

Hoyland Hall Limited

Hoyland Hall Residential Home

Inspection report

Market Street
Hoyland
Barnsley
South Yorkshire
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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

About the service: Hoyland Hall is a residential home that was providing personal care to 22 people over 65 at the time of the inspection. Some people who used the service were living with dementia.

People's experience of using this service:

People told us they received safe, caring support at the service. At the last inspection we found four breaches of regulations associated with the safety and quality of care, however we found the registered manager had acted to put improvements in place and all regulations were now being met. People received their medicines when they needed them, and there were systems in place to ensure people were protected against the risk of abuse. The premises were kept clean and there was good infection control practice in place. There was a friendly and homely atmosphere at Hoyland Hall, and we saw people looked well cared for and relaxed.

There were sufficient staff to provide prompt care and support when people needed it. People told us, "There's always someone at hand, they usually come quite quickly," and "It's well staffed, you can always find somebody." When people needed support from healthcare professionals such as GPs, this was arranged promptly, and we saw staff followed advice they were given to ensure people's health was maintained. Staff continued to be recruited safely and trained effectively, and they had formal and informal support from the registered manager at all times.

People's needs were assessed and care was planned and delivered in a person-centred way, in line with legislation and guidance. Staff knew people and their needs well, and we saw caring interventions and conversations throughout our inspection. People said they enjoyed the meals they had at Hoyland Hall. Comments included, "Every meal I've had I've enjoyed," "If you need a bit more they will offer," and "They make a menu and if you don't want anything just say and they don't put it on your plate."

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make their own decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

The registered manager asked people, their relatives, staff and health professionals for feedback about the home, and conducted audits and checks to further ensure the quality of care and support provided to people. Complaints and concerns were well managed, and we found both the registered manager and provider took prompt action to address the minor concerns we had during the inspection.

Rating at last inspection: Requires Improvement (report published in March 2018). The service had improved at this inspection.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we are scheduled to return. We inspect according to a schedule based on the current rating, however may inspect sooner if we receive information of concern.

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?

Good ●

The service was 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.

Hoyland Hall 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 team consisted of two adult social care inspectors and an expert by experience with experience in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Hoyland Hall is a care home without nursing. This means it provides people with accommodation and personal care.

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:

Our inspection was unannounced.

What we did:

Before the inspection we reviewed information we had received from the service including notifications about incidents in the home that the registered manager is required to make and the Provider Information Return (PIR). The PIR is a form we send to providers to ask about their service including how they plan to continually improve the care and support they provide. We also asked the local authority, safeguarding teams and other professionals who have contact with the home for any information they could share about

the service. We did not receive any information of concern.

During the inspection we spoke with the registered manager, the nominated individual, six members of staff including the chef, eight people who used the service and four visiting relatives. We looked at three people's care plans and other records including those connected with recruitment and training, premises maintenance, medicines administration and quality monitoring.

We observed staff providing support to people in the communal areas of the service. By observing we could judge whether people were comfortable and happy with the support they received.

After the inspection we spoke with the nominated individual and received detailed updates on actions taken after our visit.

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.

Assessing risk, safety monitoring and management

- At the last inspection we saw moving and handling practice and assessment was not always safe, and identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; safe care and treatment. We also found people's emergency evacuation plans were not dated to show they reflected current need, which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance. We asked the provider to send us an action plan to show how they planned to improve in these areas. At this inspection we found the actions had been completed. The service was no longer in breach of these regulations.

- People told us they felt safe living at Hoyland Hall. One person said, "Safe? Yes, it is safe, isn't it what it's supposed to be?"
- We saw restrictors were fitted to limit the risk of falls from fully open windows, however these were easy to remove. When we brought this to the attention of the registered manager they took prompt action. We received confirmation from the provider after the inspection that new restrictors had been ordered, and an interim risk assessment put in place. Work to replace the restrictors was completed the week after our inspection.
- The provider had installed CCTV in communal areas as a measure to improve safety, and had involved people, their relatives and staff in the decision. However, there was no signage to alert people to the presence of the cameras. We raised this with the registered manager and immediate action was taken to put this in place. This meant people who may be visiting the home for the first time, such as health professionals or people who might be considering using the service, were aware CCTV was in place.
- Risks associated with people's care and support were regularly assessed and staff had access to information in care plans to show how these risks could be minimised.

