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Hailey House Residential Care Home

Inspection report

Hailey House
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 3 March 2016 and was unannounced.

Hailey House Residential Care Home provides a service for up to 20 older people. On the day of our inspection there were 18 people living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe as the service had comprehensive systems in place for monitoring and managing risks to promote people's health and wellbeing. There were suitable arrangements in place for medication to be stored and administered safely.

There were sufficient numbers of staff with the relevant skills and knowledge to effectively meet people's needs.

People had input from family members where they needed support to make relevant decisions about their life. Where appropriate, mental capacity assessments had been undertaken. This ensured that any decisions taken on behalf of people were in accordance with the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and associated codes of practice.

People were supported to maintain their health as they had regular access to a wide range of healthcare professionals. A choice of food and drink was available that reflected people's nutritional needs, and took into account their preferences and any health requirements.

Staff had good relationships with people and were attentive to their needs. People's privacy and dignity was respected at all times. People were treated with kindness and respect by staff who knew them well and who listened and respected their views and preferences. People were encouraged to follow their interests and were supported to keep in contact with their family and friends.

There was a strong management team who encouraged an open culture that listened to people and staff. Staff enjoyed working at the service and felt that they were included in the running of the service and that their views were valued. The management team had robust systems in place to ensure the quality and safety of the service, learn from complaints and feedback and to drive improvements.

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.

There were enough staff who were recruited safely and with the correct skills to provide people with safe care.

People were safe and staff understood what they needed to do to protect people from harm.

Systems and procedures to identify risks were followed so that those risks to people's health and well-being were minimised.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to enable them to meet people's needs in a person-centred way.

Staff understood consent to care and treatment and this was sought in line with the Mental Capacity Act(2005) legislation.

People had their healthcare needs met by a range of external professionals who had a good relationship with the service.

People enjoyed the food and drinks available at Hailey House.

Is the service caring?

Good

The service was caring.

Staff treated people individually and provided care and support with kindness and courtesy.

People were treated with respect and their privacy and dignity were maintained.

Staff were warm, caring and friendly and committed to providing good care for people who lived at the service.

Is the service responsive?

Good

The service was responsive.

People were involved in discussing their personal, health and social care needs with the staff. They had choice in their daily lives and their independence was encouraged.

Staff understood people's interests and actively supported them to take part in activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints appropriately.

Is the service well-led?

Good

The service was well-led.

The service was managed by a strong and effective team who demonstrated a commitment to providing a good quality service.

Concerns and issues could be raised and talked about in an open way.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements.

Hailey House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 3 March 2016 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law.

During the inspection we spoke with eight people who used the service and two people's relatives. We also spoke with a health care professional who had visited the service.

We used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with seven staff including the deputy manager, the cook, the laundry person and four care staff.

We looked at four people's care records and four staff recruitment files and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I am very well looked after, all safe and sound." One person visiting their relative at the service told us, "It is a very homely home and [relative] is very well cared for and kept safe by all the staff."

Staff understood how to protect people from harm and how they would deal with any concerns should they hear or see anything unusual or of concern. Staff were able to give us examples of how they would apply this knowledge in practice. For example if people's behaviour changed and they were anxious or upset or if they found an unexplained mark or bruises on a person's body.

Staff were confident that the registered manager and senior staff would deal with any safeguarding issues quickly in order to keep people safe. The registered manager dealt with incidents and safeguarding concerns and sent notifications to the relevant authorities and the Commission in a timely way.

There were systems in place for assessing and managing the risks which people faced in their everyday lives. The records we looked at showed that risks had been identified and senior staff had recorded the level of risk to people's health and wellbeing. Measures to minimise these risks, whilst enhancing people's independence and dignity, were clearly available for staff to understand so they could be managed safely.

All of the staff we spoke with knew people's needs well and how to manage risks to their safety. New staff were provided with advice and guidance about ways to support people in going about their daily lives in a safe way. One staff member said, "It's so important that people maintain their independence and we should never stop them with this."

