

Alliance Care (Dales Homes) Limited

# Henleigh Hall Care Home

## Inspection report

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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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Henleigh Hall is a purpose-built nursing home that provides care for up to 62 older people, across three units named, Porter, Rivelin and Loxley. At the time of our inspection 53 people were living at the home.

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

People had access to a range of meaningful and varied activities. These activities had positively impacted on people living at the home. All staff took pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people. Care plans were detailed and included people's personal preferences and choices.

People requiring end of life care were supported in a dignified and comforting way. The service pro-actively sought people's feedback about the service and this meant people did not often feel the need to complain.

Prior to people receiving a service at the home, an assessment took place to ensure the person's needs could be met. Staff received training and support to ensure they had the skills to carry out their role. People were supported to maintain a healthy and balanced diet.

People were safeguarded from the risk of abuse. Without exception staff had confidence the registered manager would take appropriate actions to keep people safe. People's needs had been assessed and risks associated with their care and support had been identified and action taken to minimise them. People's medications were managed safely to ensure people received medicines as prescribed.

We observed staff interacting with people and found they were polite, kind and caring. We observed lots of friendly and appropriate banter between staff and people. We saw staff were thoughtful and respected people's dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The staff team worked well with other services to ensure people received timely and appropriate care. The home was designed to meet the needs of people using the service.

The management team were dedicated to ensuring people received person centred care. The registered manager had an easy to follow management system in place which was effective and understood by other members of the management team. The registered manager ensured lessons were learned when things went wrong and saw the process as a learning opportunity. The home was clean and well maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The service was registered with us on August 2016 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Henleigh Hall Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an 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.

Henleigh Hall 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 Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

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

#### During the inspection

We spoke with 14 people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the business development manager, the sales manager, the

registered manager, deputy manager, three care workers, administrator, housekeeper and the chef.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and supervision records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider had effective processes and procedures to prevent people from being abused.
- Staff were able to recognise and had a good understanding of the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.
- Staff said any reported signs of suspected abuse would be taken seriously and investigated thoroughly.
- People we spoke with felt safe living at the home. One person said, "Yes I feel safe enough people aren't short with you and I'm well looked after."

Assessing risk, safety monitoring and management

- The service managed risks in a safe way.
- Care documents contained risk assessments related to people falling, their diet, skin care and mobility.
- Staff consulted with external healthcare professionals, such as the tissue viability nurse (TVN) when completing risk assessments for people. For example, if people had been identified as being at risk of pressure ulcers, guidelines were produced for staff to follow based on TVN advice.
- Smoke alarms and emergency lighting were tested. Regular fire audits and evacuation drills had been carried out.
- Care records and risk assessments detailed how staff needed to support people in the event of a fire to.

Staffing and recruitment

- People were supported by sufficient numbers of qualified and competent staff.
- Rotas and staff confirmed the home had enough staff on duty each day.
- The registered manager said staffing numbers were reviewed and increased to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe.
- Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff commenced employment.

Using medicines safely

- People's medicines were safely stored, recorded and administered to ensure people received their medicines as prescribed.
- Staff were trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.
- People we spoke with said they received their medicines on time and when they required them.

Comments included, "My medication is on a box on the wall and the nurses give it to me. There have been no problems with my medication" and "I get my medication daily and it's all recorded."

#### Preventing and controlling infection

- People lived in an environment that was safe, secure, clean, hygienic and regularly maintained.
- Protective clothing such as gloves and aprons were readily available throughout the service to help reduce the risk of cross infection.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- Lessons were learned following incidents or events affecting the well-being and safety of people who used the service.
- Where necessary changes were made to working practices to reduce the risk of recurrence.

# 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.

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

- People's needs were assessed prior to them moving into the home. This ensured the provider could meet their needs.
- Assessments included information about the support people needed and the expected outcome of the care package.
- People's preferences and choices were carefully considered to ensure support was delivered in line with their wishes.

Staff support: induction, training, skills and experience

- People received effective care and support from staff that were well trained and well supported.
- The provider and registered managers encouraged the staff to take on champions roles in topics they found interesting, such as oral hygiene, manual handling and dignity in care. Each topic was clearly set out showing what training was needed before working towards a specialism. Staff were then able to assist others in the specialism by providing specific training, sharing conference information, carrying out audits and role modelling.
- People we spoke with told us staff knew their job well. One person said, "I think they get regular training and most staff can do the job."

