

Ideal Carehomes (Number One) Limited

Handley House

Inspection report

Green Lane
Clifton
York
YO30 5QX

Date of inspection visit:
09 September 2020

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12 October 2020

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

Handley House is a care home that was providing personal care to 31 people at the time of the inspection. The service accommodates up to 66 older people over three floors, some of whom may be living with dementia. The care home was purpose built and opened in 2019.

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

People were supported by staff who were kind and attentive. Staff were aware of risks to people's safety and wellbeing and acted to reduce risks whilst still promoting people's independence and skills. There were enough staff available to meet people's needs, but the provider was recruiting more night staff for vacant posts. People were supported by staff who had been appropriately vetted before commencing employment.

People received their medicines as prescribed and had access to a range of health professionals and specialists when required. People received a varied, nutritious diet and staff ensured people had enough to drink. People's weight was monitored to identify any changes or concerns.

Robust measures had been put in place in response to the coronavirus pandemic and staff wore personal protective equipment. Safe visiting arrangements were in place and being kept under review in response to local and national guidance. The environment was clean and well-maintained.

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 supported this practice. People were involved in decisions and their choices respected.

The provider used an electronic care planning system and staff had access to information about people's needs and preferences. This helped them provide person-centred care. People's privacy and dignity was respected. People had access to a good range of activities and entertainment and there was a pleasant atmosphere in the home.

Systems were in place to check the quality and safety of the service and the provider demonstrated commitment to continual improvement. Where mistakes, concerns or issues had occurred over the previous year, the provider and registered manager had learned and taken action to improve systems. Staff were motivated and enjoyed their work. There were some mixed views from staff, but the majority felt supported. People and relatives were satisfied with the service and one relative told us they felt "Excellent care" was provided.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 May 2019 and this is the first inspection.

Why we inspected

This was a scheduled inspection based on the service's registration. The inspection was also prompted in part due to concerns received in relation to staffing levels and competence, medicines practices, moving and handling training, supplies in relation to infection control and management. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 ●

Handley House

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. This inspection was planned to check 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by three inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Handley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 CQC. 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 announced. We gave a short period notice of the inspection because we needed to assess, plan and minimise infection risks in relation to coronavirus.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We looked at information we held about the service, including information the provider is required to send us about events which occur. We requested feedback from partner agencies. We used this information to plan the inspection. We requested the provider send us a range of documentation the day before our site visit.

During the inspection

We spoke with five people who used the service. We spoke with nine members of staff during our site visit including the registered manager, the regional manager, deputy manager, care manager, two domestic staff and three care workers. 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 looked at records related to people's care and the management of the service. We viewed care records relating to five people, medication records, three staff recruitment and induction files, training and supervision information, staff rotas and records used to monitor the quality and safety of the service.

After the inspection

We spoke to an additional four care workers over the telephone, including day and night staff. The Expert by Experience spoke with six relatives over the telephone. We continued to review evidence from the inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed and minimised risks to people's safety.
- Risk assessments in relation to people's individual people's needs were regularly reviewed.
- Health and safety checks were conducted and equipment was regularly serviced.
- Staff were attentive to people and relatives felt their loved ones were safe living at Handley House.
- Staff completed accident and incident records and root cause analysis when incidents occurred. This enabled the registered manager to identify any lessons learned or further action required.

Staffing and recruitment

- The provider employed sufficient, appropriately skilled staff. They had a system to assess the number of staff required on shift, according to people's needs.
- We observed staff responding to people's needs in a timely way and call bell monitoring records showed that staff usually attended to people promptly.
- We received mixed feedback from staff about staffing levels. Most felt there were sufficient staff but two had concerns about staffing levels on a night. The provider was taking action to recruit more night staff for vacant posts, and day staff were helping cover shifts in the meantime.
- People and relatives felt there were enough staff available to care for people safely. Relatives told us, "I would say they have enough staff around. [They] are quick to come" and, "It was never too long before seeing somebody in the corridor or the lobby, so I would say that they have the right numbers overall."
- The provider completed appropriate recruitment checks to assess if applicants were suitable to work with people who may be vulnerable.

Using medicines safely

- The provider had a safe system for the management of medicines.
- Improvements had been made to medicines practices and auditing, in response to issues which had occurred during the year. Audits were now more effective in identifying and addressing any shortfalls.
- Staff who supported people with their medicines were trained and had their competency checked.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider took prompt action to refresh staff knowledge in relation to PPE best practice following our inspection, including introducing competency checks.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and access to local authority policies and procedures.
- Referrals were sent to the local authority safeguarding team when required. One incident had not been reported promptly, but action had been taken to learn from this and prevent a recurrence.
- Staff were aware of indicators of potential abuse and knew to report any concerns.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction, training and regular supervision to support them in their role.
- The coronavirus pandemic had had an impact on the provider's ability to provide some of the practical training they usually offered, but there were plans in place to address this.
- Most staff were satisfied with the training they received and felt it gave them the knowledge they needed.
- Relatives told us staff had appropriate skills and communicated with them well. One person who used the service gave us examples to illustrate that staff knew them well and were good at promoting their independence.

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

- The provider assessed people's needs and reviewed these regularly. Care was delivered in line with people's needs and legal requirements.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and submitted DoLS applications when needed. The registered manager had a clear system to monitor when any authorisations were due to expire.
- Staff sought people's consent to the care they offered.
- The provider retained evidence where people had a Lasting Power of Attorney for health and welfare, to ensure that only those with appropriate authorisation made decisions on people's behalf.

