Silverfield Care Management

Hallgarth Care Home

Inspection report

Hallgate
Cottingham
Hull
HU16 4DD

Tel: 01482842115

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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

Summary of findings

Overall summary

This unannounced inspection took place on 07 June 2017. Hallgarth Care Home provides accommodation and care for up to 45 older people and younger adults. The service is situated in the centre of the town of Cottingham, East Yorkshire. The service has on-site parking for visitors. At the time of the inspection 41 people lived at the service.

At the last inspection on 11 November 2014, the service was rated 'Good'. At this inspection we found the service remained Good.

People had received their medicines as prescribed and staff had been trained in the safe management of medicines. However, we found areas that required improvement in the medication administration records and audit systems. The registered manager and the registered provider took immediate action to make the required improvement soon after the inspection. Medicines were stored securely to ensure they were safe. There were risk assessments which identified risks to people and management plans had been put in place to ensure people's health and well-being were maintained.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's consent to various aspects of their care was considered and where required DoLS authorisations had been sought from the local authority. However, improvements were required to the documentation relating to mental capacity assessments. The registered manager took action immediately after the inspection and made the required improvements to the documentation.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Recruitment checks were carried out to ensure suitable people were employed to work at the home. Our observations and discussions with staff and people who lived at the home confirmed sufficient staff were on duty. Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required. Actions had been taken to minimise the risk of people attempting to leave the building unsafely through windows. We noted the systems for protecting people from scalding from hot water needed improving. The registered manager took immediate action to correct this.

Care plans were in place detailing how people wished to be supported. People who received support, or where appropriate their relatives, were involved in decisions and consented to their care. People's independence was promoted.

We observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Comments from people who lived at the home were all positive about the quality of meals provided. One person said, "The food here is the best." We found people had access to healthcare professionals and their healthcare needs were met.

People who lived at the home told us they were encouraged to participate in activities of their choice and a range of activities that had been organised. We observed the activities coordinator engaging people and offering a range of activities. People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager used a variety of methods to assess and monitor the quality of care at Hallgarth Care Home. These included, regular internal audits of the service, surveys and staff and resident meetings to seek the views of people about the quality of care being provided.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Hallgarth 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 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 visit took place on 07 June 2017 and was unannounced.

The inspection team consisted of one adult social care inspector and 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 service.

Before our inspection visit we reviewed the information we held on Hallgarth Care Home. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We spoke with a range of people about the home including eight people who lived at the home, four visitors and five care staff, kitchen staff and the hairdresser. In addition, we also spoke with the deputy manager, one of the owners and the registered manager.

We looked at the care records of four people who lived at the home, training and three recruitment records of staff members and records relating to the management of the service. We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Hallgarth Care Home.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe living at Hallgarth Care Home and with the way staff supported them. Comments from individuals who lived at the home included, "Yes I feel safe and a sense of stability" and, "There is always staff around here." Another person said, "It's a lovely environment to live in I feel safe and sound."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed regularly and training continued to be updated for staff. In addition, staff had been recruited safely, appropriately trained and supported by the management team.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded. For example, we saw evidence of actions following an incident involving one person climbing out a window. The window was secured and all other windows in the service reviewed to ensure they remained safe.

We noted that water temperature checks showed that the temperature in three bedrooms were higher than the safe limits set in the home. The Registered manager showed us actions that had been taken to ensure people remained safe. They reported to their maintenance department while we were on site.

Before the inspection we had received an allegation of neglect of personal care against an individual who had previously stayed at the service. We reviewed the archived daily care records written by care staff and records such as fluid and turn charts and spoke to staff. Records we reviewed demonstrated care had been provided as agreed in the care plan.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. Comments from staff included, "Staffing levels are fine we have a great team and have enough of us around to give the residents the care they need." One person who lived at the home said, "Yes there is always staff to talk to or solve a problem. No one is rushing around, this is a good place."

We looked at how medicines were recorded and administered. We observed the staff on duty administering medicines during the lunch time round. We saw the medicines trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The eight people we spoke with told us they were happy with the support they received with their medicines. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for four people following the morning and lunch time medicines rounds. Records showed medicines had been signed for.

We checked this against individual medication packs which confirmed all administered medicines could be accounted for. This meant people had received their medicines as prescribed and at the right time. The registered manager had internal and external audits in place to monitor medicines procedures. We found people who had 'as required' medicines also known as PRN did not have documentation to guide care staff what this medicines was for and when to give it to people. We also noted that records for topical creams had been signed; however this was not consistent throughout the records we looked at. Some records could not demonstrate whether topical creams had been offered to people. This had been identified by the medicines audit before our inspection. We spoke to the registered manager and their deputy who immediately took action and included this guidance in each person's record.

The building was clean and free from offensive odours with hand sanitising gel and hand washing facilities available around the premises. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. We found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Good

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. For example, all staff we spoke with told us they knew the residents so well because they had worked at the care home for a few years. One staff member said, "I have been here for more than two and half years and my induction was comprehensive." A person who lived at the home said, "It is a special place and we all get on very well and help each other" and, "My health needs have been met with consideration and quickly when I had a problem. The doctor was called for the same day and cream was applied as instructed." A visitor we spoke with told us staff had made a significant impact on their relative who they felt was thriving significantly.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When we undertook our inspection visit one person who lived at the home had been assessed as lacking capacity to consent to their care and DoLS authorisation request had been made to the local authority.

