Ideal Carehomes (Number One) Limited

Hambleton Grange

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Hambleton Grange is a residential care home that was providing personal care for up to 50 people aged 65 and over including people living with dementia. At the time of the inspection there were 32 people living at the service.

People's experience of using this service: The provider had worked to make significant improvements following the last inspection. There was a culture of continuous learning and improvement. The registered manager and provider completed quality and safety checks across the service. Improvements were being made to records and audit systems. These changes had not had time to be embedded.

The service was embedded in the local community and had built links with various organisations in the Thirsk area.

People felt safe living in the service and able to request help. Systems were in place to identify risks to people and support their safety. The provider was making improvements to medicines systems and embedding these.

People could move freely around the home and had access to quiet spaces and a secure outside area. People's care was coordinated effectively amongst the staff team and other professionals, including health services.

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

People were treated with dignity and respect. Staff supported their emotional needs. Care was provided at people's pace. People were encouraged to be independent with aspects of their care.

The lifestyle manager gathered information about people's life histories and interests to support the delivery of person-centred care.

People knew how to provide feedback on the service. Complaints were addressed appropriately by the registered manager.

The provider was working to improve end of life care planning. Relatives gave positive feedback on how they had been supported during this life stage of their family members.

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

Rating at last inspection: At the last inspection the service was rated requires improvement (published 02 March 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Hambleton Grange

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors and an Expert by Experience carried out day one of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had expertise in dementia and older people's care. Two inspectors visited the service on day two.

Service and service type: Hambleton Grange is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

Hambleton Grange is a modern purpose-built care home across three floors. The ground and top floors were for people with residential care needs. The middle floor was for people who were living with more advanced dementia. There were various lounges for people to spend time together, including quiet lounges. The service had a hairdresser and a shop. A 'pop-up café' was held each month with different types of cuisine.

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: Day one of the inspection was unannounced. We told the provider we would visit on the second day.

What we did: Before the inspection we reviewed the information we had received about the service since the last inspection. This included details of incidents the provider must notify us about, such as serious injuries. We reviewed the Provider Information Return (PIR). The PIR is information we require providers to send to us to give us key information about the service, what the service does well and improvements they plan to

make. We contacted Healthwatch England and the local authority commissioning and safeguarding teams. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection we reviewed a range of records. This included accident and incident reports and quality assurance checks by the registered manager and provider. We looked at the care records of eight people and nine medication records. We viewed three staff recruitment and supervision records.

We spoke with six people who used the service and four relatives. We spoke with 10 care workers, the care manager, registered manager, lifestyle manager and provider.

We used the Short Observation 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.

Various policies and procedures developed and implemented by the provider were seen during and following the inspection.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection we identified a breach of regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the breach of regulation had been met.

Using medicines safely.
- Staff explained information to people about their medicines and visits from health professionals in an accessible way.
- Staff were knowledgeable about variable dose medicines. Staff administering medicines completed annual training and competency checks to support the safe use of medicines.
- Medication support plans identified the level of assistance people needed to take their medicines.
- The provider was doing ongoing work to improve and embed medicine systems, including 'as and when required' records and medicine audits.

Assessing risk, safety monitoring and management.
- People felt safe and said their property was safe. People were able to request support using their call bells. The provider monitored how quickly these were responded to.
- Health and safety checks were completed and any issues addressed. The provider had developed a new system to improve the frequency and recording of these checks.
- Regular fire drills were conducted and recorded. Personal emergency evacuation plans recorded the support people required should they need to leave the building in an emergency.
- Staff had access to people's electronic care records, including information about people's safety and risks. The system alerted staff to key care tasks to help them prioritise support.
- Risk assessments were used to identify particular safety concerns for people and guide staff in how to reduce the likelihood of these occurring. Details of risks were well documented throughout people's care plans to show how this was monitored and reviewed.
- Care plans detailed people's health conditions and how these affected them.
- Behaviour care plans were in place for people with behaviours that could challenge the service. These contained information to help staff identify behaviours, triggers and how to support the person.

Staffing and recruitment.
- People told us there were generally enough staff available, although at times it was difficult to find staff and they had had to wait for support.
- Staff were not always deployed effectively on day one of the inspection. The provider took action to address this and improvements were seen on day two.
- Safe recruitment processes were followed.

● The provider used agency staff to ensure sufficient staffing levels were maintained. The provider did not always obtain full agency profiles containing information about the agency staff prior to them working at the service. The management team provided us with this information after the inspection.
● Agency staff received an induction to help them familiarise themselves with the service.

Systems and processes to safeguard people from the risk of abuse.
● Staff treated people's safety as a priority. Staff were aware of safeguarding and whistleblowing and how to raise concerns should they witness any abuse or poor practice.
● The provider raised safeguarding concerns when appropriate and tracked how these progressed to consider any areas for future learning.

