

## Avery Homes Newcastle UL Limited

# Hempstalls Hall Care Home

### Inspection report

Hempstalls Lane  
Newcastle Under Lyme  
Staffordshire  
ST5 9NR

Tel: 01782349320

Website: [www.averyhealthcare.co.uk/care-homes/staffordshire/newcastle-under-lyme/hempstalls-hall](http://www.averyhealthcare.co.uk/care-homes/staffordshire/newcastle-under-lyme/hempstalls-hall)

Date of inspection visit:

18 June 2019

19 June 2019

Date of publication:

18 July 2019

### 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

### About the service

Hempstalls Hall Care Home is a residential care home providing personal care to 38 people aged 65 and over at the time of the inspection. Hempstalls Hall Care Home accommodates 40 people across two floors, the top floor providing care to people living with dementia.

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

The home was very welcoming and homely. People were supported by a staff team that knew them exceptionally well and were kind and caring. People told us they enjoyed living there and felt safe. We saw people were treated with dignity and respect by trained staff.

Staff knew how to recognise and report signs of abuse and were confident issues raised would be dealt with appropriately. Risk assessments were in place for people and were reviewed and updated. Medicines were effectively managed and administered safely and protocols were in place.

People had personalised care plans which provided staff with information to support people living in the home which detailed people's preferences which staff followed, reviewed and updated, liaising with other departments when necessary.

Accidents and incidents were effectively monitored to identify and address any patterns or themes. Lessons were learnt, and systems were improved, and staff were kept informed. Systems were in place to manage infection control.

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 home supported this practice.

People could choose where they wanted to spend their time and had access to both floors and a garden area. People were supported and encouraged to maintain their independence as far as possible and were given the freedom to make their own choices.

Staff had good relationships with external agencies which supported people to live a healthy life. People had their dietary needs assessed and regular consultation was carried out with people to ensure they continued to eat food they enjoyed.

People were not isolated, and staff encouraged people to be involved in activities both within the home and on day trips. Staff were able to have meaningful conversations with people as they had a clear understanding of people's hobbies and interests.

The provider had a complaints system which was accessible to people, relatives and visitors and the

registered manager was accessible and open with their response.

The provider was aware of their responsibilities and had robust systems in place to continually monitor the home and to identify where improvements could be made.

There was a positive staff culture in the home which promoted a positive atmosphere for people who lived there.

The home had excellent links with the local community and strived to continue to grow links, which gave people a sense of belonging making them feel they were part of the wider community.

Statutory notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

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

Rating at last inspection

The last rating for this service was Good (published 20 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Hempstalls Hall Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hempstalls Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with eleven people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the, registered manager, senior care worker, care

workers, the activities worker and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home and were protected from the risk of abuse. One person said, "I feel very safe here, there is always someone there if you need them. I am very happy here, I have mates here." Another person said, "I've no problem with this place. They do everything for you and at night [staff] help me, I don't like getting ready for bed on my own now, I'm a bit nervous now."
- Relatives could be assured their family members were protected from abuse or harm.
- Staff had completed training in safeguarding people from harm and abuse. Staff we spoke to were clear of their responsibilities in reporting concerns.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments which supported staff to promote people's safety.
- Staff we spoke with understood people's risks and how to support them safely. One staff member said, "Everything is in the care plans, there are risk assessments for everything. I have worked here for such a long time I know the residents really well."
- We observed people being supported safely when using equipment; such as hoists and saw staff gently talking to people in the process and ensured people were covered appropriately.
- Emergency plans were in place to ensure people were supported in the event of an emergency including how to get people out of the building safely in the event of a fire. The registered manager said, "Every Thursday the seniors are given a form and they have to put if a person's mobility has changed and colour code it on the zone maps, there are also colour codes on the corner of residents bedrooms doors, which are also checked every Thursday."
- A range of safety checks were carried out on the environment and equipment used within the home.