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

- The service met people's individual nutritional and hydration needs. .
- A nutritional screening tool was used when needed to identify if a person was at risk of malnutrition. People identified as at risk of malnutrition had their weight monitored and staff confirmed food and fluid charts were completed when needed.
- Food passports were used to provide guidance and information to staff about how to meet individual dietary needs. We saw people's needs were catered for. For example, some people needed to have their food pureed because of swallowing difficulties. The chef had changed the way puree food was presented, it was now piped so that it retained its shape and colour. This made the food look more appetising.
- Feedback about food was mixed. Comments included, "The food is mixed some good some not so good", "The food is debatable, some days are better than others" and "The food is good and if I don't like anything they do something else for you, but I eat most things."

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

- The provider worked closely with other agencies to provide consistent care in line with people's needs and requirements.
  - Staff told us if they were concerned about a person's health they would speak with health professionals directly to ensure the person received the care they needed.
  - People whose health had deteriorated were referred to relevant health services for additional support.
- Adapting service, design, decoration to meet people's needs
- The home was designed and decorated to meet the needs of people currently living at the home.
  - People had access to a well-maintained garden area that had access to a local park.

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

- People accessed healthcare services, their GP and district nurses visited and carried out health checks.
- Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people in the least restrictive way possible to ensure they had maximum choice and control of their lives.
- Staff supported people to make choices. Care records provided staff with information about people's needs and preferences and how they should support people to make decisions.
- Where people lacked the mental capacity to make specific decisions, staff liaised with others to make sure decisions made were in the person's best interests.

# 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

- People described the service as exceptionally caring. Comments included, "They are a friendly lovely people. It is a difficult job to do and they are a very caring breed "and "They [care staff] are very willing and I can have some fun with them. All round it's quite good here."
- Throughout the inspection we observed staff interacting with people who used the service and found they were kind, caring and reassuring. Care and support was delivered in a non-discriminatory way and the rights of people were highly respected.
- Care plans gave clear guidance for staff to ensure explanations were provided to people about their care and treatment and their views respected.

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

- People were in control of every aspect of their life at Henleigh Hall.
- The service had a strong person-centred approach and was very good at helping people to express their views, so they could be understood and involved in all aspects about their care, treatment and support.
- People's, relatives and staff views were obtained through individual quality assurance forms and surveys. The results of completed surveys showed exceptionally high levels of satisfaction with the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their independence, respected their dignity and maintained their privacy. Comments from people included, "The staff are very good with me I can't fault them" and "The staff are lovely and they do their job with a smile."
- Without exception staff treated people well and respected their diverse needs.
- Staff maintained people's privacy and dignity in particular when assisting them with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care, and ensuring curtains and doors were closed.

# 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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were empowered to have choice and control and were encouraged to do as much as possible for themselves.
- People were empowered to be at the centre of their care and support. Care plans were respectful and contained a clear understanding of people's individual strengths, goals and hopes for the future, as well as their needs and difficulties. The care plans fully reflected people's choices and worked towards them achieving goals. This put them at the centre of their care and support.
- Care plans reflected people's health and social care needs and demonstrated other health and social care professionals were involved. All staff took pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people.
- People were cared for and supported by staff who were responsive to their needs. Staff took time to get to know people, so they knew how people liked to be supported.
- People's dreams and aspirations were central to their care and support. For example, one person had always dreamed of travelling to India when they retired. The staff team embraced this and with the help of the local community brought a taste of India to the person and the other residents of Henleigh Hall. A wonderful array of food was provided alongside amazing costumes and wonderful dancing. Money raised from this event was donated to support a local young person to partake in the 'World Challenge Organisation' trip to India.

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

- People were supported to access an innovative programme of activities based on people's life stories, interests and their hopes for now and the future.
- Staff were exceptionally passionate and creative about providing purposeful activities to help maintain a sense of independence and to keep people active, fit and healthy while having a lot of fun.
- The provider was passionate about building connections with the wider community and wanted to provide an open door for all. Links and friendships had developed with local schools and community groups, fellowship groups and a mother and baby singing group. Residents enjoyed weekly visits from the pets as therapy organisation and people supported the local university to do a piece of research into living well with dementia. Living well with dementia is an area of research that aims to enable people with the condition to live as well as possible.
- The service was proactive in leading and participating in workshops sharing best practice for delivering creative, fun and innovative activities for people living with dementia across the city.

