Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Hallgarth Care Home

Hallgarth Street, Durham, DH1 3AY

Tel: 01925656337

Date of Inspection: 14 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Four Seasons (No 9) Limited
Registered Manager	Mrs Anna Clark
Overview of the service	Hallgarth Care Home is a purpose built, three storey care home in the city of Durham. It can accommodate up to 63 people. The home provides nursing care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we asked the provider, staff and people who used the service specific questions; is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, and the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

People told us they were treated with respect and dignity by the staff. They said they felt safe. We found safeguarding procedures to be robust and staff understood how to safeguard the people they supported.

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

The home had proper policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The manager told us about an application that had been submitted. We also found relevant staff had been trained to understand when an application should be made, and how to submit one. This meant people were safeguarded as required.

The service was safe, clean and hygienic. Equipment was well maintained and serviced regularly therefore not putting people at unnecessary risk. Some bathrooms needed

refurbishment. The regional operations manager told us there were plans in place to have these refurbished soon.

The registered manager set the staff rotas, they told us they took people's care needs into account when making decisions about the staffing numbers, qualifications, skills and experience required. This helped to ensure that people's needs were met.

Recruitment practice was safe and thorough. Policies and procedures were in place to make sure that any unsafe practice was identified; this helped to protect people who used the service.

Is the service effective?

There was an advocacy service available if people needed it, this meant people could access additional support when required.

People's health and care needs were assessed with them, and they or their representatives were involved in writing their plans of care. Specialist dietary, social, mobility, equipment and dementia care needs had been identified in care plans where required. Some people said they had been involved in writing them and they reflected their current needs.

People's needs were taken into account with signage and the layout of the service enabling people to move around freely and safely. The premises had been sensitively adapted to meet the needs of people with physical, memory and mental health impairments.

Visitors confirmed they were able to see people in private and that visiting times were flexible.

Is the service caring?

People told us they were supported by kind and attentive staff. We saw care workers showed patience and gave encouragement when supporting people. People commented, "I never feel rushed by the staff that help me, they don't do everything for me and help me to do things for myself". A relative said, "I visit my relative almost every day and the staff are good at listening to any concerns that I raise and always respond appropriately."

People using the service, their relatives, friends and other professionals involved with the service completed an annual satisfaction survey. Where shortfalls or concerns were raised, we saw these had generally been addressed by the provider.

People's preferences, interests, aspirations and diverse needs were recorded and care and support was provided in accordance with people's wishes.

Is the service responsive?

People completed a range of activities in and outside the service regularly.

People we spoke with knew how to make a complaint if they were unhappy. Two people said that they had made a complaint and both were satisfied with the outcomes. We looked at how complaints had been dealt with, and found that the responses had been

open, thorough, and timely. This meant people were assured that complaints would be investigated and action taken when necessary.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had a quality assurance system. The records we looked at showed any shortfalls were addressed promptly. As a result the quality of the service was continuingly improving.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and the quality assurance systems in place. This helped to ensure that people received a good quality service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The manager told us significant time and effort was spent making admission to the home personal and well managed. Prospective people and their families were treated as individuals and with dignity and respect for the life changing decisions they needed to make. There was a high value on responding to individual needs for information, reassurance and support during this process.

The home had developed a comprehensive Statement of Purpose and Service User Guide, which was very specific to the resident group and considered the different styles of accommodation, support, treatment, philosophies and specialist services required to meet the needs of people who used the service. The information was in a format suitable to the needs of the people who used the service, and their families, for example, appropriate language, large print and pictures were used. Staff used innovative methods to make the information they gave to make it meaningful and interesting, for example leaflets, photographs, and brochures.

All new people received a full comprehensive needs assessment before admission. This was carried out by the manager or another senior staff. The service was highly efficient in obtaining a summary of any assessment undertaken through care management arrangements, and insisted on receiving a copy of the care plan before admission.
For individuals whom were self- funding, the assessment was undertaken by a qualified member of staff.
When we spoke with people who used the service they told us they were supported and encouraged to be involved in the assessment process. We saw Information was gathered from a range of sources including other relevant professionals and people's representatives.

One person told us, "I have only been here a few weeks and the support I have received from the manager and all the other staff has been exceptional. I feel much better and my health has improved a lot."