Using medicines safely

- Medicines were usually managed safely. Stocks of medicines matched records, and we saw these confirmed people received their medicines when they needed them.
- We found the medicines administration record for a cream which was applied to one person was missing. When we brought this to the attention of the registered manager, immediate action was taken to ensure it was replaced.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm because staff had the skills and confidence to identify signs of potential abuse and report them either to the registered manager, the safeguarding team at the local authority or the CQC. The registered manager alerted safeguarding teams and the CQC as required when they became aware of potential abuse.

Staffing and recruitment

- There were enough staff to provide safe care and support at all times, and people we spoke with confirmed this. One person said, "There's always someone at hand, they usually come quite quickly." Another person told us, "It's well staffed, you can always find somebody."
- When new staff were recruited, the provider continued to follow safe recruitment practices. This included checking identity, asking for references and checking people's suitability to work with vulnerable people.

Preventing and controlling infection

- There were good systems in place to ensure the maintenance and cleanliness of the home protected people from infection. Housekeeping staff worked to clear schedules.
- The registered manager told us how they had managed a recent outbreak of illness safely. Action had been taken to try and reduce visitor numbers, and there had been deep cleaning of the home.

Learning lessons when things go wrong

- Accidents and incidents were reported in a timely way. The registered manager was able to describe how they looked for any themes or trends and took action to prevent further incidents taking place, and gave examples including improving training and monitoring to ensure wheelchairs were always used safely.

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.

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.

- At our last inspection we found the registered manager was unaware of who had a current DoLS condition and therefore could not show how these conditions were being met, which was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent. We asked the provider to send us an action plan to show how they planned to improve in this area. At this inspection we found the actions had been completed, and the provider was meeting the requirements of the relevant legislation. DoLS conditions were highlighted in people's care plans. The provider was meeting these conditions.
- We saw staff asked for consent before providing any support, and recorded consent being requested and given in people's daily notes. Although documentation relating to consent was in care plans, we discussed some improvements which could be made to this with the registered manager to better evidence how the service was meeting the requirements of the MCA.
- Staff had received training in MCA and DoLS and could describe the impact of these on people's care and support.

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

- People's care and support needs were assessed to enable up-to-date care plans to be written to show how those needs would be met.
- Nationally recognised tools were used to assess risks, for example those associated with nutrition and skin integrity.

Staff support: induction, training, skills and experience

- Staff we spoke with told us they received the training and supervision they needed to provide people with effective care and support. They told us they could discuss anything with the registered manager at any time. The registered manager told us a new company was providing face to face training, and we saw evidence staff had been asked for feedback which confirmed this was effective.
- Records showed staff had access to regular, planned supervision meetings that followed a pre-planned structure to ensure discussions were meaningful. Goals were set and followed up to ensure that any requests for training or other development were actioned.

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

- At our last inspection we found people's preferences and wishes were not evidenced and the mealtime was very task focused, which was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person-centred care. We asked the provider to send us an action plan to show how they planned to improve in this area. At this inspection we found the actions had been completed. The service was no longer in breach of this regulation.
- Where people were at risk of losing or gaining weight, we saw care plans were written to show what additional support was provided to protect them from this risk.
- People told us they liked the food on offer, and said they could request alternatives if they wished. One person told us they preferred to eat in the lounge rather than the dining room, and said staff supported them to do this. The chef had a good knowledge of people that needed adapted diets for health, preference or cultural reasons.
- People were offered choice at mealtimes, although we discussed with the registered manager some improvements that could be made in this area, for example staff explaining options to people as well as advertising them on a menu board.

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

- The registered manager sent surveys to health professionals as part of their monitoring of the effectiveness of the service, and we saw the feedback they received was consistently positive. For example, one health professional stated, 'The staff are all extremely proactive in trying to maintain residents' function and mobility. They always follow the programmes.'
- People and their relatives told us staff were quick to spot changes in people's health and arranged for GPs to attend in a timely way. People were registered with the GP of their choice.
- We saw evidence other health professionals such as dietitians, opticians and dentists were involved in providing effective care.

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

- The premises were designed to meet people's needs. There was equality of access to areas such as communal rooms and bathrooms, because corridors and doorways were wide enough for wheelchair access and a lift connected the two floors. Contrasting colours were used to assist people to identify handrails and doorways.
- People's rooms were personalised with pictures and other cherished items including furniture, and communal areas were homely and welcoming.

Is the service caring?

