

Four Seasons (No 9) Limited

Hallgarth Care Home

Inspection report

Hallgarth Street
Durham
County Durham
DH1 3AY

Tel: 01913832244
Website: www.fshc.co.uk

Date of inspection visit:
09 October 2019
10 October 2019

Date of publication:
15 November 2019

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

About the service

Hallgarth is a residential care home providing personal and nursing care to 54 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

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

People felt safe and were happy living there. There were enough staff to meet people's needs. Medicines were managed effectively. Staff followed infection prevention and control guidelines. The service was clean and tidy. Risks to people were identified and managed.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff training in key areas was up to date.

People were treated with kindness and compassion. Staff respected people's privacy and dignity and people were supported to be as independent as possible. Staff had built positive and caring relationships with people and their families.

People received personalised care that was responsive to their needs and preferences. Staff knew people's needs well. People and relatives knew how to make a complaint. Complaints were handled appropriately. People had access to a range of activities which reduced the risk of isolation.

There were effective systems in place to monitor the quality of the care provided. People's feedback was sought regularly and acted upon. We received positive feedback about how the service was managed.

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 25 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hallgarth 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Hallgarth is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and six relatives about their experience of the care provided. We spoke with the registered manager, the regional manager, the clinical lead, one senior care assistant,

four care assistants, two members of kitchen staff, one of the housekeepers, the administrator and the activities co-ordinator. We spoke with two health professionals who were visiting the service.

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

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information relating to fire drills.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Hallgarth. One person told us, "I feel safe because I'm well looked after."
- Staff had completed training in how to protect people from abuse. Staff understood the need to report any concerns to the management team without delay. Safeguarding concerns had been dealt with promptly and appropriately.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments about individual care needs such as nutrition, pressure damage and using equipment, such as walking aids. Control measures to minimise the risks identified were clearly set out for staff to refer to.
- Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed regularly.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency.
- Regular planned and preventative maintenance checks were up to date, such as water temperatures and electrical and gas safety.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. People said staff were available when they needed them.
- Recruitment procedures were safe, but some records lacked detail regarding employment histories. We noticed in one staff member's file that gaps in employment history had not been recorded, even though there was an appropriate explanation. When we spoke with the registered manager about this, they agreed this should have been documented, and rectified this immediately.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed.
- Staff responsible for administering medicines had completed the appropriate training and competency checks were regularly carried out.
- Medicine audits were effective in identifying where improvements were needed. Appropriate and prompt action had been taken when issues had been identified.

Preventing and controlling infection

- Staff had access to protective personal equipment such as disposable gloves and aprons. We observed staff using this equipment throughout our inspection.
- The home was clean and there were no unpleasant smells.
- Some communal areas were showing signs of wear and tear and needed refurbishing. The registered manager had already identified this and had asked the provider to address this.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated thoroughly. These were analysed to look for trends and appropriate action taken when trends had been identified. For example, the registered manager identified that most falls had happened between 6am and 7am so additional staff were put on duty at these times.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. Staff training in key areas was up to date.
- New staff completed a comprehensive induction.
- Staff had regular supervision meetings to support their development.
- Staff felt the registered manager was supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. Meals were nutritious, appetising and well presented. People enjoyed their meals, and if there was anything they wanted they only had to ask.
- There were enough staff to support people to eat safely. The meal time experience was pleasant and relaxed.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently, for example, because of problems with swallowing, this was catered for. Kitchen staff had a good understanding of people's nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked well with external services. A health professional said, "The staff are helpful and professional. They're always on hand to assist and follow up on any advice given."
- People were supported to access appointments with healthcare professionals such as GPs, opticians, occupational therapists and speech and language therapists.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

