Cumbria Nursing Services Limited

Hames Hall Residential Care Home

Inspection report

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Cumbria
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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

Hames Hall Residential Care Home is a period property set in its own grounds outside Cockermouth but within easy reach of the town's amenities. The house has been adapted and extended to accommodate up to 25 older adults. There were 18 people living in the home on the day we inspected. Accommodation is mainly in single rooms, some of which have ensuite facilities and there are suitable shared areas. The provider owns two other care homes in Cumbria.

At the last inspection on 7 May 2015 the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager. 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 who used the service and relatives consistently praised the staff and their skills. People were supported with care and compassion and there was an ethos of care which was person-centred, valuing people as individuals.

The way care plans were developed had improved being written now in a very person centred style and were regularly reviewed to reflect peoples' individual care and support requirements. People were given safe care because risks had been identified and managed.

The environment was well maintained and the atmosphere was relaxed and homely.

People's rights were protected and staff obtained people's consent before providing care. The service had recorded people's capacity to consent to care but had not recorded their capacity to make other decisions.

We made a recommendation that the service seeks advice about how the service checks people's capacity to make decisions and how they can support them to do this.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice. When new staff were appointed thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Staff were well motivated and proud of the service. They received extensive training and support to meet people's needs effectively. Staff had regular opportunities to reflect on their practice and to request any additional support or training.

Systems were in place for the safe storage, administration and disposal of medicines. Records showed people received their medicines as prescribed and in their preferred manner.

We made a recommendation about developing care plans to manage 'as and when' medicines.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed.

People were supported to eat a well-balanced diet and those who were at risk of malnutrition and/or dehydration had their food and fluid intake monitored. People told us of the high quality and range of the meals provided.

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

The provider had a range of quality monitoring systems and had made improvements in response to people's feedback and audits. There was a commitment to deliver a high standard of personalised care and continued improvement based on the views of people who used the service.

Complaints were taken seriously, thoroughly investigated and lessons learnt from them.

Staff and people who used the service said the registered manager was supportive and approachable. Communication was effective, ensuring people, their relatives and other relevant agencies were kept up to date about any changes in people's care and support needs and the running of the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Hames Hall 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.

This inspection took place on 27 September 2017 and was unannounced.

The inspection was carried out by one adult social care inspector, a specialist adviser in dementia care and an expert by experience working on behalf of CQC. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted commissioners from the local authorities who contracted people's care. We also contacted the local safeguarding and adult social services teams.

During the inspection we spoke to 14 of the people living at Hames Hall and three of their relatives. We spoke to six members of care staff, the registered manager, a domestic, the handyman, the cook and kitchen assistant. We also spoke with two visiting healthcare professionals.

We looked at a sample of care records belonging to six of the people who used this service and we observed staff supporting people with their day to day needs in communal areas. We looked at the recruitment

records of five staff, including two newly recruited staff, the staff duty rosters and staff training records. We checked maintenance contracts and quality assurance audits the registered manager had completed.

Further information is in the detailed findings below.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse and avoidable harm. People we spoke with told us they felt safe in the service. One person told us, "I feel completely safe here. There's always staff to hand, I get attention straight away." Another person told us, "I feel comfortable that I could go and speak to the manager or any of the staff if I had any worries or concerns."

A relative told us, "There's always seems enough staff when we come, we feel [relative] is very safe here." Another relative told us, "I've never seen anything to worry us and we've never had a problem. There are always staff about and the staff don't change much which is good."

All of the people we spoke with told us there were enough staff to safely meet their needs and that they came quickly when they needed assistance. For example one person told us; "I've got my call bell and they always come straight away." A healthcare professional told us, "There are always staff available to assist and give an update."

We considered there were sufficient staff to meet people's needs. The manager told us staffing levels were determined by the number of people using the service and were flexible according their needs. We saw that when one person had been unwell that extra staff had been put on shift to assist. If necessary the home used a preferred agency to cover in emergencies. Staff reported that the staffing levels were "good" and this gave them time to give people care that was paced according to people's needs. We observed unhurried and safe care being delivered, for example when a person was being hoisted staff took their time and ensured the person felt comfortable and safe.