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

- The building was purpose built, very spacious and suitable for people's needs.
- The décor was pleasant and well-maintained. There were several communal areas and facilities such as a cinema room.
- There were photographs on people's bedroom doors and some signage to help people orientate around the home.
- People had access to any equipment they needed, such as hoists.

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

- People were supported to eat and drink enough.
- Information about people's nutritional needs was available in their care plan and people's weight was regularly monitored for any changes.
- People commented positively about the food and the mealtime experience was relaxed and well-organised. A relative told us, "Food is well cooked and tasty. I have eaten here on many occasions and all meals were lovely. And they (care staff) remind my relative constantly to have drinks."

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- People were supported to access healthcare professionals and specialists when required.
- Care plans contained information about people's health needs.
- Information was recorded about the support each person required to maintain good oral health. There were inconsistencies in one person's oral health care plan. The registered manager addressed this straightaway.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 were caring and attentive to people.
- People spoke positively about the staff. One person described the staff as "Lovely" and another told us how much they enjoyed talking to the staff and the jokes they shared.
- Relatives told us staff were, "Caring and Kind" and, "Very kind, and they smile a lot. Always polite, they look happy at work." Other comments about staff included, "They have a lot of patience and respect" and, "My relative loves them and often says that they are like butterflies. On the other side, staff are really devoted to [my relative] and it's comforting for us."
- Staff ensured people were treated fairly and their diverse needs respected. Information about people's cultural and religious needs was recorded.
- We observed staff demonstrating sensitivity and patience, allowing people the time to complete tasks and make decisions at their own pace.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They were able to describe how they maintained people's dignity when providing personal care and bathing.
- A relative confirmed, "Staff always knock on [my relative's] door even though it's wide open and they say their names so she will remember them again. It's good practice staff have from the moment she moved in."
- Staff promoted people's independence and encouraged them do things for themselves where possible. Where people wished to, they were involved in jobs around the home. For instance, one person had a role gardening, and another helped regularly with cleaning and setting tables. It was evident they enjoyed these roles.

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

- People were involved in decisions about their care. We observed staff offering people choices and respecting people's wishes.
- 'Residents meetings' took place to involve people in discussions about the service, including seeking ideas for activities.
- People could access independent support with decision making if required. Information about advocacy services was available in the home.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff were responsive to people's needs and individual preferences.
- The provider used an electronic care planning system and care plans contained detailed information for staff about how to support people. Care plans and risk assessments were regularly reviewed.
- Information about people's life histories was sometimes used to help inform ideas for activities, people's care and to stimulate conversations.
- People were offered choice in their daily routines.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care plan. This information was available to be shared with other agencies, should someone need to go into hospital or access another service.
- Some large print information was on display in the home and there were interactive information boards with photographs.

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 took part in a range of activities, where they wished to. This included crafts, entertainers, chair aerobics, tea parties and themed days. The service had pet rabbits and some people particularly enjoyed helping care for them.
- People were supported to maintain contact with their family and friends. Relatives confirmed that prior to the coronavirus pandemic restrictions they had been able to visit whenever they wanted. Throughout the height of the pandemic relatives had still been able to maintain contact via regular telephone calls, video calls and social media updates. The provider had commenced allowing relative visits again, with appropriate safety measures in place and in line with government guidance. Visiting arrangements were being kept under review in response to the pandemic and national/local guidelines.

End of life care and support

- The provider worked alongside other health professionals to ensure people received compassionate, pain

free, end of life care.

- The registered manager advised that people were offered opportunity to express any advanced wishes they may have, and relatives were involved in these discussions where appropriate.
- The service had received compliments and thank you cards for the care provided to people at the end stage of life.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. This was on display in the home.
- Complaints were investigated and responded to in a timely manner. One complaint during the year had not been resolved satisfactorily and had been escalated to the Health and Social Care Ombudsman. The provider acknowledged what had been learned from this, to prevent future similar incidents occurring.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had a manager registered with CQC, in line with regulatory requirements. They were supported by a deputy manager, care manager, front of house manager and two night care managers. Staff were aware of their responsibilities through regular supervision and there were daily 'flash meetings' with heads of department to exchange key information.
- The registered manager was aware of regulatory requirements and submitted information to CQC as required, about events which occurred at the service.
- The registered manager understood requirements in relation to the duty of candour and kept relatives informed about significant events.

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

- Most staff spoke positively about the management of the service, but there were some mixed views about whether concerns raised with management were always effectively dealt with. There was also one concern about confidentiality and management approach. We looked at records which showed how concerns raised with management had been investigated and addressed. Some on-going issues were being dealt with.
- Other staff told us the registered manager and management team were, "Fair", "Very good", "Approachable" and "Supportive."
- There had been significant staff turnover during the year, but most staff we spoke with during the inspection were very happy in their roles and felt supported. Staff were motivated and told us they enjoyed their work.
- People told us they liked living at Handley House and got on with staff.
- Relative's comments included, "My relative is very happy" and "I would recommend this place because it's a secure and safe environment, with residents very much in the centre of everything they do." Another told us, "It's a caring environment where residents are real people for carers, not a job."
- There was a quality assurance system and the management team conducted regular checks on the quality and safety of the service. These helped identify issues and drive improvements.

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

- The provider sought feedback about the service from people and relatives. Staff could also give their views

in meetings and supervision.

- The provider demonstrated commitment to continually improving the service. Since the service had opened in 2019, they had learnt from issues and problems that had occurred and improved their systems in response.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to meet people's needs.
- The provider had links with other organisations and the local community, to enhance people's social connections. 'Postcards of kindness' were on display in the home, sent in by members of the community, with messages of good will.