Adapting service, design, decoration to meet people's needs

- The premises were designed to offer people choices about where they spent their time.
- People's bedrooms were personalised. Communal lounges and dining areas were comfortable and spacious, with a homely feel.
- There were visual and tactile items on display to engage people living with dementia and to help people to find their way around the home.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager monitored people's DoLS applications to ensure no one was unlawfully restricted.
- Staff sought consent before supporting people and encouraged people to make daily choices and decisions.
- The registered manager was proactive in engaging the services of an advocate when people needed support making specific decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. One person told us, "The staff are very good. They treat me with respect and are kind." Another person said, "The staff are caring and respectful and will do extra things for you." A relative said, "Staff are caring and always maintain [family member's] dignity. [Family member] is always clean and presentable when I visit."
- People had built trusting and familiar relationships with the staff who supported them. They were comfortable and relaxed in each other's company. Staff obviously knew people well and were able to chat about subjects that were meaningful to them.
- Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views. Staff regularly consulted with people, enquiring if they were happy and if they wanted anything.
- People were involved in day to day decisions and in regular reviews of their care. People told us they felt listened to.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Care plans recorded if people needed glasses or hearing aids to aid their communication.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- People's confidentiality was respected and people's care records were kept securely.
- People's independence was encouraged without compromising their safety. One person told us, "This is my second stay here and the staff have been marvellous. I had a nasty fall and the staff have been wonderful in helping me get back on my feet and regaining my independence and confidence." People's care plans showed what aspects of personal care people could manage independently and what they needed support with.
- People's religious beliefs were known and respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were encouraged to make choices about their day to day care. People could choose when they got up, when they went to bed and how they spent their day. Staff supported people to follow their preferred routines for daily living.
- Care plans were person centred, up to date and reviewed regularly. People's care needs were clearly set out and included guidance for staff about how to support people with their specific needs, such as mobility, personal care and medicines.
- People's care plans had information about their previous occupations, interests and lifestyle choices. This helped staff to understand what was important to each person and plan their care and support accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records outlined people's communication needs. Where necessary the service offered information in different formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to stay in touch with friends and family, and visitors were always welcome. Some people went out regularly with family members and staff supported this.
- Staff supported people to take part in activities such as art and crafts, movie afternoons, exercises and visits from a therapy dog.
- People were happy with the activities and social stimulation provided.
- The bar area had been refurbished and was now a tea room. This was a pleasant room where people could meet with friends and family. On the walls were works of art inspired by poetry, which people had made for national care home open day 2019. The local MP had opened the new tea room.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff or the registered manager.
- Records showed complaints had been dealt with appropriately and promptly.
- People were encouraged to share their views at regular residents' meetings. This had led to more trips out

to the local botanical gardens and a shopping centre.

End of life care and support

- No one using the service was receiving end of life care.
- Care plans contained details of people's end of life preferences, where people had felt able to discuss this sensitive matter.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and healthcare professionals spoke positively about the service.
- The registered manager promoted openness and transparency. A 'you said, we did' noticeboard contained details of suggestions made and action taken, which meant people's feedback was acted upon.
- Staff felt supported by the registered manager and provider. People and staff had confidence in the management team.
- There was a positive atmosphere. Staff worked well together and were passionate about ensuring people received good care and support.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.
- The service was an integral part of the local community with close links to churches, schools and the university.

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

- The registered manager understood their responsibilities regarding the duty of candour. They were responsive to concerns identified and quick to put things right.

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

- The registered manager had a strong presence at the service and led by example. A relative said, "You can see this is a well-run home."
- The management team worked together to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The Care Quality Commission had been notified of events which the provider was legal obliged to share.
- Regular managers meetings for all the provider's services in the local area were held with the opportunity to share best practice and lessons learnt.

Continuous learning and improving care

- There was an effective system in place to check on the quality and safety of the service. All aspects of care

were audited regularly.

- When an incident occurred, this was investigated thoroughly and lessons were learnt where appropriate.
- Actions arising from audits carried out by the provider and manager were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.

Working in partnership with others

- People benefitted from the partnership working with other professionals, such as social workers and commissioners.
- Relatives said staff worked in partnership with them to ensure family members were well cared for.