

# York Heritage (The Hall Thornton le Dale) Limited

## The Hall Residential Home

### 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?	Good ●

# Summary of findings

## Overall summary

The Hall Residential Home is registered to provide accommodation and care to a maximum of 47 older people or people who may be living with dementia. The Hall Residential Home is situated in the village of Thornton Le Dale, close to village amenities. It is a large Grade II listed building with its own grounds. The service provides residential support to people, and all bedrooms have en-suite bathrooms. There is on-site car parking for visitors and staff and disabled access into the building. There were 40 people who used the service at the time of this inspection, 23 people were living with dementia.

At the last inspection in October 2014, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

People told us they felt safe and were well cared for. The registered provider followed robust recruitment checks, to employ suitable staff, and there continued to be sufficient staff employed to assist people in a timely way. People's medicines were managed safely.

Staff had continued to receive appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on the administration of medicines and on how to protect people from the risk of harm. Staff received regular supervision to support them to fulfil their roles effectively, and had yearly appraisals to monitor their work performance.

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

People said they enjoyed good food. People's health needs were identified and staff worked with other professionals, to ensure these needs were met.

Staff were kind, caring, compassionate and patient. They respected people's privacy and dignity and encouraged them to be as independent as possible. Health and social care professionals spoke positively about the quality of care provided.

Staff were knowledgeable about people's individual care needs and care plans were person-centred and detailed. There was a range of social activities offered including meals to celebrate special events and festive holidays. Spiritual needs were met through in-house services and one-to-one pastoral care when requested.

People told us the service was well managed and organised. The registered manager assessed and monitored the quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

The service met all relevant fundamental standards we inspect against.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Hall Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 28 February 2017 and it was unannounced. The inspection was carried out by two adult social care inspectors.

Before our inspection, we looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council's (NYCC) safeguarding and commissioning teams. We asked the registered provider to submit a provider information return (PIR) and this was returned within the agreed timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection, we spoke with the registered manager, administration manager, two senior care staff, four other members of staff and a volunteer. We spoke with four people who used the service, two relatives and one healthcare professional. 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 observed staff interacting with people who used the service and the level of support provided to people throughout the day.

We looked at three people's care records, including their initial assessments, care plans, reviews, risk assessments and medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves, or when they were deprived of their liberty, actions were taken in their best interest.

We also looked at a selection of documentation in relation to the management and running of the service.

This included quality assurance information, audits, stakeholder surveys, recruitment information for two members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

# Is the service safe?

## Our findings

Staff described how they kept people safe. They told us, "We keep people safe from harm by using appropriate mobility aids and following good infection prevention and control practices." One person who used the service said, "It is important to me that I feel safe and I am safe here. I am able to lock my bedroom and this makes me feel secure."

The majority of people who used the service, that we spoke with, told us they thought there were enough staff to meet their needs. One person said, "No I don't think there are enough staff. There are sometimes call bells going off for a long time and staff tell you they will have to come back." However, other people who used the service told us, "We seldom have to use our call bells as there is always a member of staff around when you need one" and "If I need any help I get it fairly quickly. I don't have to wait long." We saw that prompt assistance was offered willingly and cheerfully when people requested it.

A healthcare professional said, "I have never had any issue with there not being enough staff on duty. There is always enough staff for one to come with me when I am seeing people who use the service. They are very good at that." Staff told us, "Yes there are enough staff on duty, we all work as a team." The registered manager told us they kept staffing levels under review and deployed staff flexibly around the service to ensure people received support in a timely way.

Staff received training on making a safeguarding alert so they would know how to follow local safeguarding protocols. Staff told us they would have no problem discussing any concerns with the registered manager and were confident any issues they raised would be dealt with immediately. There was written information around the service about safeguarding and how people could report any safeguarding concerns.

There were care notes and risk assessments in place, which recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition. The risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. Accidents and incidents were recorded, analysed each month and were audited to identify any patterns that might be emerging or improvements that needed to be made.

There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. A fire risk assessment was in place and up to date. People who used the service had a personal emergency evacuation plan (PEEP) in place. A PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. Fire drills were undertaken to ensure staff knew what action to take in the event of a fire.