The assessment focused on achieving positive outcomes for people and this included ensuring that the facilities, staffing and specialist services provided by the home met the ethnicity and diversity needs of the individual.

Before agreeing admission the service carefully considered the needs assessment for each individual and the capacity of the home to meet their needs. Prospective people were given the opportunity to spend time in the home. An individual member of staff was allocated to give them information, special attention and helped them to feel comfortable in their surroundings. This also enabled them to ask any questions about life in the home.

All people who used the service received a contract to which they had agreed, it gave clear information about fees and extra charges which were reviewed and kept up to date. We saw this information to be meaningful as it was provided in appropriate languages and formats, such as large print, or easy read. The service user's guide also explained about the use of advocates to support people when needed. All of these measures ensured people were consulted and involved with the admission process.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The service involved individuals in the planning of care that affected their lifestyle and quality of life. Staff understood the importance of people being supported to take control of their own lives. Individuals were encouraged to make their own decisions and choices. This was confirmed when we spoke with people who used the service.

The care plans were person centred and were agreed with the individual. The plan was written in plain language, and looked at all areas of the individual's life. Staff had the skills and ability to support and encourage people to be involved in the ongoing development of their plan. A key worker system allowed staff to work on a one to one basis and contribute to the care plan for the person.

The care plan was a working document reviewed regularly involved the person and their representatives if agreed. It was kept up- dated and focused on how individuals could develop their skills and considered their wishes and future aspirations.
Each care plan included a comprehensive risk assessment, which was reviewed regularly. Management of risk was positive addressing safety issues whilst aiming for a better quality of life for people. Where limitations were in place, the decisions had been made with the person or their representative and were recorded.

There were procedures in place to ensure that people using the service were informed of their rights to confidentiality. Individuals understood when staff had to share personal information, for example with other professionals or access advocacy services for additional support.
The service was aware of current policy issues and good practice developments, and tried where possible to transfer this thinking into their daily work.

The provider ensured that people were consulted on a regular basis to gather information about their satisfaction. They were involved in both the development and review of the service.

The service had a strong commitment to enabling people to develop their skills, including social, emotional, communication, and independent living skills. Individuals were

supported to identify their goals, and work to achieve them. For example, one person told us, "I experienced difficulties with my mobility and balance. I was referred to a specialist who prescribed some new medication and a walking aid. This has worked very well and my mobility is good now."

People who used the service told us they were involved in meaningful daytime activities of their own choice and according to their individual interests and capability; they said they had been fully involved in the planning of their lifestyle and quality of life. One person said, "There are lots of different activities available every day. Some I enjoy more than others. If I decline to take part the staff respect my wishes."

People who used the service had the opportunity to develop and maintain important personal and family relationships, and they could choose who to see and when. This practice promoted individual rights and choice, and supported people to make informed decisions that were important to them.

The manager told us about a deprivation of liberty referral she had made for one person. This had resulted in a best interest meeting to determine if the person had capacity. The person's solicitor and their GP had also been involved and the outcome was that this person did have capacity to make important decisions for themselves.

All of these measures ensured people who used services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We found staff at the home worked in co-operation with a number of different partners to protect and promote the health, welfare and safety of people who used the service. The staff we spoke with were able to describe practically how this worked, and were able to demonstrate with every day examples how effective partnerships had helped to improve people's experiences. For example, they told us about the way that visiting professionals, such as district nurses, provided updates whenever they saw a person. This assisted the staff in monitoring people's wellbeing and planning and delivering care in a way that protected people's safety and welfare.

During our inspection, we spoke with a member of the local clinical commissioning group (CCG) who was visiting the home. They told us they had asked the home to pilot a new project on their behalf. They showed us evidence of how well this was working. The project involved: completing a form prior to requesting contact/visit from a GP including detailed reasons for the request. The purpose was then to record clear concise advice and instructions from visiting GPs and community matrons and other health care professionals. The visiting professionasl were then requested to record and sign any treatments and advice they had provided. On completion of the pilot, the information collated would help to identify if the reason for contact was appropriate, and actions, instructions and treatments provided by professionals were effective.

We saw evidence within care files that other professionals were consulted, for example, occupational therapist, dieticians, district nurses and community psychiatric nurses (CPNs).

