

Ashmere Derbyshire Limited

# West Hallam 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

West Hallam Care Home provides personal and nursing care and accommodation for up to 31 people. On the day of the inspection the manager informed us that 19 people were living at the home.

This was the first inspection of the service since the reregistration 12 months previously. The inspection took place on 14 and 15 December 2017. The first day of the inspection was unannounced.

A registered manager was not in post at the time of the inspection visit. This is a condition of the registration of the service. Since the inspection visit, the manager has been registered. 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 and associated Regulations about how the service is run.

People's risk assessments provided staff with information on how to support people safely, though some assessments were not fully in place. Lessons to prevent incidents occurring had not been comprehensively learnt from past events.

Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area. Staff were subject to checks to ensure they were appropriate to work with the people who used the service. People were protected from the risks of infection.

People using the service and relatives we spoke with said they thought the home was safe.

People using the service told us they thought their medicines were given safely and on time and this had been the case when we checked.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs. Staff understood their main responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives.

People had plenty to eat and drink and everyone told us they liked the food served.

People's health care needs had been protected by referrals to health care professionals when necessary.

People told us they liked the staff and got on well with them. We saw many examples of staff working with people in a friendly and caring way. People and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and covered their health and social care needs.

Activities were organised to provide stimulation for people and they had opportunities to take part in activities in the community if they chose.

People and their relatives told us they would tell staff if they had any concerns and were confident these would be followed up.

People and staff we spoke with were satisfied with how the home was run by the registered manager. Management carried out audits and checks to ensure the home was running properly to meet people's needs.

## 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.

Risk assessments to promote people's safety were not always in place. Staffing levels were sufficient to keep people safe. Lessons had not always been learned from past safety incidents. Staff recruitment checks were in place to protect people from unsuitable staff. Medicine had been safely supplied to people. People had been protected from infection risks. People and relatives told us, in the main, that people were safe living in the service. Staff knew how to report any suspected abuse.

### Is the service effective?

Good ●

The service was effective.

People told us that staff support to meet needs was effective. Staff were trained and supported, in the main, to enable them to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People had sufficient quantities of food to eat and drink and told us they liked the food served. There was positive working with and referral to health services.

### Is the service caring?

Good ●

The service was caring.

People we spoke with told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's privacy, independence and dignity. People's religious and cultural issues have been met.

### Is the service responsive?

Good ●

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Care had been provided to respond to people's needs when needed. Activities based on people's preferences and choices were available to them. People told us that

management listened to and acted on their comments and concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

People and their relatives told us that management listened to them and put things right. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. Systems had been audited in order to provide a quality service.

# West Hallam 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 was unannounced. The inspection was carried out by one inspector.

We also reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. We looked at information received from local authority commissioners. Commissioners are responsible for finding appropriate care and support services for people.

We used a variety of methods to inspect the service. We observed how people were supported during individual tasks and activities. We also spoke with 6 people living in the service, the manager, the area manager, a specialist nurse, a healthcare assistant, the activities organiser and three care staff.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people's care records.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe living in the service.

One person said, "I am perfectly safe here." Another person told us, "I've always felt safe. Staff are lovely."

A risk assessment for a person identified as having a risk of losing weight stated that the person needed to be weighed every month. We found this had been carried out and the person had been encouraged to eat. Their weight had steadily increased since their admission.

We saw a care plan and risk assessment for a person with dementia. There was a referral to relevant outside agency due to the person's pattern of behaviour. A risk assessment was in place though there were no specific instructions to manage this behaviour. Staff were able to tell us how they coped with this behaviour to distract the person by being friendly and suggesting tasks for the person which they liked doing. However, without comprehensive information in place there was a risk to the safety of the person and other people in the home due to the behaviour not being managed appropriately. The manager said this would be followed up.

A risk assessment was in place for a person that was risk of developing pressure sores. Staff encouraged the person to get out of bed to relief pressure on their skin. If they were in bed there were regular checks and repositioning. Creams were supplied to treat the affected areas. The district nurse came in regularly to change the person's dressings. They received appropriate treatment to prevent pressure sores developing. The risk assessment included equipment needed to prevent pressure sores developing. Staff were aware the person needed a pressure cushion on their chair and they had a specialist mattress. These were in place. The manager said this information would be added to the risk assessment.

