who required different consistencies. They had information sheets relating to people's dietary needs which were updated monthly or more often if necessary by the registered manager to ensure they kept up to date with people's needs and preferences.

**We recommend that the registered manager looks into guidance about dementia friendly environments**



# Is the service caring?

## Our findings

This service was caring. We saw evidence of staff speaking to people at a pace comfortable for them. They got down to the persons level when communicating and used touch appropriately to reassure people.

We observed that people who used the service were well presented and staff referred to people by their preferred name. People who used the service and members of staff appeared familiar with each other and referred to each other's families indicating that staff and people who used the service knew each other well.

People who used the service and their relatives/friends spoke highly of staff, emphasising their kindness and care. One relative said, "The bedroom and view out of it is superb and staff are excellent". A person who used the service said "Everyone on the staff is so nice, kind and caring; even the cleaners are lovely with me" A second person also made a point of saying how lovely the cleaners were with her.

A relative of a person who used the service told us that "The staff are really great, they all know (relative) name, give her lovely hugs and even massage her neck when it gets sore."

One person who used the service singled out the older staff for particular praise and for advising and otherwise helping the younger, less experienced staff. Another person who used the service said "I'm really happy living here. The staff really look after you well."

Another person told me that they had had to be admitted to hospital some time ago. "When I got discharged and arrived back at the home the staff had bought me a lovely bunch of flowers. They said how lovely it was to see me again. Wasn't that a nice thing for them to do?"

Relatives and friends said the service had an open access visiting policy and that they were made to feel welcome whenever they came. One person's friend said "When I arrived here about 30 minutes or so ago, (person) asked the carer whether we could have a cup of tea. The carer returned shortly after with a beautiful looking tray, with two lovely china tea cups and saucers and some biscuits" This friend added that (person) has very high standards about the right way to receive, welcome and host her visitors and guests. "The way the staff presented this tray more than met her high standards. It's just as she would have made and presented it to me were I visiting her in her own home. That's high praise indeed for this home."

A relative told me that "Whenever staff have some new information or news to update me on, they make a point of seeking me out. I like this as it keeps me and the rest of my family in the picture. The staff are very good at keeping me in the loop. We feel as if we are valued and have a useful role to play in supporting our relatives". The activity coordinator later told us that the home used a variety of media such as Twitter, Facebook, and the Home's own 'Newsletter' which they both email and hand out to relatives to communicate with them. They added that the intention was to keep people aware of news, activities and general life at the Home not least what their relatives/friends were doing. We subsequently saw and read this Newsletter. It was professionally and yet personally presented and was informative.

We observed a lunchtime period using SOFI which demonstrated that staff spoke to people in a friendly and caring manner. They gave people the support they required.

People told us and we observed that staff were very sensitive to issues of privacy and dignity. They were sensitive when they had to deliver personal care and were respectful when speaking to people.

# Is the service responsive?

## Our findings

The service was responsive to people's needs. We saw that people's care files were person centred and kept up to date. For instance, in one person's care and support plan we saw that they had recorded their personal preferences such as "prefers blankets to duvet" and this had been actioned. There was information included which was relevant to people's support needs and areas of risk. This meant that their care plan included information designed to assist staff to support people's health effectively. We saw social histories recorded for each person but these had only minimal information which staff could use to identify areas which would help them work more effectively with people who used the service. When people's needs changed this was clearly recorded.

People who used the service told us that they had spoken to staff about their wants, needs and preferences when they first came to live at The Hall. We also saw that when care plans were reviewed people who used the service and/or their families had been involved. For those people who lacked capacity to make their own decisions we saw that best interest decisions had been made involving other professionals.

Two people who used the service commented to us that in the last couple of years the service had admitted people with more mental health needs. They told us that this had changed the 'feel' and culture of the place, and led to both of them retreating somewhat from communal areas and activities into their bedrooms. One person said that whereas once the home provided social activities that really suit them, now there was much less of that and more activities to suit the needs of residents living with dementia.

We examined the activities programme and spoke with the activities coordinator and found that there were a wide variety of activities on offer on most days which were

available to everyone who used the service. For example in the week we inspected there was a musical memories session, art work, exercises and a movie afternoon as well as one to one activities. We also saw that people who used the service had access within the service or at the local church to spiritual support. A lay preacher visited the service to give Holy communion and a local vicar held a church service every two months.

Just after lunch we watched a musical activity organised by the activity coordinator. Someone played an electronic piano and sang songs with people who used the service and their relatives. The songs were popular songs of the period just after the Second World War and up to the 1950's/60's, including popular musicals which were age appropriate. This pianist knew each person by name and spoke to people between songs making sure that everyone was included. Initially seven residents were involved in this session but within a half hour this had risen to more than 17 people. By now the activity had been extended into people making additional sounds and movement to accompany the music that was being played. People enjoyed this and one of the service's Directors briefly and enthusiastically joined in too, causing much hilarity.

There were two types of newsletter provided, one to keep people informed and another produced by an external company printed in black and white which contained a range of information about the local area together with quizzes that residents might like to attempt. One person's friend pointed out that, "This is a nice touch by the Home to inform and engage residents and trigger their memories".

People we spoke with said that they did not have any complaints about the service but knew that they could approach any of the staff if they had any concerns. There was a complaints procedure displayed and complaints were recorded by the registered manager and responded to within appropriate time scales.

# Is the service well-led?

## Our findings

This service was well led. There was a registered manager in post who worked very closely with the directors of the service. The management team led by example with all the directors completing first aid training and the managing director completing training in dementia care. The directors visited regularly and their role was to check the quality of the service and provide support to the registered manager. On the day of our inspection two directors of the company came to support the registered manager and stayed for the duration of our visit. They made themselves available and provided information when asked.

The registered manager told us that they had an open door policy for staff, people who used the service and visitors. Staff told us, “The registered manager is very supportive.” When we spoke with the registered manager they were enthusiastic about their work and keen to make sure that the service was run properly. They could answer questions about people who used the service indicating that they knew them well and were clear about the culture and values of the service.

There was a mission statement in the statement of purpose for this service which states that it is a policy of the company to maintain a comprehensive and effective quality management programme. We saw that the company had followed its stated policy and did have a comprehensive system of audits and action plans in place. The service used a computerised system to record their findings. Each audit related to the Health and Social Care Act 2008 regulations, looked at records and listened to what people had to say. There were associated actions recorded when any areas were found to be less than good

and timescales in which they should be completed ensuring the effectiveness of the audits. We saw audits relating to each regulation completed by the registered manager and directors as well as a pharmacy audit completed by a community pharmacist. These all had details of improvements made or needed and actions taken.

When we asked to see other documents relating to the running of the service the registered manager was able to show us them on a computer or in paper form and was able to clearly answer all our questions.

We also saw that people who used the service and their relatives had been asked for their opinions about the service through the use of a questionnaire. From the results of the survey we could see that people were satisfied with the service.

The registered manager said they were keen to work with others to improve the service and our discussions with healthcare professionals indicated that despite any concerns they had the service was working to follow their advice. The registered manager had regular meetings with staff to discuss any changes within the service. This was confirmed by staff we spoke with and we saw recorded minutes of meetings.

The service had started to use good practice guidance to develop the environment for people living with dementia using different colours on doors to help people to find their way to bedrooms and memory boards in bedrooms to remind people of events as well as designated and safe outside space. The registered manager told us that this area would continue to be developed.