Staff also told us that they had adopted paperwork from visiting CPNs to help them better understand and plan for the needs of people whose behaviour could challenge. This helped staff provide these visiting professionals with relevant information about the person, their behaviours, potential triggers and any successful strategies for managing a person's behaviour.

In addition we saw each person had a hospital passport completed. This meant other

professionals were made aware of people's support needs and current treatments that were best for them.

These measures meant people's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

There was enough equipment to promote the independence and comfort of people who used the service.

We spoke with the registered managers and other members of staff about the equipment within the home. They were able to describe the equipment available to safely meet people's needs within the home. We saw equipment was stored safely and securely throughout the home.

The registered managers told us the provider had contracts in place for the regular servicing and maintenance of equipment within the home. We saw records of maintenance and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment within the home, including kettles and toasters. We checked a sample of electrical equipment within the home and found they all had a current PAT sticker attached. Records of other routine maintenance servicing we saw included gas safety inspections and fire equipment checks. This meant that equipment was available, fit for purpose and being suitably maintained.

The provider should wish to note, we could find no evidence that the hard wired electrical sluice machines were part of the homes annual servicing schedule.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received an appropriate induction. The majority of staff we spoke with had received an induction which they felt prepared them for their role, including appropriate training, opportunities to shadow more experienced staff, time going through the provider's policies and procedures and learning about individual's care and support needs.

The provider had implemented an on-going training programme including mandatory training such as basic food hygiene, people handling, basic life support and safeguarding vulnerable adults (SOVA). We found the majority of staff had completed most mandatory training courses, including, Mental Capacity Act (2005), deprivation of liberty, equality and diversity, end of life care, medication up-dates, mental health awareness, diabetes and infection control. We saw that the provider was aware of which staff required additional training and we saw confirmation that dates had been booked to ensure all staff received appropriate training.
We found the majority of staff were trained in the prevention and management of violence and aggression (PMVA). This meant staff were appropriately trained in techniques to manage and safeguard people should this occur.

Staff were appropriately supported through supervision and appraisal. The provider maintained a staff supervision matrix which demonstrated that the majority of staff had been supervised every two months in line with the provider's policy. The staff told us supervision meetings discussed relevant information, for example people's care and treatment needs, how to respect people's privacy, dignity and human rights, staff training needs, staff rotas and care planning. Staff told us they felt well supported in their role and comfortable raising any concerns.

We found the majority of staff who had been in post for over a year and some for over seven years. All had received a twelve month appraisal where relevant areas were discussed including job satisfaction, performance, challenges and where goals and objectives were set for staff to work towards.

All of these measures meant policies and procedures were in place to make sure that any unsafe practices were identified and to ensure people were protected.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The service had a quality assurance system, records seen by us showed that identified shortfalls were addressed promptly. As a result the quality of the service was continuingly improving.

People using the service, their relatives, friends and other professionals involved with the service completed an annual satisfaction survey. Where shortfalls or concerns were raised the records we looked at showed us these had been addressed. One relative told us they had raised some on-going concerns about the standard of the meals. They said, "The manager listened to me and then dealt with issue and although it took some time to redress, it was dealt with appropriately.

We found there were robust systems in place to make sure that managers and staff learn from events such as accidents and incidents, errors, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to keep people safe. For example, all accidents were monitored very closely to identify any trends such as the time of day, checking to make sure any equipment used was safe and used correctly. They also considered any medication issues that may have contributed to the incident. If any risks were identified, plans for how these would be managed were put in place to reduce the risk.

The provider had procedures in place for reporting any adverse events to CQC and other organisations such as safeguarding, police, deprivation of liberty, and the health protection agency.
Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and quality assurance processes were in place. This helped to ensure that people received a good quality service at all times.

When we looked around the home we saw there were audits carried out on health, safety

and cleanliness. We found all areas of the service were safe, clean and hygienic. Equipment was well maintained and serviced regularly therefore not putting people at unnecessary risk.

We saw the service had procedures in place to deal effectively with untoward events, near misses and emergency situations in the community.

All of these measures meant there were systems in place to continually improve services, maintain a clean safe environment and to make sure that unsafe practices were identified and people were protected.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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