

Cumbria Nursing Services Limited

Hames Hall Residential

Care Home

Inspection report

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Date of inspection visit:
13 April 2023
18 April 2023

Date of publication:
22 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hames Hall Residential Care Home is a care home providing personal care for up to 25 older people. At the time of our inspection there were 23 people living at the service.

Hames Hall Residential Care Home accommodated people in one adapted building.

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

Whilst people felt safe living at the service and confident in the knowledge that staff were available should they need them, the provider's approach put people's health and safety at risk at times. The provider had not always acted on recommendations made by health and safety experts in a responsive way to keep people safe. We have made a recommendation about this.

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. We made a recommendation about capacity and consent records at the last inspection, which remains ongoing.

People were supported by staff who were familiar with their needs and how to support them. However, details of risks to people were not always robustly recorded. The registered manager made some changes to people's care records following the inspection. The provider had plans to review and update care records to support improvements across the service.

People and their relatives praised the leadership of the service by the registered manager. There were opportunities for people, relatives and staff to provide feedback on the running of the service to support improvements. The provider's quality assurance systems were being developed to help improve high quality care for people. We have made a recommendation about this.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 18 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of Safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hames Hall Residential Care Home on our website at www.cqc.org.uk.

Recommendations

At our last inspection we recommended that the provider reviewed how it recorded people's capacity and ability to give consent. At this inspection we found further work was needed to capacity assessment records. We have made recommendations about health and safety and quality assurance systems.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hames Hall Residential 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 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.

Service and service type

Hames Hall Residential Care Home is a 'care home' without nursing. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on day 1 and announced on day 2.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

The inspection was carried out by conducting a site visit and speaking to staff remotely. We spoke with 9 people who used the service and 4 relatives about their experiences of the care provided. We spoke with 12 staff including the nominated individual, operations director, estates manager, registered manager, deputy manager, senior care staff, care staff, maintenance worker, housekeeper and kitchen staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records. We looked at multiple medicines records. We reviewed 3 staff recruitment records. A range of records relating to the management of the service, including staff training records, accident and incident records, quality assurance checks, health and safety records and a sample of the provider's policies and procedures were also reviewed. We received feedback from 1 social care professional who worked alongside the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

At the last inspection we recommended the provider review how it recorded people's capacity and ability to give consent. Further work was needed to ensure capacity records reflected the specific decision people were being asked to make.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The provider had systems in place to safeguarding people from the risk of abuse, which were understood by staff.
- People felt safe living at the service and knew support was available should they need it. One person told us, "I do feel safe here, it's all a very high standard."

Assessing risk, safety monitoring and management

- People were at increased risk of harm as the provider had not always acted on recommendations from health and safety consultants in a timely way.
- The provider had not taken appropriate steps to minimise fire safety risks within the service. For example, the provider had not acted on all expert recommendations made in a fire risk assessment carried out in April 2021 within the specified timescales. We sought assurances from the nominated individual, who provided dates for when the work would be carried out.
- Risks linked to single-glazed windows and people sustaining injuries from these had not been assessed. The registered manager and provider took action during the inspection to assess these and identify measures needed to manage risks to people's safety.

We recommend that the provider introduces systems to ensure advice from health and safety professionals is followed and details of any action taken is recorded.

- Although staff were knowledgeable about risks to people, this information was not always well recorded in people's care records. This included risks linked to people's diabetes or emotional/ behavioural needs.
- Where people required specialist air flow mattresses to protect their skin against pressure sores, information on the settings the mattresses should be at was not always recorded. The registered manager sought advice from health care professionals and recorded this information following the inspection.
- Staff informed people about risks to their safety and had a person-centred approach to managing this. For example, staff knew when one person was at increased risk of falls and spent time chatting with them on these occasions to reduce this risk.

Using medicines safely

- Staff managed people's medicines safely and consistently because they had the necessary training and skills to do this.
- Staff followed good practice guidance and took time to explain to people what their medicines were for.
- The service worked effectively in partnership with GP and pharmacy services to ensure people received the medicines needed to meet their health needs. They worked together to monitor and review people's medicines.
- Although staff administering medicines were able to describe how they administered medicines at specific times, people's Medicines Administration Records (MARs) did not always record this information. The registered manager advised they would update the MAR charts.
- Some people living at the service had been identified as needing their medicines to be given covertly to support them to take these medicines. Details of how staff should administer these medicines was not always in place. The registered manager worked with health professionals to address this during the inspection.