Care plans contained clear guidance for staff on how to ensure people were cared for in a way that supported them to keep safe. For example, people who were prone to choking had received an assessment from the speech and language therapist and appropriate plans had been put in place to ensure people were able to eat and drink safely. For those people at risk of depression, measures had been put in place to encourage them to socialise more often and to eat lunch with others for example which may help to minimise their isolation.

During our observations and conversations with staff we saw that they understood safety and demonstrated the balance between maintaining people's independence, dignity and safety. Staff supported people to walk and move around the building, maintaining their independence through prompts and encouraging words whilst they were walking. Where people needed to use a wheelchair to get from place to place, we saw that on two occasions that a cushion was not used in the wheelchair for people to sit on. We spoke with the deputy manager who made staff aware immediately that cushions should be used in all wheelchairs at all times to ensure people's comfort and safety. We were assured that this information would be cascaded to all staff during the day's handover and a reminder on the next staff meeting agenda.

People were safe in the service as there were arrangements in place to manage and maintain the premises

and the equipment both internally and externally. We saw health and safety was maintained. Daily maintenance, laundry equipment, fire drills, accidents and incidents and people's emergency evacuation plans were in place for the protection of people and staff in their environment. Risk assessments had been completed on the use of the stair lift so that people could access the upper floor safely.

There were sufficient staff on duty to meet people's needs. We saw that staff were not rushed and assisted people in a timely and unhurried way. The deputy manager explained how they assessed staffing levels based on people's needs. Assessments of people's needs and circumstances, either for permanent care or for a temporary stay were completed to ensure the service had enough staff and could provide the right level of care before they used the service.

Staff told us there were enough staff on duty for the needs of people using the service and there was a good mix of skills and experience. Agency staff were used on occasions when permanent staff were on holiday or on sick leave. The same staff who knew the needs of the people who used the service were employed where possible. This gave consistency in the way people were cared for. One relative said, "I have never worried that [relative] won't receive good care as there is always someone around."

Members of staff were seen to be responding promptly to people's call bells. We observed call bells present in people's rooms and within reach should they need to use them.

Recruitment processes were in place for the safe employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. This included obtaining satisfactory references, personal identification, a full employment history and a Disclosure and Barring Service (DBS) check to ensure that staff were not prohibited from working with people who required care and support.

We observed a senior member of staff giving people their medicines after their lunch. They were competent at managing and administering people's medicine. They did this in a dignified manner, speaking to people about what medicine they were having and supported them in taking it. They also asked if people required pain relief and provided this when requested.

Records relating to medicines were completed accurately and stored securely. People's individual medicine administration record sheets had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. We looked at the records for three people and these had all had been completed correctly. Regular checks were carried out to ensure staff were competent at administering medicines to people.

There were appropriate facilities to store medicines that required specific storage, such as medicines that were required to be kept in a fridge. Medicines were safely stored and administered from a lockable trolley within a locked room.

Good

Is the service effective?

Our findings

People told us that they were looked after very well by the staff. One person said, "They seem to know things about me before I have asked them." Another person said, "The staff seem to know what to do with people here. They are like mind readers." One family member said, "The staff are friendly and professional and we are always warmly welcomed".

Staff had a good rapport with people and communicated warmly. Humour was used appropriately and staff and people who used the service engaged in friendly conversations during our visit. We saw staff crouched down in front of people and maintained eye level contact with them when talking with them. They spoke clearly and directly and this helped people to understand what was being asked of them. Staff waited for an answer and repeated the question calmly giving suggestions to help them to make a decision or express their view. For example, a person was asked if they wanted to sit at the dining room table for lunch or in their chair. They could not make up their mind so the staff member gave them options to consider whether it would be a good idea or not. After this they were able to make an informed choice and decided to sit up at the table.

When staff started work at Hailey House, they followed a structured induction programme in preparation for their role. This included a period of time to familiarise themselves with the service and the environment and get to know people, their needs and how they liked to be met. They undertook training in the necessary skills for the role and shadowed experienced staff.

