

Hallamshire Care Home Limited

Hallamshire Residential Home

Inspection report

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Date of inspection visit:
29 April 2019

Date of publication:
21 May 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Hallamshire Residential Home is a converted Victorian house situated in the Broomhill area of Sheffield. Communal lounges and dining areas are based on the ground floor, and accommodation is split across the ground and first floor. It provides care and accommodation for up to 32 older people. At the time of our inspection 31 people were using the service, some of whom were living with a dementia.

People's experience of using this service:

People who used the service and their relatives were positive about the care they received at Hallamshire Residential Home. Their comments included, "Staff make us feel welcome when we visit. They always give us an update on [relatives name]. They tell us if they're eating well and if they've seen the doctor. They always let us know," and "We would recommend this home. We looked around a few but this was by far the best and we haven't been disappointed."

People were safe because there were effective risk assessments in place, and systems to keep people safe from abuse or avoidable harm. Also, medicines were managed safely and people were supported to ensure their health needs were met.

Observations and discussions with relatives and staff indicated there were enough staff on duty. The service used regular agency staff to fill any gaps in the rota to make sure people's needs were met in a timely manner.

The registered provider had taken prompt and appropriate action to learn lessons when things went wrong. This included procuring external consultants to carry out audits of the home and make suggestions for improvements.

Since the last inspection, refurbishment and redecoration work had been completed which had improved the appearance of the home. The environment was clean, bright and homely.

Staff had undertaken a good range of training, and this was refreshed regularly. Staff also received supervision and an annual appraisal. Staff told us they could speak with the managers at any time and they would listen to them and give advice.

People, and those who were important to them, were at the heart of the service and were encouraged to be involved in decisions and developing their 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 supported this practice.

Staff recognised the importance of promoting equality and diversity. Staff also maintained people's privacy

and dignity when providing personal care and support.

We spent time observing staff interacting with people and found they were kind, caring and supported people in a sensitive way. Staff were very patient and gave people time and opportunities to remain independent.

Each person had a care plan. However, not all care plans had been reviewed and updated to reflect the current needs of people who used the service. Information seen in care plans was sometimes conflicting which made it difficult to ensure people's individual needs and wishes were being maintained.

There was an extensive activity programme available to people, which they all thoroughly enjoyed and participated in.

There was a complaints procedure and we saw a system was in place to log any complaints received. People who used the service knew how to make a complaint.

The registered manager provided staff with leadership and was approachable. Audits and checks continued to be used to drive improvements to the service people received.

People's feedback was used to make changes to the service, for example, to the menus and activities.

Rating at last inspection: Good (report published on 1 November 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating awarded at the last inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Hallamshire Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and one assistant inspector.

Service and service type:

Hallamshire Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. 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:

Prior to the inspection visit we gathered information from several sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other healthcare professionals supporting people at the service, to gain further information about the home.

What we did:

We spoke with three people who used the service and seven relatives. We spent time observing staff interacting with people. We also 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 spoke with staff including the registered manager, the deputy manager, senior care workers, care workers, the activities coordinator and the chef. We looked at documentation relating to four people who used the service, three staff files and information relating to the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One relative said, "I know my relative is safe here, I have no reason to believe they are anything other than safe."
- ☐ Staff received initial and on-going safeguarding training and at the time of the inspection there were no open safeguarding referrals.

Assessing risk, safety monitoring and management

- ☐ Risks to people's safety were assessed and plans put in place to keep people as safe as possible.
- ☐ The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.

Staffing and recruitment

- ☐ The registered manager and provider kept staffing levels under review to ensure there were enough staff on duty to meet people's needs and keep them safe.
- ☐ Prior to successful employment, staff underwent a robust pre-employment check. Staff files contained completed application forms, full employment history, interview record, proof of identification and a Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.

Using medicines safely

- ☐ There were safe systems in place for managing people's medicines. Records we reviewed were fully completed and medicines were stored safely and securely.
- ☐ We observed staff administering medicines and saw they followed the homes protocols and procedures for the safe administration of medicines.
- ☐ Time specific medicines were given as required and in line with administration instructions.
- ☐ Controlled drugs (CD's) are prescribed medicines that have additional safety precautions and requirements. There are legal requirements for the storage, administration, records and disposal of CDs. The service met these requirements.

Preventing and controlling infection

- ☐ Staff completed training in infection control. Personal Protective Equipment (PPE), such as gloves and aprons were available and hand washing facilities and supplies were available throughout the home.
- ☐ The home was clean, tidy and odour free. One relative told us, "The home is kept exceptionally clean without losing its homely feel."
- ☐ Staff were seen putting on PPE when dealing with personal care and serving meals. Staff told us PPE was

always available for use and there was no limit to their use.