Staffing and recruitment

- There were enough staff to ensure people's needs were met safely.
- People and relatives, we spoke to said there were enough staff. One person said, "There is always someone about and we just call them. I don't have to wait long at all."
- Staff were safely recruited, and appropriate checks were carried out, such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

### Using medicines safely

- Clear guidelines, procedures and protocols were in place to ensure people received their medicines as prescribed.
- Staff had received training in the safe administration of medicines and their competency was observed.
- People told us they received their medication as prescribed and medication reviews were carried out.
- Medication was stored securely, and audits were carried out.

### Preventing and controlling infection

- The home was clean and odour free and each person's room underwent a regular deep clean.
- Staff were knowledgeable in how to prevent the risk of infection and followed the correct procedures.
- People told us staff wore personal protective equipment. (PPE) One person said, "Anything [staff] do in your room they put gloves on and serving food they put on aprons."
- The service had received a five-star rating from the Food Standards Agency (FSA) meaning the service had good food hygiene.

### Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed by the registered manager.
- Information was shared with staff during handovers to ensure incidents were reduced from reoccurring and systems were improved.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed prior to them moving into the home. Assessments covered people's health and support needs, social needs, their life history preferences, hobbies and interests.
- Care plans were detailed for each person which gave staff clear guidance on how to meet people's needs and preferences.
- People's overall wellbeing was regular monitored and recorded, taking into account their physical, psychological and social aspects.
- The registered manager told us how people and relatives are involved in the pre-assessment, care planning and reviewing of care records.

Staff support: induction, training, skills and experience

- Staff received an induction into the home when they first started which included observations of staff supporting people. This ensured staff were confident and competent before they commenced lone working with people.
- People were supported by staff who had received training relevant to their roles. A staff member told us, "I have had loads of training; the training is really good."
- Staff had their practice observed to ensure they were delivering effective care and support.
- People told us they felt the staff were experienced in their work, one person said, "Yes, when [staff] are new they have to do training days."

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

- We saw people's dietary needs were detailed in their care plans and staff were able to tell us what people's needs were.
- Kitchen staff had attended appropriate training, such as; 'modified diets' which supported them in catering for people dietary needs.
- Advice was sought from health professionals such as Speech and Language Therapists (SALT) to ensure people were supported effectively to reduce risks, such as choking.
- The dining experience was positive and calming and people were supported and given choices in a calm and unhurried way. People were offered second helpings and could choose from a range of drinks with their meals, which included soft drinks, sherry or wine should they prefer.

- People were consulted with to establish their preference of food and kitchen staff were made aware of any changes to people's dietary needs.
- People told us they enjoyed the food and there was a variety of choice, one person said, "The food is good, the meat is always tender too."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a wide range of health services, which was clearly documented in care plans. One person told us how they saw the chiropodist every six weeks.
- Records showed us people received regular health checks, such as; weight monitoring. If a person had started to lose weight staff would inform the kitchen staff so a higher calorie meal could be provided.
- The home had a mini bus and the registered manager told us how they supported people to hospital appointments which put people at ease as they were travelling with people they knew.

Adapting service, design, decoration to meet people's needs

- The home was spacious for people to freely move around and hand rails were in place to support people with their mobility, allowing people to be independent in getting around the home.
- Each person had their own bedroom which they could personalise with their own belongings should they wish.
- People had personal life story boards and memory boxes available to them, which were used as talking points particularly for those with memory loss.
- People could access the first floor by using the stairs or lift.
- People could access the coffee shop situated on the first floor and we saw people could take their visitors there and help themselves to refreshments.
- People had access to a welcoming and peaceful garden area and we saw people sitting on benches and chatting to one another or just walking around as part of their daily routine.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions had been considered and mental capacity assessments had been completed for all aspects of the person's care. This was documented in people's care plans.
- The registered manager and staff had a clear understanding of the MCA principles. Staff told us if they were concerned about the deterioration of a person's mental health they would inform the senior care staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. One relative said, "Staff are always lovely and if I need anything the carers are always on hand, they are lovely, efficient." One person said, "[Staff] are very pleasant, we all get on very well together, we get to know each other."
- There was positive interaction between, staff, people and visitors. We saw staff took time to speak to people in a caring and compassionate way.
- Staff knew people well and could tell us how people had their different preferences, one staff member said, "I do know them well, people have their own routines, like [person] for example, they like to wear a headband when having a shower so their hair does not get wet, and [person] who like you to put your feet up to theirs so they can use them to push themselves into the chair."
- People were made to feel welcome to the home and new admissions were presented with a welcome card, flowers or chocolates in their room upon arrival.