People we spoke with told us that staff gave them their medicines when they were supposed to and relatives said they were happy with the way staff managed their relations' medicines. One person told us, "I have lots of tablets, and one of the staff bring them to me. It's always at the same time. I never miss any."

We found the medicines systems were well organised and that people were receiving their medicines when they should. We saw that the service had clear policies and procedures in place to help ensure medicines were managed safely, including safe storage, accurate recording and checking staff competency and training. Staff told us, "We get allocated time to administer medication safely and undisturbed."

We found accurate recording of medicine administration. People's records showed full completion of medicine administration records with no omissions in recording. One person was prescribed strong pain relief on a when required basis. We found that the service had robust systems in place to ensure the safe recording an administration of this medication in line with the controlled drugs procedures.

We found that people prescribed 'as and when required' medications did not always have protocols in place to aid the effective administration of their medications. For example a medicine used to help calm a person was not recorded in enough detail to instruct staff and what to do if this did not work.

We recommend that the service seeks support to help develop care plans to manage these types of medicines.

Risk assessments were in place that were regularly reviewed and evaluated in order to ensure they remained relevant, reduced risk and to keep people safe. The risk assessments included risks specific to the person such as for moving and assisting, mobility, nutrition and pressure area care. For example we observed staff moving residents in wheelchairs and using hoists. These were all used appropriately and safely with the correct equipment.

A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and moving and assisting needs. The plans were reviewed monthly to ensure they were up to date. These were used in the event of the building needing to be evacuated in an emergency.

People were supported by staff who recognised the signs of potential abuse and knew how to minimise the risk of people who used the service coming to harm. We saw staff received regular training and guidance in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and how to escalate concerns to the registered manager or to external organisations including the local authority, who lead on any safeguarding concerns.

All the staff we spoke with told us that they would be confident reporting any concerns about the safety of people or the behaviour of other staff members. One staff member told us, "I have no concerns, I'd be happy if my relative lived here."

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks assist employers in making safer recruitment decisions. The staff records confirmed these were all in order.

People were living in a safe, well maintained environment. People described how well the service was maintained and our observations supported what we had been told. The provider employed maintenance staff to ensure the premises were well maintained and safe. There were systems in place to ensure any maintenance needed was responded to promptly. We saw records of checks that had been carried out on equipment and the premises. The provider had an infection control policy in place that was available to all care workers and staff. We saw that staff followed hand washing regimes and used protective gloves and aprons when assisting people with personal care.

Good

Is the service effective?

Our findings

People who lived in the home and relatives we spoke with consistently praised the skills of staff working in the service. They were happy with the way in which staff supported them and said staff did everything possible to ensure they were well looked after. The comments in the visitors' book also supported these views.

One person told us, "Staff are so good at what they do and they are very well trained. If there is a new one, they 'shadow' until they are up to speed." Another person said, "The staff are very gentle and not at all rushed. Everything is done properly."

A relative we spoke with told us they felt the staff were well trained and said, "The strength of this home lies in the staff it employs; they are always pleasant and welcoming to us when we visit."

People told us told the food was very good and there was plenty of choice. People said, "The food is excellent and if it's something I don't like then I always have other options. Another person said, "The food is extremely good" and another said, "I love it."

We saw that when staff started working in the service they commenced an induction to ensure they developed the skills and knowledge needed to support people safely. Staff enrolled on the care certificate which is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. One new member of described their initial induction, which had included an orientation into practice used at the service. They told us, "The training has been great. I have had 100 % support from the managers and other staff."

All staff were provided with mandatory training in safe working practices, such as fire safety, moving and handling, and food safety. Training specific to the needs of people living at the home had been undertaken, including dementia awareness, palliative care and the management of actual or potential aggression. One staff member told us, "We get regular refresher training to make sure our skills are up to date."

Staff also told us that there were good communication systems in place at the service. We reviewed the shift handover records which contained detailed information about people who used this service. We were told by staff that there was always a verbal update given at the start and finish of each shift. These systems helped to make sure that staff had the most up to date information about the changing needs of the people they were supporting.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We saw that people were supported to make decisions and choose what they did on a day to day basis. People we spoke with told us they got to make choices, for example about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit and we observed staff gave people information to enable them to make an informed choice.