- People told us the staff had a 'can do attitude.' One person had told the care staff how they had loved swimming in the past. In response to this staff organised a trip to a swimming pool. The person was delighted to go swimming and for the first time in many years with the support of the water was able to stand by themselves. The person talked about the sense of freedom and independence that this opportunity gave them.

#### Improving care quality in response to complaints or concerns

- The service pro-actively sought people's feedback about the service and this meant people did not often feel the need to complain. There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff on a regular basis and through regular reviews.
- The service had an accessible complaints procedure in place.
- People told us they knew how to make a complaint. Comments included, "I have no complaints love. I get all I need thank you" and "I've no complaints and if I had I would speak to the manager."
- Complaints were reviewed to look for trends and where appropriate changes were made to drive improvements within the service.

#### End of life care and support

- The approach to care and support for people at the end of their lives was exceptional. Staff were trained in end of life care with the local hospice. This helped to ensure staff could collectively provide a compassionate and empathetic service for people nearing the end of their lives and their families.
- People's care files held detailed information on people's wishes for their end of life care. This included their psychological, social, spiritual wishes for their end of life care.
- Staff worked collaboratively with other healthcare professionals and took an advanced holistic approach to the planning and assessment of end-of-life care to ensure both physical and mental health needs were considered. Staff had received specialist training in pain management, symptom relief and bereavement.
- The service also extended support and hospitality to people's relatives and friends, providing much needed comfort at a difficult time. The service had received many compliments about the support they provided. One person said, "All the care provided at the end of [my relatives] life was so caring and sensitively provided and was an invaluable source of help and comfort to me at a very sad time."

#### Meeting people's communication needs

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

- People's communication needs, and difficulties were considered as part of the assessment and care planning process.
- Care records contained clear communication plans explaining how people communicated. For example, verbally, through hand gestures or using specific communication aids.
- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences.

# 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 This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was driven by a clear vision and person-centred values. Peoples identity, needs, wishes, choices, beliefs and values ensured the person was always at the centre of their care.
- There was a positive culture within the service, the management team provided strong leadership and led by example. People, relatives and staff all spoke positively about the registered manager and their senior team.
- The provider and registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team.
- The staff demonstrated they embraced these values when discussing the service. The company's values and visions included, 'Keep it simple, sort it, do it from the heart, choose to be happy and make every moment matter.'
- Staff were motivated, hardworking and enthusiastic. They shared the philosophy of the management team to put people first. Many staff had worked for the provider for many years. Staff said they enjoyed working at Henleigh Hall. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included; " I love my job, it's a great place to work. [Registered manager] is so supportive and makes a difference. I feel valued" and "It's a good team, we all muck in and have fun too."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise if things go wrong.

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

- There was a clear management structure in the service. Staff were aware of the roles of the provider, registered manager and deputy manager.
- The registered manager and deputy manager demonstrated they knew the details of the care provided to people which showed they had regular contact with the people who used the service and the staff.
- The service held regular staff meetings, to enable open and transparent discussions about the service and

people's individual needs. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run.

- The provider's and registered manager's vision for the future was to maintain the standard of care they had achieved to date. They shared their goals of continuing to provide excellent care, enabling people to achieve their potential and their goals and to continue with a range of varied activities. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for and spoke about the people they were looking after.

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

- The provider involved people who used the service and their relatives in the running of the home.
- People, their relatives and staff were given opportunities to feedback their experience of the service. The provider sent out questionnaires and regular residents and relatives' meetings were held to discuss the outcome of the survey and to discuss how they could improve the service.

Continuous learning and improving care

- The registered manager demonstrated commitment and passion throughout the inspection. Staff were highly complementary of the registered manager's drive to continuously improve the service for everyone involved.
- Staff were highly complementary of the registered manager's drive to continuously improve the service for everyone involved. One staff member said, "They are committed to providing a person-centred service for the people that live here and the staff as well."

Working in partnership with others

- The service worked in partnership with a wide range of agencies to improve people's experiences.
- The service had developed great community connections. For example, links with the local school, tea parties for people who were isolated in the community, and activities with families and friends had further promoted friendships within the home.
- The service had developed good working relationships between the GP, social services, mental health team, occupational therapists, physiotherapists, speech and language therapists, district nurses and pharmacists by keeping regular contact where necessary.