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

- People told us they were actively involved in making daily decisions about their care. One person said, "Yes, I choose my own clothes, it is like being at home really."
- We saw people were supported to express their views and make decisions for themselves. For example, one person was showing signs of distress and a staff member calmly approached them asking if they could help and asked the person what they would like to do and if they would like to go somewhere.
- Staff understood the importance of giving people choice, one staff member said, "Giving people choice and understanding their preferences is really important, for example if someone wishes to get up when they want to or eat their breakfast in their room then they can, it is about giving them choice. Some residents like to play dominoes and go to the pub."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. Throughout the day we observed staff support people whilst maintaining people's dignity, for example, ensuring ladies legs were covered when being hoisted, knocking on doors before entering people's rooms and asking people's consent prior to carrying a care activity.
- Staff understood the importance of respecting people's privacy, dignity and maintaining their independence. One staff member said, "You know how you would want to be treated yourself, keeping the

door closed when carrying out personal care, always using a towel to keep people covered so they are not just sat there when they are having a wash. As for independence you are there to help people, but you let them do what they can do themselves and you help with areas where they are struggling with."

- People had made many positive friendships, one person told us how they had friends in the home and how they all sat together during meal times and chatted.
- One staff member said, "We had 'Dignity Day' everyone had a photo of themselves, including the staff and they all had to write down what dignity meant to them. When they had done that they hung it on a tree. This further raised awareness to staff about people's preferences individual needs."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people's needs were met through good organisation and delivery.

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

- People had detailed pre-admission assessments completed prior moving into the home which took into account their wishes and preferences, and relatives were consulted where appropriate.
- Care plans were detailed which gave staff knowledge in relation to what people could do for themselves and what they needed support with.
  - Care plans detailed people's preferences, interests and hobbies. For example, we saw a person liked to have a cup of tea before going to bed and that they liked to sleep with two pillows and preferred to have a duvet opposed to blankets.
- People told us they could choose where they wanted to spend their time and when they wished to get up and go to bed and when they wanted a bath or shower.
- The home operated resident of the day, this ensured that all people who lived in the home were spoken to from every department, including, the kitchen staff, activities and the maintenance department in order people to gain their feedback and to establish if their preferences had changed.

Meeting people's communication needs

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

- Staff were supportive of people's communication needs and would accommodate people where possible. One person said, "I cannot see that well anymore, the lady on the desk brings me my post and she will read it to me if I want her to. My reading glasses are not much use now." We observed one person using 'Alexa' to operate their television.
- The registered manager said, "We have library books that are in large prints for residents. We can also get other materials printed in larger print. We can contact head office to get other resources and vision call come in regularly to do eye tests."

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

- People had social activity assessments which detailed their preferences and what they liked and disliked, their plans included what they could do for themselves and what they needed support with.
- The home had a wide range of daily activities for people to participate in should they wish to, and each

person had a monthly activity timetable in their room.

- All of the activities offered an element of physical, psychological and social interaction. For example, exercise to music, social time in the garden, crafts, and days out. One staff member said, "I am proud of a lot, people have fulfilled lives and we let them carry on with the activities they have enjoyed. If people like walking we go to places in the community, we have got to fulfil their needs"
- People were consulted with on a regular basis and were given a choice to where they would like to go for their outings. For example, the local pub, theatre or for walks in the local area. One staff member said, "I am here to make a difference and to make the residents have a fulfilled life. We always ask them what they would like to do and if a trip is cancelled due to the weather we will do an alternative activity. You can't always please everyone, but we do try and make sure everyone has some sort of pleasing. We monitor who has been out. I am always open to suggestions."
- People were supported with their religious beliefs and supported to attend local churches and different faiths were invited into the home in order for people to continue practicing the faith of their choice.
- People were encouraged to maintain relationships. One staff member said, "We did have a resident who was in a relationship with someone that lived in another care home and we used to take them to visit."