Staff were all trained in the principles of the MCA. However we found that people's support plans were not always clear about the capacity people had to make their own decisions and where they may need support. We found it difficult to tell what level of capacity people had to make day to day or more complex decisions and whether there maybe time when their capacity fluctuated.

We recommend that the service reviews how it records people's capacity and ability to give consent; to include any support needs people may need to communicate their wishes. Reference should also be made to people's legal status, such as any Mental Health Act section or whether a Lasting Power of Attorney is in place.

People were provided with whatever support they needed to eat and drink well. People's nutritional needs were assessed regularly and there was extensive information in support plans detailing people's nutritional preferences and needs. For example we that one person was at risk of weight loss and malnutrition and the service had detailed person centred information documented. This included advice sought from a dietician, increased frequency of weight monitoring, adding extra calories to food and offering the person their favoured foods. We saw this had been effective and the person had gained weight since admission to the home.

We observed people had continual access to drinks in communal areas and their bedrooms by way of covered jugs and water coolers which we observed staff prompting them with on a frequent basis. The snacks were of a high nutritional quality and homemade, and fresh fruit was readily available to people. Details of people's food preferences were provided to the catering staff and we saw the cook regularly spoke to people about the choice and quality of the food to check if people were satisfied.

People told us they could access the GP if they needed to and that they were supported to see the dentist, chiropodist and optician. We saw close working relationships with health professionals such as speech and language therapy, community psychiatric nurses, dieticians and specialist nurses for tissue viability and Parkinson's disease.

A proactive approach to healthcare needs was used to support people with health issues. From the point of admission to the service people were assessed in relation to their health needs so that care plans could be implemented to ensure they received the monitoring and support they needed. For example by using Waterlow scores (to monitor people's risk of pressure areas) and daily living measures to access people's risk of falls.

A healthcare professional told us, "We have a very good working relationship with the home, they always make appropriate referrals. I feel confident in the staff approach to actions recommended." And another healthcare professionals said, "I feel that the staff are very professional and work well with our team to

achieve the best for patients."

Good

Is the service caring?

Our findings

Everyone we spoke to was very complimentary about the staff who attended them. Comments included, "Well it's as close to home as it can be really. They always ask you what you want," and another person said, "The staff are lovely, they respect my independence and don't try to take over things I can do for myself."

We observed people were comfortable in the company of staff and responded well when engaging with them. There was a calm, relaxed atmosphere and we saw the staff were kind, friendly and respectful. It was evident there were good relationships. One person we spoke with told us, "Staff are truly very kind and caring."

Relatives told us they were satisfied with the care and support provided and that staff had caring attitudes. A relative told us, "There always lots of banter and laughter in the home. Staff always offer you a cup of tea when you come in. My [relative] is always very nicely dressed and presented, with her jewellery, and I know that is very important for [relative]." Another relative told us, "It is a lovely atmosphere. Very friendly, anything you need, nothing's too much bother. When the wider family comes in we have tea in the conservatory and the staff make sure it's all done very nicely."

All staff were trained in the values of person-centred care, with an emphasis on caring for people as individuals with diverse needs. The registered manager said this training encompassed care planning, promoting privacy, dignity and independence and adhering to the person's preferences. They told us standards of care practices were made clear to staff and were checked to ensure they were consistently applied. Expectations included staff being discreet and sensitive in their approaches and when giving personal care, to use tactile communication when this was appropriate and to always explain what they were doing. Staff were also informed about the conduct expected of them in the staff handbook they received and in key policies, such as maintaining confidentiality.

During our visit we observed the staff were caring in the ways they treated people. They spoke politely, adjusting how they communicated with each person, and listened to what they had to say. There were high levels of interaction balanced with giving people space to spend their time as they wished. We observed that staff spent time sitting with people chatting and listening intently to what they had to say. They offered reassurance and diversion to people who lived with a dementia related illness and responded to people's requests. This was done in a way that demonstrated the compassionate, caring and understanding values required by experienced care staff.

We found that staff had a good knowledge of people's needs, for example, we observed one person who experienced frequent periods of distress receive effective and personal centred care from the staff to reduce these episodes from occurring. One person told us, "It's lovely here, I think it's very good, the girls are very nice and attentive, they are never too busy to stop and listen to you"

Staff told us they were designated as keyworkers for people, with particular responsibilities towards the planning and provision of their care. We saw and were told about the methods used to support people in

expressing their views. Easy read information was displayed, such as the day's menu and posters about how to report complaints or safeguarding concerns.