People and staff said that there were enough staff on duty to ensure people were always safe. The manager told us that sufficient staffing levels were in place to keep people safe as a dependency tool was used to ensure this was the case. The dependency tool had a calculator of how many hours were needed depending on the needs of people.

Medicine errors had occurred earlier this year before the current manager was employed. There was an indication for one error of action taken to try to ensure that lessons had been learned and this did not occur again. However, no action had been recorded to highlight any lessons learned for the other incident. We were informed by the provider that the manager had taken action to rectify this issue.

We saw that staff had been aware of how to keep people safe. For example, we saw a staff member assisting a person to rise from their seat and staff providing support to people walking to make sure they were safe. Staff appeared to understand the help that was needed to maintain safety and wellbeing and this was provided when needed. For example, staff asked a person if they had foot plates on their wheelchairs to check that they were safe to move around. A staff member told us that a person was reminded to use their zimmer frame because they had a high risk of falling. Staff told us that they would check equipment before it

was used, such as hoists to safely move people.

Staff records showed that before new members of staff were allowed to start, checks had been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This meant people had been protected from unsuitable staff.

Risk assessments were available to identified issues in the premises. For example the use of specialist beds, protecting people from hot water, protecting people from falls from windows, safely moving and handling people and preventing trips.

Fire records showed that fire precautions had improved since the last fire officer's visit. Fire drills had taken place regularly. Fire tests such as testing fire bells and emergency lighting had been carried out. A fire risk assessment was in place which had been recently reviewed to ensure any fire risks were managed and prevented. However, we found a corridor cupboard fire door with a sign "Fire door keep locked" was open, which was a fire risk. The manager took action to ensure this was locked. Personal evacuation procedures were in place to ensure the risks to people were individually assessed.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the management did not deal with them on their own. The whistleblowing policy contained information about reporting any concerns to CQC but not to the local authority or police. The manager said this information would be included in the information.

Staff told us they had never witnessed any abuse towards people living in the service. We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it to the management of the home, or to relevant external agencies if needed.

Infection control procedures were observed. Staff wore protective equipment when they went into the kitchen to ensure that food hygiene was maintained. Evidence was in place that staff had received infection control training. A staff member wore protective equipment when medicines were issued to ensure that medicine was not contaminated, which prevented infections being passed to people. Infection control audits had been carried out which included relevant issues such as ensuring proper hand hygiene and checking the cleanliness of hand washing facilities.

We observed medicines administration. The staff member administering the medicine encouraged the person to take it and stayed with the person until they had taken their medicines. Medicine records showed that people received their medicine as prescribed. Medicines were securely locked with medicine keys held by the person in charge. The medicine trolley was kept in a locked room and the room temperature was recorded to ensure medicines were kept at the assessed temperature to ensure their effectiveness.

Staff were aware that liquid medicines needed to be labelled with their date of opening to ensure they were not administered past their expiration date.



## Is the service effective?

### Our findings

People told us that their needs were met and their choices were respected. We found that people had an assessment of their needs. Assessments included relevant details of the support people needed, such as information relating to their mobility and personal care needs.

People said that the staff were trained and knew what they were doing when providing personal care to them. One person said, "Yes, they definitely seem to know what they are doing."

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "We get lots of training. This covers everything to make sure we know what to do when we help people."

Staff training information showed that staff had training in relevant issues such as medicines administration, health and safety and dealing with behaviour that challenged the service. There was evidence that staff had been provided with information about people's health conditions such as dementia. However other training on people's conditions such as stroke, epilepsy and diabetes had not been provided. The manager stated this would be reviewed to ensure staff had the proper knowledge to be able to effectively meet people's needs. She later sent us confirmation of this training to be provided to staff.

Staff had undertaken induction training and Care Certificate induction training. This covered essential areas and is nationally recognised as providing comprehensive training. To achieve the certificate care workers must successfully complete 15 training modules by demonstrating that they have the right skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us that they started work, they shadowed a more experienced member of staff for a long period so that they understood how to effectively meet people's needs.

We saw that staff had supervision sessions to discuss their work and any issues they had. One staff member said, "I can talk about any issues in supervision and it helps me in my work with people." These sessions included relevant issues such as identifying any training needed and discussing care issues

People said that they enjoyed the home's food. One person said, "Food is nice. We always get a choice." We saw that drinks were readily available at all times. This prevented people suffering from dehydration.