Our findings

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

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and considerate. Comments included, "They [staff] couldn't be better," "They [staff] are fantastic," and "Kindness and respect? Never had a problem with that."
- We observed staff interactions with people and saw these were patient and focused on people. We saw one person assisted to move from chair to wheelchair via a hoist and saw staff ensured the person was comfortable and felt secure, and chatted with them throughout, using appropriate humour which the person joined in with. People were asked before assistance was given.
- Staff showed they knew people well, and we saw people were comfortable in their presence. There was a caring and friendly atmosphere in the home.
- People looked well presented, with clean clothes and personal care attended to.
- In the PIR the registered manager told us, 'All residents are treated with respect and provided with privacy and always shown dignity. We apply human rights principles to everyone we care for, everyone is entitled to their rights regardless of their race, gender, religion, culture or ethnic background and everyone is treated in a proper manner and without any discrimination.' Our observations of staff and conversations with them showed this to be the case.

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

- The registered manager told us staff involved people in conversations about their care to ensure care plans reflected people's up to date needs. Care records we looked at were person-centred and individual to the needs of each person.
- Staff and the registered manager told us they sat with people and asked about the care and support they had received when completing daily notes. This meant people had an opportunity to comment on whether this support met their needs and preferences.
- We saw there was consistently positive feedback about care and support in the questionnaires sent regularly to people and their relatives.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

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

- Care plans contained information to help staff understand how best to support people according to their needs and preferences. Our observations of care showed staff followed this guidance to provide person-centred care.
- The registered manager told us they had a co-ordinator to lead activities in the home, although they were not at work on the day of our inspection. We saw staff engaged people in conversation and some activity during our visit, and saw the registered manager had asked for suggestions for activities in a number of resident and relative meetings. They told us there had been limited success. For example, when people said they wanted outings from the home arrangements for transport had been put in place, however people declined participation on the day. We saw in meeting minutes the registered manager continued to try and meet people's expectations in this area.
- Feedback about activities in the regular surveys was mostly positive. One person had stated, 'Staff are friendly and courteous. I enjoy the activities and taking part. The staff make me laugh.' One person told us they did not enjoy the activities and they often felt bored. We discussed this with the registered manager who told us they were trying to find something the person would engage with. They told us, "We haven't given up."
- People told us they were offered choice over how and where they spent their days, and when they went to bed or got up.
- The registered manager understood their responsibilities to meet the Accessible Information Standard, which ensures people can access information about the service and their care in ways which they can use, for example larger print or other languages. There was no one using the service at the time of our inspection who required such adaptations to be made.

Improving care quality in response to complaints or concerns

- The registered manager showed us records of a small number of formal complaints that had been received. They told us they acted on feedback from people who wanted to raise a concern but did not wish to make a formal complaint, however received little negative feedback. Records showed there was a thorough investigation into concerns and clear communication of the outcome to people.
- We saw there was a large number of thank-you cards displayed attractively in the home, and saw positive feedback from people, relatives and health professionals about the care in the home in surveys which were regularly sent to them.

End of life care and support

- People had end of life care plans which involved the person, their relatives and any visiting health professionals, however these were only put in place when a need was identified. The registered manager told us they had recognised a need to improve in this area, and showed us how they were working with the palliative end of life care co-ordinator at the local authority to ensure care plans reflected best practice in future.

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 with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff demonstrated a commitment to providing a high standard of care both in their responses to our questions and in the care delivery we observed. People and staff gave positive feedback about the leadership in the home. We saw the registered manager was a known presence in the home and maintained an 'open door' policy so that people and staff could talk to them at any time.
- There were systems in place to measure and improve quality in the service including audits, provider visits and surveying, for example to measure the opinions of people, their relatives and staff prior to the installation of the CCTV system.
- People, their relatives and staff had opportunities to attend regular meetings to share their views about the service and any improvements they wanted to suggest. We saw there was information in public areas of the home about the processes and outcomes of quality monitoring in the home. This included 90% positive feedback.

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

- The service was run by an experienced registered manager who told us they had good support from the provider. The nominated individual was not present during the inspection, however called to speak with us and offer their support to the process and the registered manager. We spoke with them in more detail after the inspection.
- The registered manager was knowledgeable about the responsibilities of being registered with the CQC and notified us of incidents as required.

Continuous learning and improving care; Working in partnership with others

- The registered manager reflected on the care they provided and identified areas for improvement, for example in end of life care planning. They and the provider acted without delay when we identified areas of the service where some improvement was needed. We saw advice and guidance was sought from external bodies when available.
- There was clear communication about actions that were being taken after our inspection to further improve the quality of care being delivered.