We observed staff worked inclusively with people, offering choices and encouraging them to be involved in everyday life in the home and to go out into the community. We saw staff supported people's self-esteem by assisting them to maintain good standards of personal grooming. People wore clean, co-ordinated clothing and were given support with hairdressing, shaving, manicures and to wear jewellery and accessories. Attention to detail was also reflected in people's care plans. For example, one person's plan for personal care stated '[Name] likes to use discreet napkins to protect clothes' and to add 'some jewellery and make up.' One person told us, "They [staff] help me with my personal care and they are always mindful of maintaining my dignity and privacy."

We observed how staff were mindful of people's privacy, always knocked on doors and waited for an answer before entering the room. Staff described their ways of ensuring privacy and providing dignified care. One staff member told us, "Always ask their permission in relation to personal care and treat the residents as adults." Other staff said they approached people as they, or their parents, would wish to be treated. One new staff member told us, "I love it here. I've worked in other care homes and this is the best at giving people proper care that's not rushed. I come to work to see the people here not just for the money. A lot of staff come in on their days off to do activities." Another staff member told us, "I would have no hesitation in a relative of mine living here."

The majority of staff had been working in the service for many years and people we spoke with told us they felt this had helped to create a strong team. We observed staff interacting with people throughout the day in a happy and cheerful manner. There was frequent laughter between staff and people who used the service and it was clear that staff made a huge amount of effort to provide people with a fulfilling day, no matter what role the staff member held and understood how their role at the service contributed to people's care and wellbeing.

There was information displayed in the home about advocacy services and how to contact them. The registered manager told us people had the involvement of an advocate, where there was no relative involvement. An advocate is an independent worker who can help speak up for people and ensure their rights are promoted.

Good

Is the service responsive?

Our findings

People living in the home told us that it was responsive to their needs and wishes. They said their support was planned to meet their preferences and told us that if they requested changes these were agreed where possible. One person summed it up by saying, "Staff know me so well, they took time to get to know me before I came here. The manager came out and went through everything."

One person said, "There are residents meetings if you want to go to them they send round a form to tell you." Another person said, "I'm a reader me, I have my telly and my papers, my room is full of books, CDs and DVDs. I'm very comfortable and join in sometimes, but generally I please myself. I've no complaints." Another people told us that they really looked forward to the regular entertainment in the home, such as singers and special events.

We observed that staff treated people in a way that was person-centred. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. The home had developed a summary care plan of people's daily routines and important preferences that were kept in each person's room. These were used as a quick reference guide to ensure that each person was treated and responded to in the ways they wished and preferred. For example, one person's plan stated they required 'their meals served on a blue plate to help them see their food' and 'preferred to have their vegetables on a separate plate.'

The home had carried out thorough assessments to establish people's needs. Based on these assessed needs the home then formulated clear and concise care plans that were easy to understand. Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social care professionals. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place. For example, with regard to nutrition, communication, mobility and falls. Evaluations were detailed and included information about peoples' progress and well-being.

People lived in a service where the importance of being supported to use and maintain links with the wider community and to develop and maintain relationships with people was valued. A number of people said that they received short respite breaks initially and that they liked it so much waited until there was a permanent vacancy to move in.

The home had established links with the local community, for example a community garden had been developed in the grounds of the home. A relative told us, "Townspeople come in usually every day to grow vegetables, fruit and flowers and residents enjoyed walking round it and sitting and talking to the gardeners and growing some things themselves. It's one of the ways they have an open door approach and keep people in the home connected with the outside world." The home also had a mini-bus that was used to take people to the local town and trips wider a field.

The activities provided had been discussed at meetings held with people who lived in the home. We saw

that outings had been arranged to local attractions in response to people's requests. Some people had enjoyed a trip to local garden centres and local towns. A weekly activities programme was displayed in the home, showing different activities each morning and afternoon. These had included singers and entertainers. There were also daily activities offered that included reminiscence sessions, exercise, music, card and board games, quizzes, crosswords.

Staff were alert to the impact of social isolation and recorded and reviewed each person's involvement in the activities programme and other pastimes. We saw that activities were planned to take account of people's preferences. One person told us, "There are plenty of activities." Another person said, "There's always something going on that you can join in with if you want."