Learning lessons when things go wrong.
● When accidents and incidents occurred, action was taken to support people's safety and review their care. This included referring people for specialist falls support when needed.
● Accidents and incidents were analysed on a monthly basis by management and the provider. Trends and patterns were not always being looked at to consider wider learning and improvements. The care manager advised this would be reviewed.
● Individual and group supervisions were used to share learning with the staff team.

Preventing and controlling infection.
● The service was clean and free of malodours. People told us the overall cleanliness was of a good standard.
● Staff had access to personal protective equipment throughout the care home, such as gloves and aprons.
● Staff checked the temperature of hot food to support food safety and hygiene practices.

Good

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.

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; Staff working with other agencies to provide consistent, effective, timely care.

- People's care needs were assessed prior to them moving into the service. This helped staff understand people's support needs and ensure these could be met.
- Relatives were kept informed of how their family members were, and any changes in their needs.
- The registered manager identified when people's needs could no-longer be met by the service. For example, when people required nursing care. They worked with people's representatives and relevant professionals to support their transition to other services.
- Handovers took place twice daily to share information amongst the staff team. One member of staff said, "Handovers are informative and definitely useful, we get good information about what has happened."
- The management team held daily 'flash meetings' to consider the overall running of the home and update people's care records if needed .

Staff support: induction, training, skills and experience.

- People were confident staff were sufficiently skilled to support them.
- Staff were satisfied with the training opportunities they had. The provider identified training staff were expected to complete and when this should be renewed. This included dementia awareness and health and safety training.
- New staff followed a set induction programme combining training in areas such as first aid and moving and handling with shadowing opportunities.
- Staff received two monthly supervisions as a minimum to support their learning and development. Staff had an annual appraisal to reflect on their performance. Staff were praised for their achievements.

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

- People were satisfied with their meals. They enjoyed their meal time experiences, which were provided at a gentle, relaxed pace.
- Staff knew people's food and drink preferences and any special dietary requirements.
- Alternative options for meals or snacks were available. A relative said, "They always have a great selection, if someone doesn't fancy something staff will go out of their way to offer something different."
- Dementia friendly approaches were not always followed at mealtimes. People were not always reminded of their meal choices or given visual aids to see what the meals looked like. The registered manager advised pictures of meals should be displayed and agreed to look into this.
- People identified as at risk of weight loss received supplements to increase their calorie intake. Staff monitored their food intake and weighed them regularly.

Supporting people to live healthier lives, access healthcare services and support.
● People received coordinated care. They were supported to access health services when needed. For example, occupational therapy, chiropody and falls specialists.
● People saw their GP when needed. One person told us, "The staff would get a GP if I needed one."
● Staff understood the roles of different health professionals and sat with people to offer reassurance during appointments.
● Details of involvement from health professionals was difficult to find on the provider's electronic records system at times. The care manager identified ways to improve this.

Adapting service, design, decoration to meet people's needs.
● People were able to move freely around the home and access a secure outside area. People could access different spaces around the home depending on the level of activity and interaction they wanted.
● People could personalise their bedrooms and door signs to reflect their personalities and interests.
● Dementia friendly signage was in place.

Ensuring consent to care and treatment in line with law and guidance.
● Staff constantly obtained verbal consent from people before supporting them with any care tasks, including meal times, personal care or medicines.
● The provider was working on uploading signed consent forms to their electronic care system.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Mental capacity assessments were used to consider if people could make decisions about specific aspects of their care for themselves.
● When people lacked capacity, best interest decisions were recorded. It was not always clear who had been involved in making these decisions. The provider agreed to review this.
● The provider tracked which people had DoLS and when these were due for renewal. 21 people had DoLS authorised or pending. One person had a condition on their DoLS, which staff were aware of.

Good

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.

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's dignity was respected by staff. People were well-dressed and wore coordinating clothes and the jewellery and make-up of their choice.
- Staff interacted with people respectfully, showing patience and warmth. People responded positively to this. One relative said, "Staff are extremely caring, you get the impression it isn't just a job, they really care and are very gentle as well."
- People received emotional support and reassurance. Staff knew when people may need this support. For example, one person's care plan stated, 'My long-term memory can cause me a little distress as I feel I need to get off this train or bus to see my children.'
- The provider was developing a programme to help people and staff build friendships based on shared interests.

Supporting people to express their views and be involved in making decisions about their care.
- People were the decision-makers in their care. They were encouraged to make decisions about all aspects of their care, including when they would like to get up and how they were supported with this.
- People had access to advocates when needed. An advocate is someone who supports people to make sure their wishes and views are heard.

