

York Heritage (The Hall Thornton le Dale) Limited

The Hall Residential Home

Inspection report

Chestnut Avenue
Thornton Le Dale
Pickering
North Yorkshire
YO18 7RR

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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

About the service

The Hall is a residential care home providing personal care to 47 people aged 65 and over who may be living with dementia in one adapted building. At the time of this inspection 39 people were living at the service.

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

People told us they were happy and felt staff had a good understanding of their care and support needs. Support was delivered in a safe way by a consistent team of staff who had the skills, knowledge and relevant training to support people. Management encouraged staff to continuously develop their skills.

Medicine support was delivered in a safe way. Safeguarding concerns had been referred to the local authority when required. Risks to people were considered and any accidents and incidents were monitored and recorded.

People were treated with dignity and respect and their independence was promoted. Staff understood the importance of social interaction and this was encouraged. People had opportunities to take part in stimulating and enjoyable activities. Consideration was given to people's specific interests and how participation within the local community could be encouraged.

Staff spent time getting to know people and their life histories. They understood the importance of this which stimulated meaningful conversations and activities. Care plans contained some person-centred information. However, plans were in place for more information to be added to make sure they were completely person-centred.

Staff communicated with relevant professionals to ensure people received the healthcare support they required. People were provided with a variety of meals which they told us they enjoyed.

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 supported this practice. People were involved in decisions and their choices were respected. Information was presented in a way people could understand. Deprivation of liberty renewals had not always been submitted in a timely manner. This was addressed during the inspection.

People and staff spoke positively of the management team. The service was well-run by a registered manager who was passionate about ensuring people received the support they required and engaged with the community. Regular feedback on the service provided was requested from people and relatives.

Electronic systems meant the provider could regularly monitor the service provided. However some records could be developed further to drive improvements.

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

Rating at last inspection and update

The last rating for this service was good (report published 26 April 2017)

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 ●

The Hall Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an 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

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

The service had a manager registered with CQC. 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 sought feedback from the local authority and professionals who worked with the service. We used all of this information to plan our 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

During the inspection, we spoke with five people who used the service and four relatives. We spoke with six

members of staff, which included care staff, the cook, the deputy manager and the registered manager. We also spoke with four visiting professionals.

We viewed a range of documents and records. This included two people's care records and five medication records. We looked at two staff recruitment and induction files, two staff training and supervision files and a selection of records used to monitor the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to ensure any safeguarding concerns were appropriately recorded and responded to.
- Staff understood how to respond and report any safeguarding concerns. They had received regular training and demonstrated an awareness of their responsibilities.
- People told us they felt safe. One person said, "Oh yes I feel safe here. I think it is because we are so well looked after."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to identify and reduce risks to people.
- Regular reviews of risk assessments, to ensure they remained up to date, were completed.
- All equipment had been serviced at required intervals. Consideration had been given to people's needs and the support they would require in the event of an emergency.
- Accidents and incidents had been recorded. A system was in place to monitor accidents and incidents and identify any patterns or trends.

Staffing and recruitment

- Safe recruitment processes were in place and followed. All appropriate pre-employment checks had been completed prior to employment commencing.
- There was enough staff on duty to provide the support people needed. Staffing levels were reviewed on a regular basis.
- People confirmed there was enough staff. Comments included, "I think there is enough staff. There always seems to be enough around" and "Staff are busy but always have time for a chat. I can't complain about staff."

Using medicines safely

- Medicines were stored, administered and recorded appropriately.
- People told us they received their medicines on time.
- Staff had received appropriate medicines training and their competencies were assessed.

Preventing and controlling infection

- Good infection control practices were in place and followed.
- The service was clean and tidy throughout. Domestic staff were visible throughout the inspection.
- Infection control audits were completed by senior management to ensure standards were maintained.

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. 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

- The service ensured they could meet people's needs. Pre-admission assessments were completed by a competent member of staff before a person was admitted to the service.
- People were involved in making every day decisions and choices about how they wanted to live their lives.
- Staff continuously assessed people's needs and choices. Good communication between staff and people ensured these needs and choices were met.

Staff support: induction, training, skills and experience

- Staff had the appropriate training, knowledge and support from management to ensure they had the required skills and followed best practice guidance.
- New staff received an induction. This ensured they were familiar with the provider's policies and procedures, the environment and people they would be supporting.
- Staff received appropriate support from the management team. One staff member said, "I have regular meetings with my line manager and feel I can go to them whenever I have any concerns or problems. I do feel well supported."

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

- People were supported to ensure they ate and drank enough.
- People were provided with a variety of meals and refreshments throughout the day which were adapted to meet people's preferences and dietary requirements. One person said, "The food is very good, and we are encouraged to speak up if we are not happy."
- People's weights were monitored and recorded. Action had been taken when any concerns were identified.

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

- When people required support from healthcare professionals this was arranged, and staff followed guidance provided by such professionals. People had received support to maintain their health with regular access to GP's, dentists and other services.
- Care plans showed advice from professionals was acted upon. Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.
- Staff were kept informed of any changes to people's health and wellbeing through handover meetings and communication diaries.