There were scheduled meal times, but within these there was scope for catering for individual wishes. For example, we found that people could eat at times that suited them. Staff were aware of people's nutritional needs. For example, they checked that a person had the ability to swallow food, so they did not choke.

Food record shows that there were choices to each meal. There was also the information contained in care plans that people's food likes and dislikes were included to ensure that the food supplied respecting these needs.

Staff ensured that people with specialist needs received their specialist check-ups with health professionals. People told us their health needs were met. A staff member said, "If we are worried about anyone, we report this to the office and they make sure that the person is seen by the GP or the visiting nurse practitioner who comes every week."

We saw in people's records that their health needs were met. Each person had a clear list of all the health professionals. This contained detail about a variety of relevant health appointments people that people had attended. For example, there was evidence of people seeing specialist nursing staff.

We spoke with a nurse practitioner who told us that staff had been positive in relation to ensuring people's health needs had been met. They made proper referrals and followed any instructions needed. We looked at accident records. If the person had been injured, staff had made proper contact with emergency services to ensure that they were treated. This showed that people were provided with an effective service to meet their health needs.

The premises were accessible to people. Signs were displayed on people's bedrooms to give people direction as to where their bedrooms were. Staff wore prominent name badges to remind people who they were. Rails were prominent in corridors to help people if they needed this assistance to walk and prevent falls. One person said, "I am moving to the ground floor as I have difficulty walking and this will be better for me."

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. Some staff could not explain their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. However, they were aware they needed to obtain permission from people before supplying personal care to them. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe. The registered manager said staff would be reminded of mental capacity issues they needed to be aware of, as they had already received this training.

At this inspection we found evidence of people's mental capacity being formally assessed to ensure that people's capacity had been taken account of. We saw evidence of applications being made to the relevant authority with regard to restricting people's choices in their own best interests. The manager said people were encouraged to independently do things for themselves even if they lacked capacity. This showed that the effective care was being provided to people, even if they had limitations on their capacity to decide all aspects of their lifestyle.

We asked staff about how ensured people consented to the care when they provided care to people. They said that they talked with them, and asked for their consent before supplying personal care. We observed this to be the case when staff provided care to people. This showed us that staff understood had an awareness that they needed to check with people as to whether or not they wanted to receive care from staff.

# Is the service caring?

## Our findings

People at West Hallam Care Home told us they felt listened to and that staff were friendly and supportive. One person said that staff were supportive "All the time." Another person said, "All the staff are friendly. It's like one large happy family here." Another person told us, "The staff are lovely."

Throughout the inspection we saw staff chatting to people, having a joke with them, reassuring them when they were anxious and greeting them when they came into communal rooms after getting up. They called people by their first names. They asked people if they wanted a drink and gave them a choice of drink and asked them whether they wanted sugar in their drinks. They asked people if they wanted to have an apron on when having their meals. People said that staff stopped to speak with them when they had time. We saw this was the case. Staff got down to level of people so that they could communicate with them more effectively. This showed that people were treated with kindness, respect and compassion and that they were given emotional support they needed.

People's care plans showed that they were involved in decisions about how they wanted to live their lives. There were residents and relative meetings to give people an opportunity to put forward their views on the running of the service. Questionnaires were provided to people and their relatives so they could again express their views on how they wanted the service to be run.

There was evidence in staff supervision that people's well-being was a focus of how staff worked with people. There was also evidence in questionnaires provided to people about the service promoting their privacy, dignity and independence. This covered issues such as their views on the care they received and whether staff had respected their rights.

People told us that they exercise choice at all times. For example, what clothes they wanted to wear and what time they wanted to get up and go to bed. They said that there were no rules that they had to abide by. People were given choices throughout the inspection visit. One person changed their mind about what meal that they wanted at lunchtime. The staff member told them that this was not a problem and the person was supplied with their new food of choice. Another person was given the choice of having either a sausage roll or a cocktail sausage.

Staff said that people were able to choose their own lifestyle such as when to get up and when to go to bed, staying up to watch TV, choosing their own clothes, whether they wanted to take part in activities and being able to go out when they wanted. These issues showed that staff respected people's choices of lifestyle.