Following induction training, staff were required to demonstrate their competence before they were allowed to work on their own. We spoke with two members of staff who confirmed the support they had received whilst starting work at the service. One staff member said, "It's been great getting to know everyone and I have felt supported and am still learning about people and their lives."

Staff received regular supervision and annual appraisals where their work and personal development were discussed. This was recorded in their personnel files. Staff told us that there was a good system of support. One staff said, "Everyone mucks in to make sure everyone is cared for properly." Another said, "There is good management and our work is always checked to make sure we are doing things right."

The staff told us that good training and support was arranged for them. Training included safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards, (DoLS) infection control, food hygiene, dementia care, medicines management and health and fire safety. Some of this was completed as online learning but practical training was also undertaken such as moving and positioning.

The majority of staff had the relevant knowledge and experience in health and social care through completing training in what is now known as the Qualifications and Credit Framework (QCF levels 2,3 and 4). If they did not have this, the registered manager ensured they were working towards completing the new Care Certificate courses to improve their skills and knowledge to work with people in a residential setting.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager completed mental capacity assessments where relevant and these assessments were reviewed regularly. We saw people had been consulted and consented to their plans of care. No DoLS applications had been made for any person using the service as the deputy manager told us that everyone had the capacity to make their own decisions to live at the service.

Person centred care plans were developed with the involvement of each person and in consultation with their families. People had signed their agreement to their personal care being provided, their medicines being given and the sharing of information about them. We also saw that the registered manager ensured that they had obtained copies of the agreements of people who had been granted power of attorney to deal with people's care and welfare or financial matters. This ensured the correct people were involved in decision making for an individual where this had been granted by a court. One person told us, "My [relative] deals with everything for me, that's the easiest way and then I don't have to worry about anything."

In discussions with staff, we found that they were not able to verbalise their understanding of the MCA legislation and guidance. Nonetheless, staff were able to demonstrate that they applied the principles of the act in practice through their interactions and behaviour with people which we observed throughout the inspection. For example, we saw and they told us how people made everyday choices and decisions about their personal care routine, what to wear, what they would like to eat and how they would like to spend their day. We were told that refresher training in MCA 2005 was planned into the training programme and discussion about MCA 2005 had recently been added to the supervision process to check staff knowledge about capacity and consent.

Discussions had taken place with people and their families in relation to making important decisions such as whether they wanted to be resuscitated in the event of a cardiac arrest. We saw that a 'Do Not Attempt Resuscitation' (DNAR) order had been completely in two people's care files.

People liked the food provided and there was a sufficient amount for people to eat and drinks were offered during and after lunch. The menu was planned a month in advance with a main meal and a desert on offer. A range of alternatives were available should someone not like the dish on offer that day. The different meals on the menu provided a balanced diet and the cook told us about particular people's favourites as well as their individual dietary needs. People told us, "The food here is very nice." "I like everything that they give me." "They don't pile your plate up too high as that can put me off." "If I don't fancy anything I can get something else later, they always ask me what I like."

People could choose to have their meal, in the dining room, in their bedroom or at a table in the lounge. They could choose where they wanted to sit and who with. All staff were available during this time to help with the serving of meals so that they were delivered hot and everyone received their meal at the same time.

We saw staff providing company to people whilst they ate and encouragement should they need it.

We observed people over lunch time. The atmosphere in the lounge and dining room was relaxed and unhurried. People were given time to enjoy their food and have afters if they wanted more. People on restricted diets had a mixture of purred and textured diets. We saw that each food item was placed separately and the meal looked appetising. Enriched drinks to help with their weight gain were encouraged throughout the day.

Risks to people's nutritional health were assessed, recorded and monitored so that they maintained a healthy lifestyle and wellbeing. When risks were identified, people were referred to relevant healthcare professionals such as the dietician and speech and language therapist who could provide specialist input.