Learning lessons when things go wrong

- ☐ Incidents and accidents were reviewed to identify any learning which helped to prevent a reoccurrence.
- ☐ Records showed incidents had been managed effectively and where appropriate, additional healthcare professional support and guidance was sought. Guidance given was then implemented into the care provision.
- ☐ Following a safeguarding incident, the provider had asked external consultants to carry out a full audit of the service and recommend improvements to prevent any reoccurrence of the incident. We saw the recommendations were being carried out and acted upon.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- ☐ People were supported by staff who had ongoing training. Staff told us the training was good and relevant to their role.
- ☐ Staff received an induction when they started working at the service. We saw agency staff new to the service were shown around the home and provided with an overview of how the home operated, people's needs and their role and responsibilities while working at the home.
- ☐ Since the last inspection there had been a period when staff had not received regular support sessions. When this had been highlighted to the registered manager prompt action was taken so that staff received supervision sessions and an annual appraisal of their work, to monitor their performance and support them in their role. One staff member told us, "We are well supported. We can talk with the managers at any time, about anything."

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

- ☐ The pre-assessment process ensured people were suitably placed and that staff knew about people's needs, wishes and goals. The registered manager had assessed people's needs and choices before they moved in. This was so people received care which achieved effective outcomes in line with national guidance.
- ☐ The pre- assessment information also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. This was so that people received care that met their personal preferences.
- ☐ One relative told us, "We had a three-month transition period, when we visited the home and [name of person who used the service] got to know the staff and they got to know her. This was a great idea and the staff were great with this."

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

- ☐ People told us they enjoyed the meals provided at the home and that there were always different options and variety of foods provided. Their comments included, "It's all lovely food. I like it all," and "They [staff] give me what I like."
- ☐ One relative told us, "The food is really good. There's a very good chef, who provides healthy and homemade options."
- ☐ Staff showed people the options available so they could make a more informed decision. We heard one person saying they didn't want to eat but when they were shown the different options available they pointed to one and said, "Oh yes I'll have that, it's my favourite."

Staff working with other agencies to provide consistent, effective, timely care

- If people's needs changed there were systems in place to access appropriate support so that care was provided in a timely way.
- The registered manager had developed links with other healthcare professionals such as, social workers, the community mental health team, and speech and language therapists.

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

- At this inspection, we found much of the home had been redecorated and improvements had been made to the general environment.
- People told us they had been involved in choosing the decoration and design of the rooms. One relative said, "It's always so light and airy here, and there's such a homely feel to the place."
- People were free to move around all areas of the home and gardens and were seen enjoying moving around and conversing with others. New signage had been introduced to help people living with dementia find their way around the home.

Supporting people to live healthier lives, access healthcare services and support

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, 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.

- Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
- Staff completed training about MCA and DoLS to help them to understand their responsibilities but also to reflect on how it affected each person who used the service.
- Staff told us they asked for people's consent before they provided care. They were seen explaining what they planned to do with people and asking for their consent before proceeding.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People and relatives spoken with were positive about the staff, describing them as "kind." Their comments included, "They're very good staff, really committed people who go the extra mile, all of them, the carers, cleaners, everyone."
- ☐ One staff member told us, "[Name of person who uses service] used to regularly attend church. So, we arrange suitable transport and ensure [person] has all she needs for the outing, e.g. tissues and warm clothing. During holy communion we walk with [person] to the front because she likes to do this. This is respecting and honouring her wishes. We'll stay a while afterwards to have a drink and some social inclusion with other people."
- ☐ The provider told us in the PIR, "Being in a very multi-cultural city, we are starting to see quite a variety of people from different backgrounds. We have performed some staff training in this area and have a very good resource which is a hand book of different faiths and cultures, which people can refer to."

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

- ☐ Staff encouraged people to make choices in the way they received their care and people's choices were respected. Staff showed a clear understanding of helping people to make choices in their daily lives.
- ☐ People told us they went to the resident's meetings and said their requests were listened to and acted upon.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. Records viewed showed there was a focus on retaining and promoting people's independence.
- ☐ We saw for example, at lunch time, staff offered help but also encouraged people to manage what they could do for themselves. People could come and go throughout the home and into the garden areas as they liked and staff supported people to do this and remain as active as possible in the home.
- ☐ We observed staff promoting people's privacy. For example, they asked people discreetly if they wanted to use the toilet and supported them to do so if necessary. We saw a 'privacy screen' was stored in the lounge and staff told us this was used as and when necessary to ensure people's dignity and privacy were maintained.
- ☐ One relative told us, "Toilet doors are always kept closed, we have no issues around people's privacy and dignity being maintained. Staff are very respectful. One reason why we brought [name of person using service] here was because staff were well established and people were relaxed when in the company of staff."