People told us that staff tried to maintain people's independence as much as possible, for example by encouraging them to walk and to wash themselves where they could manage. A person told a staff member that she wanted to get up from her seat. The staff member waited until they person tried to do this. When the person requested help, the staff member supplied this. This showed that people's independence had been promoted and staff had not intervened early and had allowed time for the person try to complete this task.

All people we spoke with said they had freedom to do what they wanted in the home. One person said that they like to get up very early as they always had done life all their life. She said staff always supported her to do this. This was part of the person's care plan. People told us that they could see family out in the community when they wanted.

People came from the same cultural background and felt their needs were respected and catered for. For example, one person said that if they wanted to go to their place of worship, they were free to do this. .

We found that that staff had been compassionate, kind and caring in our observations. Staff showed friendliness to people and spoke to people in a friendly and non-patronising manner. Care plans indicated people's choices for their name they preferred to be called by.

Throughout the inspection visit we noted that staff demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. For example, staff were interested in what people said to them. We saw positive interactions when staff provided support to people, having ordinary everyday conversations and joking with people.

People told us that staff respected their privacy. Staff told us that they always knocked on people's doors and waited before entering. They closed blinds in bedrooms to maintain privacy and covered people.

These issues showed that staff presented as caring, supportive and friendly to people and respected their rights.

## Is the service responsive?

### Our findings

People were very complimentary about the personal care they received. They said it was personal to them. One person said, "Staff know me very well and I can always count on their help."

We saw that staff members had a good understanding of people.

Staff responded to people's needs such as a staff member noticing that a person was not eating their meal. They sat down and encourage them to eat. Staff immediately went to assist people when they called out for help.

Care plans contain valuable information to respond to people's needs. For example, making sure people had their glasses on and ensuring that their glasses and dentures were cleaned. Records showed that personal care had been provided such as people having a regular wash, keeping their nails clean and having a change of bed sheets.

Peoples care plans were regularly reviewed to ensure they responded to changing needs. The healthcare assistant from the continence advisory service told us said that staff had met people's needs with regard to their toileting programmes.

Care plans had included detail about people and their preferred lifestyles. For example, about their personal histories, their likes and dislikes and what activities they wanted to do, treasured memories and important stories from their lives. This gave staff information about how to support people and to help them to achieve what they wanted. We also saw evidence in care plans that staff were encouraged to promote people's emotional needs by being empathetic, warm and trusting and listening to people and reassuring them when they needed this support.

When we spoke with staff about people's needs, they were familiar with them as they were able to provide information about people as individuals. There was also information in plans about meeting people's communication needs in terms of assisting people with getting regular sight checks.

Care plans had been reviewed to ensure they still met people's needs. There was evidence that people had been involved in reviews of their care. This ensured that staff could properly respond to people's changing needs. Daily records recorded relevant issues to people's lives in detail. This meant that relevant information was available to staff about how to provide personal care and support to people.

Staff told us that the manager asked them to read care plans. They said that information about people's changing needs had always been communicated to them through handover of information between staff shifts and recorded in people's care plans.

People told us they were provided with activities they were interested in such as crafts, sing a longs and film showings. They said that they had regular outings such as a recent visit to London. They confirmed there

were activities they could choose to do such as playing games, going out for a walk, sitting in the garden, watching TV and attending religious services. Staff said that if people found it difficult to read they would read to them.

We saw people taking part in activities such as making cakes and making Christmas cards. The activities organiser provided constant encouragement and always spoke with people in a friendly and positive way. They explained that there were a range of activities such as regular trips out, foot spas, hand and foot massage, pub lunches, going for a coffee and boat trips. The home was decorated for Christmas in a bright and colourful way which gave a homely atmosphere. Books and games were available for people to use if they wanted. We saw that people were able to go out into the community on their own to pursue their own interests.

The specialist nurse thought that more activities for people living with dementia when needed. The manager later sent us confirmation that the activities organiser would be attending specialist training on providing activities for people living with dementia.

The registered manager was aware of the new accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The manager said that this had been carried out to some extent as this issue was always assessed when setting up care plans. She said that work would be done to comprehensively carry this out in the short term.