People's day to day health needs were met through on-going assessment and the involvement of people themselves, their family and clinical and community professionals such as the district nursing service, occupational therapist, optician, and chiropodist and GP service. Referrals made to healthcare professionals were quickly responded to and the treatment and care provided was effective because the system for providing an individualised service was available to each person who lived at the service.

Good

Is the service caring?

Our findings

People we talked with during our inspection spoke very highly of the staff. "Oh the staff are lovely," one person told us. Another person said, "They are so friendly and caring and really help me a lot."

There was a calm and relaxed atmosphere in the service. We saw staff were kind and caring, thoughtful and reassuring. One family member said, "The staff make my [relative] very happy. Always available and always ask after me too."

The staff checked regularly that people they were supporting were OK. They spoke to them as they went past or helped them with a task or activity. We observed touch being used appropriately by staff members which provided reassurance and security to people.

Staff knew the social history of people who used the service, what they liked and their preferences. New staff were getting to know people's personalities and how to relate to them in an individual way. Staff engaged in conversation with people which made them smile, made them laugh and brightened up their mood.

The staff spoke about people and to people in a respectful and knowledgeable way. They called people by their preferred names when talking with them and when referring to them in conversation with other staff.

Staff spent quality time with people. We saw people looking at photographs before lunch and discussing the people in them with a member of staff. One person using the service was reminded of a relative and asked a staff member, "Is my [relative] dead? The staff member replied that they were. The person replied, "Why didn't I remember that?" The staff member talked them through why that might be in a sensitive and gentle way and, when they were becoming upset, was able to distract them by changing the subject and bringing them back to the here and now. Their distress subsided and they retained their composure and dignity.

The staff showed respect for people's privacy and dignity. People were asked discreetly and quietly if they needed the toilet or any personal care. Staff knocked on people's doors before entering and asked how they could help them. People told us they felt listened to by the staff. One person said, "I can talk to the staff about anything."

Relatives and friends visited the service and were positive about the communication they had with the registered manager and staff. They told us they were informed and involved in their relatives' care arrangements. One relative said, "I do suggest things to the staff about my [relative] and they take it on board and put actions in place. I do appreciate that."

Good

Is the service responsive?

Our findings

People told us they had been involved and contributed to the arrangements for their stay at Hailey House. Some had visited the service to see for themselves if they liked it before staying and others had had their relatives find the service as, for example, they were being discharged from hospital and could not go home. One person said, "I came for a short stay and liked it, so decided I would stay." Another said, "I have been here so long now I can't remember. I wouldn't stay if I didn't like it." One family member told us, "The move was all done very smoothly and [relative] settled in quickly once they knew their way around."

Staff helped people to maintain their physical and emotional independence. People were encouraged to make choices and decisions about everyday tasks, activities and important decisions in their lives. Decisions people made were listened to and respected and the management and staff communicated with people and their families in a respectful and non-judgemental way.

People's health and personal care needs had been assessed and recorded in an individual care plan. These care plans were comprehensive and provided sufficient information about people's needs, preferences and their background history for staff to respond and meet their needs appropriately.

A current photograph of the person was included in their file so staff could see who the person was when reading about them. People's individual needs such as their mobility, the way they needed to be moved or positioned, their personal grooming needs and wishes and dietary requirements were detailed in order that staff could respond to their needs appropriately. Risks to their health and wellbeing were reviewed so that up to date information about their changing needs was available to staff. Records were kept of weight and food and fluid intake so that people's health could be monitored and action taken as appropriate. One family member said, "The staff keep me updated about [relative]. They also take on board my suggestions and views when reviewing their care."

The files we saw were written in a style which was clear, warm and person centred. However, the files contained a lot of information, some of which was a number of years old and out of date. This made accessing up to date information about people's needs difficult and confusing. Some staff told us that they were able to go directly to the relevant information in the care plan whilst other staff were not able to easily access the information they might need. We spoke with the deputy manager about staff accessing the care plans easily and they acknowledged that the amount of paperwork contained within them could be reduced. They agreed to review and remove (archive) the amount of 'non relevant' information to increase the usability and accessibility of the care plan.