Respecting and promoting people's privacy, dignity and independence.
- Staff provided effective, empowering support that enabled people to be independent through prompts and guidance.
- Staff took time to calmly explain moving and handling processes to people and provided support at their pace. This enabled people to be as independent as possible with their transfers.
- Staff understood how to motivate people to be independent. This led to positive outcomes for their wellbeing.
- People were given privacy and described staff always knocking on their doors and seeking permission to enter.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
- The lifestyle manager spent time discussing people's life histories with them. One care worker said, "It [the life history] really helps me to understand people."
- Care plans contained information about people's beliefs and preferences, including their religious beliefs and how they chose to practice these.
- People had the opportunity to participate in activities of interest to them. The lifestyle manager was passionate about providing diverse activities on an individual and group basis. One person had visited a local railway station. Their relative complimented the service on how happy this had made their family member.
- People were supported to maintain their relationships and celebrate milestones in their lives. The lifestyle manager described arranging and serving private afternoon teas for couples and families.
- The management team identified a 'resident of the day' each day to focus on a particular person's experience of living in the service and review their care.
- Staff were responsive to changes in people's needs and adapted their support accordingly, including when people were unwell.
- The provider followed the accessible information standard and made information about the service available to people in alternative formats, such as audio versions.

Improving care quality in response to complaints or concerns.
- People knew how to complain and felt their feedback was welcomed. One relative said, "They are always open to suggestions."
- When complaints were raised the registered manager apologised and investigated the issue in-line with the provider's policy.
- Complaints and any resulting actions were reviewed monthly by the provider.

End of life care and support.
- Relatives praised how staff supported them when people were receiving end of life care. One compliment read, 'Every member of staff was responsible for making a very difficult situation so much easier.'
- Up to date records were not in place for a person receiving end of life care. Although, the person's family were positive about the support provided during this life stage.
- The provider was working to improve their end of life care records and had developed a questionnaire to gather people's preferences in advance of them needing this care.

Requires Improvement

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.

Management of the quality and safety of the service was inconsistent. Leaders promoted a person-centred culture.

Continuous learning and improving care.

- Although the provider had made significant improvement since the last inspection some aspects of governance were not always effective in identifying shortfalls we found in record keeping. This included medicines and end of life care records.
- The provider was doing ongoing work to improve their records and audits to ensure their systems were effective in identifying issues. These changes had not yet had time to be embedded in practice.
- The registered manager had extensive quality assurance systems to monitor quality and safety across the service. These included audits of privacy and dignity. Although It was not always clear from the records what action had been taken the registered manager advised any points raised were followed up.
- Records and audits were not always being signed off by the registered manager or provider to show the provider's processes had been completed. The registered manager and provider confirmed processes were followed and agreed to document this in the future.
- The provider visited regularly to review the registered manager's audits and complete their own checks of the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Staff were committed to promoting high quality care and making improvements.
- The provider had a clear ethos of treating people with compassionate care and people feeling at home. One staff member said, "This is people's home, we are their guests."
- People, relatives and visiting professionals felt the service was welcoming and a pleasant place to live. One relative told us, "It's a happy place when you come in, there's a good atmosphere."
- Staff felt the service was a positive place to work.

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

- The registered manager was supported by a care manager, deputy managers and senior care workers with the day to day running of the service.
- People recognised the positive impact the management team had on the service and their commitment to making improvements. One relative said, "It's 300% better, nothing is too much trouble."
- People knew they could speak with the management team at any time. One person said, "They always have time if I want to go and speak to them."
- Staff supported one another and assisted agency staff to understand people's needs.

● Staff felt supported by the management team. A member of staff told us, "They are always on hand to help me, even on weekends you can ring them."

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

● Monthly meetings were held with people that lived at the service to look at what was going well and suggest improvements. These were made into enjoyable social events. Where people were unable or did not wish to attend, the lifestyle manager sought their feedback separately.

● 'You said, we did' notices were displayed throughout the home showing feedback the provider had received and how they had listened and acted on this.

● Newsletters were used to engage people, relatives and staff in the service. These highlighted activities taking place in the home and celebrations, such as birthdays and 'employee of the month'.

● The provider sent surveys to visitors and professionals, three monthly as a minimum, to seek their feedback. Positive responses had been received. One professional had written, 'This is one of the most comfortable and professional settings I visit.'

● Staff surveys were used to seek staff feedback.

● Staff meetings were used to celebrate good practice. Staff were updated on changes happening in the service and best practice at these meetings.

Working in partnership with others.

● The service was embedded in the local community. People visited nearby pubs and places of interest.

● The lifestyle manager had worked to build extensive links with local organisations. This included working with churches covering different denominations, schools and a nursery.

● When outside organisations visited, activities were carefully planned to reflect the interests of the people living in the service and the visitors. For example, playing dinosaur bingo with the nursery children.