People said they had no need to complain but if anything bothered them they had spoken to staff who had sorted things out quickly. They knew how to contact the management at the home and they felt confident that should they have a problem, it would be dealt with in a professional manner. They said they felt comfortable raising concerns and complaints with the manager.

We looked at the complaints book. A small number of complaints had been received for the previous 12 months. These had been investigated, a response had been provided to the complainant and action had been taken to deal with the issues. This showed there was an appropriate system in place to manage complaints.

There was information in the complaints procedure that if a complaint had been made this would be properly investigated with proper action taken if any issues were identified. This information provided reassurance that the service responded to concerns and complaints. However, it implied that CQC would investigate if they did not think their complaint had been investigated properly. CQC are not the appropriate body to investigate or respond to specific complaints about care providers. There was an explanation of the role of the ombudsman, which people could go to if they did not think the local authority had properly investigated their complaint. After the inspection, the manager sent us an amended procedure, which explained the role of CQC. People were directed to the local authority, the proper complaints authority.

No one was receiving end of life care at the time of the inspection visit. Staff had received training on how to provide care for people in the last days of their life. There was a plan in place for a person who may be needing this care in the near future, which included the administration of controlled medicines for pain relief.

# Is the service well-led?

## Our findings

The home was well led.

At the time of the inspection visit, the home did not have a registered manager, which is a condition of registration. Since the inspection visit, the manager has been registered.

People said that they liked living in the home and that there was a good welcoming atmosphere. They were very complimentary of the care they received from staff. One person said, "Nothing is any bother to staff. They will try and help you in any way they can." This was supported by the large number of positive interactions we saw between staff and management and people living in the home.

Information was available which clarified governance duties and responsibility for management and staff. This ensured that all staff were clear as to what their responsibilities were.

People and relatives received satisfaction questionnaires asking them about the quality of care, any worries and any ideas. There were also residents and relatives meetings. These showed that people were, in the main, satisfied with how the home was led and managed. There were some suggestions put forward such as having more staff so that more time can be spent with people. A response was given by the manager. However, this only stated that a system was used to calculate staffing levels without directly addressing the issue of whether staff had sufficient time to spend with people. The manager said this information would be reviewed so that people and relatives were given more information about issues that they raised.

Staff told us that the manager was always available to speak with them at any time to help them in any way: "We can count on the support of the manager. She listens and takes action when needed." Another staff member told us, "The home is 100 per cent better than before. The manager is helpful, she is always there for us, and she listens and acts. She is very hot about making sure service users get the help they need." This indicates a well led service.

Staff said they could approach the manager about any concerns or ideas they had to improve people's care. They felt their opinions were properly listened to and they had received useful advice on how to deal with situations relating to people's needs. One staff member said that they could approach the manager about giving a person more independence. They had gone to the manager to discuss why a person did not want a footplate on her wheelchair and the manager had immediately risk assessed this situation which gave the person more independence to choose how she wanted to mobilise.

Staff said there had been staff meetings where issues were discussed including changes in care and any staff concerns. Meetings included the discussion of relevant issues such as activities, and care for people. The manager had emphasised that there was an open door policy for staff to approach about any help they needed. A staff member said that staff had suggested changes to activities, like going to garden centres and to a Christmas panto, and these had been arranged. This showed us that staff had a voice in organising the home to the benefit of people living there.

During the visit we observed that the manager and staff members were knowledgeable about the people that use the service. The manager was able to describe the overall culture and attitude of the service as meeting people's needs and promoting their choices and welfare.

Staff members we spoke with told us that the registered manager always expected staff to be friendly and approachable and treat people with dignity and respect. They all told us they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at West Hallam Care Home were always been put first.

We saw evidence that residents and relative had taken place, which meant people had been encouraged to express their views. The issues discussed were relevant to what people thought important, such as what activities they wanted.

Staff had been supported through staff meetings which contained relevant issues such as staff training, teamwork and any incidents that had happened. Staff confirmed that the registered manager took into account their views and opinions during the sessions.

The manager understood the legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

There was a system in place to ensure quality was monitored and assessed within the service. This included acting on issues from the previous CQC inspection and other relevant issues such medicine audits, checking that mealtimes were a positive experience for people, ensuring health and safety and kitchen hygiene systems were in place, planning for people's care, and maintenance issues.

Having quality assurance systems in place protected the welfare of people living in the service and indicated a well led service.