Improving care quality in response to complaints or concerns

- There had not been any formal complaints received at the time of the inspection. The provider had systems in place to investigate and monitor complaints.
- People living in the home and their relatives were aware of how to make a complaint.
- People and relatives we spoke to knew the registered manager and felt they could approach them with any concerns.
- The home had a suggestion box situated in the reception area, where people, relatives and visitor could make suggestions about the home or care.

End of life care and support

- The home supported people at the end of life with compassion and empathy. One staff member said, "People at end of life will have one to one time, and I will give them a hand massages and if they cannot communicate you can see it in their face or their eyes if they are enjoying it."
- The registered manager was aware of the importance of ensuring people were supported appropriately during this time in their lives and ensure that people's end of life wishes was considered and record in their care plans.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

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

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

- The registered manager told us how people who were considering moving into the home were able to have a trial stay which allowed them the opportunity to establish if they felt comfortable before committing to a permanent move.
- The registered manager and provider valued and recognised the commitment, passion and reliability of the staff team. This was done by celebrating employee of the month, where their hard work and passion was rewarded with a voucher and certificate. The provider also celebrated the staff teams within the organisation through annual award ceremonies, and two employees per month would have a surprise visit from the managing director and presented with a bonus.
- Staff felt they were supported by the registered manager and told us they were approachable and could raise concerns knowing they would be dealt with efficiently. The registered manager stated they felt valued and supported by the provider.
- The registered manager operated an open-door policy. The registered manager said, "I am open and honest, I promote that to the staff. They are open and honest with the families. We promote the person-centred approach and I ensure people have detailed care plans and that staff are following them. We also make sure they are reviewed as people's preferences can change."

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 had informed professionals such as the local authority safeguarding team when concerns had been raised. They had also informed people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The registered manager demonstrated a commitment to ensuring a high quality and safe service was delivered within the home.

- The registered manager had systems in place to monitor the quality and safety of the service. Weekly and monthly audits had been carried out, including, people's care plans, medicine records, and records related to the safety of the building. Records showed where issues had been identified action had been taken.
- The registered manager understood their legal requirement for notifying Care Quality Commission of deaths, incidents and injuries that occurred of affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

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

- People told us staff were attentive which made them feel valued. We observed staff seeking people's views about what they wanted to do.
- There were regular resident, relatives and staff meetings where everyone's views and suggestions were encouraged. Suggestions were considered, and changes took place. For example, changes were made to the menus and activities based on the feedback people and relatives shared during the meetings.
- People and staff told us Hempstalls Hall was a good place to live and work and they were given the opportunity to complete annual surveys. Relatives told us they received emails.
- The provider had a closed social media platform which allowed relatives to see what had been taking place within the home, which offered reassurance to them. One relative said, "I am on Facebook and [relative] often pops up on it and we know exactly what they have been up to, so that's good."
- The home produced newsletters which exhibited events that had taken place.
- The home had strong links with the local community. For example, local schools visited the home as well as local religious faiths.

Continuous learning and improving care

- Staff received regular supervision and had competency assessments where their practice was observed.
- The registered manager was extremely proactive in listening to feedback and had a clear vision in how the home could continue to improve.
- The registered manager worked closely with the regional manager and regular quality meetings took place where detailed actions were recorded and monitored.
- Staff told us they would openly discuss how the home could continue to improve, one staff member said, "We will talk about how things could get better at the staff meetings."

Working in partnership with others

- The home worked well in partnership with other agencies, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.
- The home worked with health and social care professionals in line with people's specific needs. Staff described a good working relationship with external professionals.