Monthly review meetings took place with people who used the service. They had a chance to help update their care plans, talk to the staff member about how they felt and what improvement could be made for them. Staff were then actively updated about any day to day changes to people's needs or wishes in handovers between shifts.

People's faith was acknowledged and people were assisted to follow that faith should they wish. Where

appropriate, people's end of life arrangements had been discussed with them and they had expressed their wishes about their preferred place of care towards the end of their life.

Care staff were knowledgeable about the care needs of the people they supported. They had a good understanding of how people preferred to spend their time and what they liked to do. Staff communicated well with people who used the service talking to them about day to day tasks, asking their views and opinion on things that mattered to them such as what was in the newspaper that day, outings with family members, knitting, changes to their bedroom or talking about specific interests including their past.

People were supported to engage in social activities of their choice and a range of leisure interests were on offer. Staff organised group sessions such as exercise classes, giant skittles, floor scrabble and ball games in the lounge which encouraged discussion and information sharing. People also had one to one time with staff members which included time for manicures and hand massages, reminiscing, sorting out clothes, and catching up on news about people's families. The hairdresser visited the service once a week or by appointment. People from the community visited the service for example, local singers, a company exhibiting exotic animals, a youth orchestra and a dog who gets 'patted'. One person said, "I like the animals, even though they are creepy." Another person said, "There are things to do if you want to do them. I am too old for all that."

The service operated a clear complaints procedure for recording and responding to concerns. People told us that they could speak to the staff or the manager if they had a complaint to make. We saw that the registered manager had dealt with complaints appropriately and they did not have any outstanding. One person said, "When I told the manager that something was not right with my room, they sorted it out quickly and with no fuss."

Good

Is the service well-led?

Our findings

There was a well-established registered manager in post who was supported by a deputy and a relatively consistent team of care, kitchen, domestic and maintenance staff. There was on-going support and involvement from the provider. One visiting family member said, "It is a very warm homely home, I feel very comfortable here so I think my [relative] does too."

On the day of our inspection, the deputy manager was responsible for the service and it ran smoothly under their direction. The registered manager and deputy had established good working patterns and had clear expectations of how the service was run and delivered. Staff were encouraged to work in an open way and raise issues and concerns, for example the service's safeguarding and whistle blowing policies was available and accessible to all staff. Staff views and concerns were listened to by the management and actions taken to secure the safety and well-being of everyone living and working in the service.

We saw that staff understood their roles and responsibilities and what was expected of them and worked well with their colleagues and visiting professionals. Staff told us that they thought the registered manager and deputy were approachable and if they had issues they would feel confident they could take them to either of them and they would be dealt with. One staff member said, "We always share any problems and get things sorted quickly." Another said, "The staff are so friendly I don't feel embarrassed when I have to check things out with them. It's best to do that rather than make a mistake."

Staff, people who used the service and relatives were involved in the development of the service. Meetings were held every three months with the majority of people who used the service and staff to discuss activities, the facilities and to share their views of the service. The most recent meeting had been in December 2015.

The response collated from the customer satisfaction survey carried out in May 2015 showed that people thought the service, "Provided very good quality care." Actions from the survey were being implemented on a rolling programme in terms of internal decoration and equipment for activities had been purchased and were being used by people who used the service and staff.

Care plans were available to the staff and were put away after use so that they were not left on display. We saw that the door to the area where the records were kept was not closed by staff at all times. After discussing this with the deputy manager, they informed us the next day after our inspection that a key code had been put on the door and instructions given to staff for the door to be locked at all times. People could be confident that information about them and held by the service was kept confidential.

The registered manager supported by the staff such as the maintenance person undertook audits which included care plans and risk assessments, health and safety of the premises and equipment and fire drills on a weekly and monthly basis. Checks on the competency of staff to carry out their duties such as working at night and the administering of medicines were completed. The registered manager measured and reviewed the delivery of care and used current guidance to inform good practice.

The staff team, combined with robust records and quality assurance systems ensured that the service was well led and that improvements in the service were a continuous process.