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ The provider had introduced an electronic system for care planning, daily notes and health recordings. We found there were some inconsistencies in the recording of information across paper and electronic documents. This was because the electronic system was not fully operational and was therefore not recording all information fully.
- ☐ From the care records seen we were unable to ascertain when and if people had been bathed or showered and had their hair washed or styled. The electronic care record and a paper 'bathing record' had conflicting information.
- ☐ People and relatives spoken with did not raise any concerns or issues about the standard of personal care and support being provided. Their comments included, "My [relative] always looks well cared for and appropriately dressed," and "I have no issues around the care provided. Staff do sometimes struggle to provide personal care to [relative], because they object, but they do try."
- ☐ On the day of the inspection the registered manager told us they were aware care plans needed a thorough review and update. Due to this the registered manager, with the support of the provider had agreed for the deputy manager to spend additional work time, auditing and updating the care plans.
- ☐ The registered manager was very open and honest in their explanation about the shortfalls in the reviewing and updating of the care plans and said he would also be working additional hours to move the reviewing of care plans forward more quickly.
- ☐ Relatives felt staff were responsive., One relative told us, "We have contributed to care planning and have seen staff looking at this and reading it. We've talked a lot about the best way to care for [name of person using service]."
- ☐ Relatives told us the activity programme available was exceptional and had been a major contributing factor when they choose this home. One relative told us, "The range and variety of activities available for people is very good and very appropriate to people's needs. There are lots of outings and plenty of stimulation."
- ☐ There were three activity coordinators who worked flexibly over seven days and offered people the opportunity to pursue their hobbies and interests. There was a varied activity programme advertised on notice boards including, games and hobbies in the home and in the gardens, trips outside to places of interest and visits from local community groups, such as a local nursery. This all helped to keep people active and involved with the community and other social links.

Improving care quality in response to complaints or concerns

- ☐ There was a policy in place detailing the process and timescales in which a complaint would be responded to.
- ☐ The registered manager confirmed there were no outstanding complaints and the last complaint received was in March 2018.

- The service had received many compliment forms and cards thanking staff for their kindness and care. Relatives had also entered positive thoughts and views onto the electronic feedback system placed in the entrance hall. This could be done anonymously if they wished.
- Relatives told us they could go to the staff and managers at any time and talk through their issues and concerns. Their comments included, "Yes I've complained and the issue was acted upon and sorted out straight away," and "We haven't officially complained but we've raised issues with the staff and managers and they all listen and sort things out. Communication here is very good."

End of life care and support

- The registered manager confirmed they were not supporting anyone at the time of the inspection who required end of life care. They had however supported people previously and had worked with the community palliative team when they were aware a person might require additional pain management.
- People's care plans contained some end of life information and wishes and there were Do not attempt cardiopulmonary resuscitation (DNACPR) forms in place. The DNACPR forms were stored centrally with other medical information so that in the event of an emergency these were together for quick reference.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ The home was well run. The registered manager and staff were committed to providing good quality, person-centred care.
- ☐ The service had a registered manager who was supported by the provider, a deputy manager and a team of senior care workers.
- ☐ People and relatives spoken with told us they would recommend this home to others.

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

- ☐ The registered manager told us the provider supported them by visiting the service monthly and being in regular contact. The provider had also been supportive by investing in new systems such as the electronic medicines administration system and the electronic care planning system to improve the service provided.
- ☐ The registered manager and deputy manager undertook quality assurance checks and audits. We saw they had undertaken such things as health and safety, accident and incidents audits on a regular basis. The registered manager checked the electronic medicines administration system on occasion throughout each week and undertook monthly medicines audits. They addressed any errors with the individual staff member.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ People who used the service were involved in day to day decisions about such things as what they wanted to eat and what social activities they wanted to take part in.
- ☐ Meetings were held to discuss what people wanted from the service and these were responded to.
- ☐ Staff meetings were held and staff were also consulted during handovers between shifts.
- ☐ Following meetings, minutes were provided for all staff to see and take any actions required. We saw copies of meetings held and found these were held regularly and were used to pass on useful and updated information and share good practice ideas.
- ☐ The registered manager and deputy manager made themselves available to people who used the service, relatives and staff.

Continuous learning and improving care

- ☐ The registered manager understood their legal requirements. They were open to change and were committed to providing the best service possible.

- The PIR told us, "Due to a recent concern we are in the process of making our internal audits more robust. For example, by increasing the content and trend analysis of the weekly medication audit we can be better placed to highlight trends or concerns going forward, which in turn will make people safer from misuse of medication."

Working in partnership with others

- The registered manager had links with the local community and key organisations to benefit people living in the home and to help with the development of the service.
- Staff at the service had built up relationships and worked in partnership with health and social care professionals to make sure people received person-centred care.