People told us they had a voice and that they were listened to. They knew what to do if they had any concerns. One person we spoke with told us, "I have never raised an issue but if I had one I would ask to see the manager." Another said, "I usually see the manager most days and they always encourage me to let them know if I have any issues. Everything is sorted out straight away, you never feel awkward bringing anything up." A relative told us, "They [staff] always ask me if I have any concerns. If I did I feel confident they would deal with these." There were accessible and detailed complaints procedures displayed in the home so that people would know how to escalate their concerns if they needed to. There had been one complaint over the past twelve months and when we checked records these had all been resolved to people's satisfaction and in line with the provider's policy and procedures.

Good

Is the service well-led?

Our findings

We found people received good standards of care because the management team led by example and set clear expectations of staff about the standards of care people should receive. People and their relatives told us they felt the service was well-managed. Everyone we spoke with told us that this was a good home and said they would recommend it to other people.

There was a registered manager in post who was supported with the day to day running of the service by team leader. The people told us that the registered manager was accessible, friendly and easy to approach. One person told us that the registered manager was, "Very good and easy to talk to. The manager listens to what I have to say." Staff told us that the registered manager was always available to speak to and talk things through with. One new member of staff told us, "I can speak to any of the seniors and the manager is brilliant. Any issues are sorted out straight away." Ancillary staff we spoke with also told us that they felt valued and well supported.

The home worked in partnership with other professionals to ensure people received a good standard of care and support. We saw detailed evidence of working in partnership with other services such as physiotherapy, community nurses, speech and language therapists and GPs to support people and promote their quality of life.

Health professionals we contacted prior to our visit spoke positively about the management of the service. Comments included, "Their communication is good and concerns raised have always been addressed and followed through." and "The manager and staff at the home are approachable and efficient. I have a very good working relationship with them."

The registered manager and staff spoke passionately about wanting to provide a high standard of care to people. They had clear values about the way care and support should be provided and the service people should receive. Staff told us they all worked together well as a team and supported each other. They said they enjoyed working at the service as they said it was a very warm, friendly and supportive environment. Comments from staff included, "It's the best place I have ever worked, so friendly" and "I've learnt so much since I started. If I need help, I will get help. The manager and all the nurses are very supportive."

The registered manager had good systems for assessing and improving the quality of the service. We saw that they had assessed and increased staffing levels to ensure people received the support they needed. They had also identified improvements they wanted to make to the décor of the home and these were being carried out when we visited the service. At the time of our inspection the registered manager was distributing quality questionnaires to gather people's views. She told us that these would be used to identify further areas where the service could be improved.

People who lived in the home were asked for their views about the service provided. We saw that there were regular meetings where people were asked about their views and for any further improvements that could be made. We saw action had been taken in response to requests from people in the home. The times of the

meetings had been changed in response to feedback from people who lived in the home and activities provided in response to suggestions received. The provider also asked people to complete a questionnaire to share their views of the home. All of the completed questionnaires that we saw were positive about the service provided. A staff member said, "We are encouraged to come forward with any ideas and suggestions to improve things." We saw that the times of the tea trolley had been change so that there was more spacing between meals and snacks which meant people had a better appetite and the times of some activities were changed as a request from the residents group.

The registered provider had effective systems in place to monitor the quality of service being delivered and the running of the home. Audits were carried out periodically throughout the year by the registered manager and the senior management team. The audits included safe medicine administration, infection control, care planning and a whole home audit which looked at all areas within the home. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed. The provider's operations manager carried out regular visits to the home to assess the quality of the care provided. This helped the provider to maintain oversight of the home.

Regular analysis of incidents and accidents took place. The registered manager told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of re-occurrence. For example the home kept a record of people's falls with action taken by staff and advice sought to reduce the reoccurrence.

There was regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held; topics discussed were separated into areas to cover quality issues, reflective practice, culture, policies and procedural updates and person centred care. We saw how the team developed ideas and plans together so that all staff had ownership and were fully engaged in ensuing these changes were put into place.

Registered providers of health and social care services have to notify the Care Quality Commission of important events that happen in their services. The registered manager of the home had informed us of significant events as required. This meant we could check that all appropriate actions had been taken.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.