Staffing and recruitment

- There were enough staff to ensure people received support from staff when they needed it.
- The registered manager used a dependency tool to determine staffing levels needed at the service to meet people's care and support needs. This was regularly reviewed.
- People told us staff were responsive, although at times they were busy this did not affect their care. Comments from people included, "It is very good here, they need more staff but they always look after you, they don't leave you" and "The staff are very good but they could do with a few more of them, especially at night."
- Staff were recruited following a safe recruitment process to help ensure they were suitable for working in the service.
- Gaps in staff employment histories and attempts by the registered manager to follow up references were not always documented. The registered manager agreed to make improvements to address this for the future.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were somewhat assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Cleanliness was well maintained across the service to keep people safe and prevent the spread of infection. This included the kitchen, which had retained a very good food hygiene rating. Relatives praised the standards of cleanliness, one relative told us, "The home is always clean and fresh. No odours can be detected."

Visiting in care homes

- The provider followed current visiting guidance to support visitors to see people at the service.
- Visitors were able to visit at the time of their choosing. One relative said, "I can come when it suits us, they've kept me informed about the visiting arrangements."

Learning lessons when things go wrong

- Openness and transparency about safety was encouraged by the registered manager.
- Staff knew how to respond if people experienced accidents or incidents, including falls. Investigations were carried out by the registered manager to understand these events and prevent re-occurrences.
- The registered manager reviewed accidents and incidents with staff to identify any themes or patterns to learn from these events and consider any improvements needed.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider had systems in place to support oversight and monitoring at the service. However, these were not always robust and had not always prioritised or identified issues we found on inspection, for example, health and safety recommendations.
- Changes were being made to the provider's quality assurance system to improve them. These changes had yet to be embedded.
- People's care records were not always dated and did not always give a clear picture of people's current needs. The registered manager reviewed care records during the inspection. The provider had plans to move to an electronic care record system to support further improvements.
- The registered manager and provider were responsive to feedback throughout the inspection.
- The registered manager was highly respected by their staff team, people, relatives and other professionals. One social care professional said, "The registered manager is very compassionate about the care people receive, they lead by example and act as a role model in order to achieve consistency and the best possible outcomes for people."
- Staff had opportunities to do further training and develop specialist knowledge. One senior care worker told us about a dementia course they were doing, they told us, "It really is a brilliant course, I can understand about people's pain and unmet needs."

We recommend the provider reviews their quality assurance systems to monitor and drive improvement in the service.

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

- The service had a warm, welcoming atmosphere. Staff were committed to providing people with person-centred care. One care worker told us, "People are well looked after, we treat them like they are our own."
- People and their relatives consistently praised the care and support from the staff team. One relative said, "It's marvellous, everyone is so helpful and kind. The staff are so welcoming, I think there's a lot of very very genuinely nice staff that work here."

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 understood their role regarding duty of candour and provided an apology and explanation when things went wrong.
- The registered manager reported accidents and incidents as required, maintaining an open, transparent culture.

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

- People had opportunities to provide feedback on the service and how it was running.
- The registered manager spent time speaking to people one to one to see how they were and discuss any concerns or suggestions. One person said, "I speak to the registered manager a lot and they are very good about letting me know about things. I have no worries at all."
- People told us any feedback they gave was listened to and responded to. For example, one person told us, "I do go to the resident's meetings, I went last time and said about going out into the garden and one of the care staff came to me afterwards and said, 'I'll take you out into the garden', so they actions that."
- Staff were able to make suggestions to inform changes at the service. One care worker said, "I would be able to give any feedback or raise any suggestions to supervisors or the registered manager."
- Relatives were involved in people's care and informed of any changes to their family member's needs. One relative told us, "They communicate really well, which is so reassuring."

Working in partnership with others

- People were referred to health and social care professionals where advice or support was needed.
- The service had established relationships with a range of professionals to provide people with joined up care.