Discussions with the registered manager confirmed they understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection. Although staff sought consent and considered people's mental capacity while providing care support and in each area of care, we found full mental capacity assessments had not been recorded and filed in line with MCA 2005 principles. Consent to photographs and medicines management had been completed however this was no consistent in all records we reviewed. We spoke to the registered manager, their deputy and the owner regarding their responsibilities in respect of mental capacity assessments, they immediately took action.

We observed staff supported people to eat their meals. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they didn't like the meals on offer. Comments about the food were good. One person who lived at the home said, "[Name], the chef is brilliant, they make excellent meals."

Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake. People were weighed regularly and more frequently if loss or increase was noted. We found staff assessed people against the risks of malnutrition and made referrals to dieticians where appropriate.

We looked at the building and grounds and found they were appropriate for the care and support provided. We saw people who lived at the home had access to the grounds which were enclosed and safe for people to use. In addition, there were three lounges and other quiet spaces for people to sit. We observed people

moved around the building freely.

Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointments or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments.

Good

Is the service caring?

Our findings

During our inspection visit we observed people were relaxed, happy, smiling and comfortable. We confirmed this by talking with people. For example, comments included, "It's a lovely place and it's homely, we are lucky to be here", "The staff are lovely and they couldn't do enough for you" and, "It's like a family and you couldn't find a nicer bunch of lassies." A relative said, "The staff here are brilliant, I can just walk in anytime and feel welcomed" and, "The staff are good at listening and are caring."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves. For example, three people accessed the community independent of staff to manage their personal affairs and attend social events of their choice. Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "We encourage people to do as much as they can [Name and Name] will not let you do things for them unless they have tried and failed."

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred names. Care records that we saw had been written in a respectful manner.

Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules. We observed staff welcomed relatives with care and respect. For example, they had a friendly approach and one relative said, "They always make you feel welcome and offer me a drink."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

People who lived at the home and relatives told us they felt the registered manager and staff were responsive and met their needs with an individual approach. Comments from people included, "We have a church service in the home once a month" and, "We have a minibus and we go out on trips." A relative said, "They always keep us informed of what is going on with [family member]. We get phone calls regularly if there are any concerns."

We looked at the care records of four people to see if their needs had been assessed and consistently met. We saw they had been developed where possible with each person and family, identifying what support they required. There was evidence of people being involved in their own care plan. People told us they had been consulted about support that was provided for them. They told us they sat down with their keyworkers regularly to discuss what had gone well and what could be improved.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medication. We found assessments and all associated documentation was personalised to each individual who lived at Hallgarth Care Home. Documentation was shared about people's needs should they visit for example, the hospital. Also known in the service as patient/hospital passports.

Hospital passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contain clear direction as to how to support a person and include information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication. The passport also provided information about whether the person had a 'do not attempt cardio pulmonary resuscitation' order (DNACPR) which is a legal form to withhold cardiopulmonary resuscitation (CPR).

We spoke to the activities officer regarding activities for people living with dementia and they explained that they had discussions about artefacts from the past, interacted with a DVD to prompt people's memory and played memory games. This helped people to reminisce about their past memories. Some of these activities, and others, were clearly marked with pictures and words on a large wall diary for everyone to see.

People were supported to maintain local connections and important relationships. People were actively encouraged and supported to maintain local community links. For example, people had been supported to maintain contact with their family relations and were encouraged and supported to visit people in another care home owned by the registered provider. This allowed people to make friends and reduce isolation.

The service had a complaints procedure which was made available to people on their admission to the home. Copies were on view in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We spoke with people who lived at the home and with relatives. They told

us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. One person who lived at the home said, "I would speak with [registered manager] if I had to but no complaints from me." No complaints had been received at the time of our inspection.

Good

Is the service well-led?

Our findings

There was a registered manager employed at Hallgarth Care Home. 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.

Staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. For example, we only received positive comments from staff and relatives and they included, "[registered manager and the deputy manager] are great. They listen and take action." Also, "The place is well organised and managed very well." A relative said, "The staff team seems happy at all times it could be the fact the home has good management and the care of the residents is paramount."

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager and their deputy manager were experienced and had an extensive health and social care background. They were experienced, knowledgeable and familiar with the needs of the people they supported. Care staff had delegated roles including medicines ordering and being key workers for all residents. Each person took responsibility of their role and had been provided oversight by the registered manager who was in turn accountable to the owners.

In their PIR the registered manager informed us, 'There is a network of support available to me via other in-house managers, registered managers meetings, managers meetings, held on a rolling monthly basis as well as support from quality assurance monitoring officer'.

Staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. In addition, staff and resident/family surveys were carried out annually. The management would analyse any comments and act upon them. We saw people and staff were consulted on the daily running of the service and any future plans.

The registered manager and registered provider had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed by the registered manager and provider. These included medication, the environment, care records, accidents and incidents and infection control. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided. However, we found actions plans had not always been signed off to demonstrate that all actions had been completed. We were assured this would be implemented immediately.

Regular checks were also made to ensure fire safety equipment was working and in line with health and safety guidelines. This helped to ensure people were living in a safe environment.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services,

healthcare professionals including General Practitioners, psychiatrist's and district nurses.