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

- The service was adapted to meet people's needs. Easy read signage was in place to promote independence.
- People's bedrooms were personalised to their own tastes.
- People had access to ample outdoor space. Consideration had been given to people's hobbies and interests. For example, bird feeders and planting areas had been created for people to enjoy.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager had made appropriate applications to deprive people of their liberty lawfully. Timely action had not always been taken when authorisations had expired. The registered manager took immediate action to address this.
- Where people lacked capacity to make decisions, appropriate processes had been followed to ensure any decisions were made in the persons best interests.
- Where appropriate, people signed their care records to document that they consented to the support staff provided.

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. 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

- Staff were attentive to people's needs. There was a relaxed atmosphere; positive, caring relationships existed between people and staff.
- People told us they were all treated equally and felt there was no discrimination from staff.
- People told us they were supported by a consistent team of staff. One person said, "Staff know me very well."
- Staff demonstrated a friendly approach which showed consideration for their individual needs. They communicated with people in a caring and compassionate way. They gave time for people to respond and responded to people's requests in a timely manner.
- People were supported in a homely environment where visitors were welcomed. We observed staff welcoming relatives and taking time to speak with them. One relative said, "Staff are brilliant and treat my relative with respect. I can relax now knowing they were here getting the care and support they need."

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

- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.
- People were involved in discussions regarding how they wished their care and support to be delivered.
- Staff supported people to make decisions about their care. Private spaces were available, so people could speak openly with staff in a confidential environment.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect. People we spoke with confirmed this.
- The registered manager and staff showed genuine concern for people who used the service and were keen to ensure people's rights were upheld and they were not discriminated against.
- Staff respected people's privacy and dignity and understood people's abilities which were promoted.
- Staff ensured any obstacles due to mobility or health needs were addressed to allow people to remain as independent as possible. For example, sourcing equipment to aid mobility. A relative told us, "Staff understand what [person's name] can and can't do."
- People were encouraged to maintain relationships and build new friendships. Staff ensured people and any visitors were included in activities and general discussions.
- Relatives and friends were welcomed to the service. One relative said, "I am always made to feel very

welcome."

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. 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 were supported in line with their wishes and preferences. Staff were knowledgeable about people's personal routines.
- Care plans contained detailed information about people's interests and personal preferences. However, some of the care plans lacked information. The registered manager explained this was due to the new electronic care plan system and not all person-centred information had been added. This work was on-going.
- Staff were responsive to people's needs. One person said, "Staff know me very well indeed. I cannot criticise any of them."

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.

- The provider and registered manager were aware of AIS.
- Communication care plans were in place which detailed how best to communicate with people.
- Information was available to people in large print and easy read if needed. Audio books were made readily available to people.

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

- There was a wide variety of activities on offer to suit people's preferences and abilities.
- Activities were planned to increase social interaction with people and the community, to encourage people to build their friendship circles. Christmas lunches for all the community as well as regular visits from a local children's nursery took place.
- People were regularly supported to access events in the local community. Staff encouraged people to participate in community events held by local charities and community hubs.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any concerns or complaints. One person told us, "I am not backwards in coming forwards, I would let the manager know if I wasn't happy."
- When complaints had been raised these had been thoroughly investigated and responded to appropriately. Acknowledgement letters had not always been submitted within timescales stated in the

providers policy. The provider took action to address this.

End of life care and support

- People's end of life wishes had been discussed with them.
- End of life care plans were in place. These only contained basic information, such as where the person would prefer to spend their final days. They did not explore peoples cultural or spiritual needs. Work was ongoing to improve the person-centred information within these 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. 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

- Quality assurance systems were in place to monitor and improve the service provided. These could be further adapted to capture all aspects of the service. For example, when DoLS are due to expire and ensuring the electronic care plans systems contains detailed person-centred information.
- Action plans were generated, and timely action had been taken whenever shortfalls were found.
- The provider visited the service on a regular basis and was familiar with people and their care needs. The provider used the electronic system to monitor the services performance.
- The registered manager was aware of their role and responsibilities and kept up to date with best practice. They had submitted notifications to CQC as required.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Regular meetings took place to ensure all staff understood their job description and what was expected of them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- People, relatives and staff spoke positively about the registered managers approach and commitment to the service. One person said, "This place is well run and I never have any problems. They are a very good manager."
- People and relatives were actively involved in the service. Resident and relatives' meetings took place where they could share their views, provide feedback and any ideas to improve the service. Relative were encouraged to attend events and activities held within the service and in the community.
- The registered manager engaged with everyone using the service and those relatives and professionals involved to ensure the service provided person-centred, high-quality care. People felt listened to and their views were acted on
- The registered manager understood requirements in relation to the duty of candour.

Working in partnership with others

- The registered manager continued to build their leadership skills by working with other managers responsible for the provider's other locations, driving forward improvements and sharing best practice.
- Staff had developed good partnership working with other professionals and services.

- The registered manager recognised the importance of community involvement and the positive impact this has on people.