Service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. Clear records were maintained of daily, weekly, monthly and annual health and safety checks carried out by the care staff, maintenance team and nominated contractors. These environmental checks helped to ensure the safety of people who used the service.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service. These included application forms, interviews, references and checks made with the Disclosure and Barring Service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and help prevent unsuitable people from working with vulnerable client groups.

All areas of the service were very clean and had a pleasant odour. People were satisfied with the laundry service and said, "My clothes always come back to me and they are washed beautifully."

The arrangements for managing people's medicines were safe; this included the management of controlled drugs (CDs). Administration times were flexible to ensure medicines were administered at the most effective times, such as before food.

Staff received training to handle medicines, and medicine administration records (MARs) we reviewed were correctly completed. The registered manager carried out a monthly audit of the medicines and stock checks were completed by staff to ensure safe practices were being followed.

We observed staff giving people their medicines, they waited until the person had taken them before leaving. One person said, "They are ever so good here with your medicines." This person then asked the member of staff about the tablets they were given and the staff member explained what they were for. The person then told us, "Staff here are really easy to talk with, nothing is too much trouble for them." Our observations of staff showed that they were patient with people when administering medicines and asked if they required pain relief.

# Is the service effective?

## Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the DoLS applications that had been submitted to the local authority for authorisation. The registered manager told us they were still waiting for these to be authorised.

Best Interest decisions were recorded and the service also ensured that families provided copies of Lasting Powers of Attorney's (LPAs) where they had been registered with the Office of the Public Guardian (OPG). One relative told us, "I have input to my relative's care and I have a LPA for their finances."

Staff said, "We offer people a choice of where they wish to eat their lunch, what they would like to wear and where they would like to sit in the lounges. People who lack capacity can be helped to make choices through us using visual prompts, encouragement and support. For example, people with vascular dementia do not always remember who we are, but we can build a relationship with them. They can pick their own outfits to wear so long as we tell them what the weather is like outside." One person told us, "I make my own decisions about what I want to do, staff always ask you before offering assistance. My family get my mail for me and they bring it into the service."

There was a robust induction and training programme in place for all staff. Staff who were new to the caring profession were also required to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in their daily working life.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Staff we spoke with were positive about their supervisions saying, "We are given supervision every couple of months. I am asked how I am doing and if I need to improve on anything then I get the necessary training. I have learnt so much since being here. If there is anything I need to know, I can just ask the senior staff or the registered manager." And, "We can go to the registered manager whenever we want and they will talk to you. We have a yearly review and probation meetings. The support we get is 100%. I asked in my appraisal if I could do my NVQ 3 and seven months later I started it and have now completed the qualification."

Staff had access to a range of training deemed as 'essential' by the registered provider. Staff told us they completed training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding adults and moving and handling. Records showed some staff had participated in additional training on topics including dementia awareness, DoLS and MCA. One member of staff said, "I did not realise how many types of dementia there were. My training has helped me develop the skills and confidence to manage when people are anxious or distressed."

Information in the care files indicated people who used the service received input from healthcare professionals such as their GP, dentist, podiatrist, district nurses and diabetic specialists. We saw in care files

that care plans were in place for oral mouth care and dental care. Visitors told us, "My relative always gets a GP visit if they need one; staff are very good at that." A visiting healthcare professional told us, "It is good here. The care staff are good at letting our team know of any problems that arise. There is currently no-one using the service with any pressure care issues. Staff are good at completing the 'turn' charts if we ask them to."

Relatives said there was good communication with them, especially if their loved ones were poorly or their health conditions changed. We saw that staff completed a daily handover sheet which included details of any professional visits, such as from the GP, with the outcome for the person who used the service. There was also a verbal handover for staff at the start of each shift so they knew of any changes in people's conditions.

People's special dietary requirements and their likes and dislikes were recorded in their care plan and we saw people had appropriate nutritional assessments and risk assessments in place.

Observation of the lunch time meal showed that staff were patient, caring and encouraging towards people who needed assistance with eating and drinking. People were asked for their choice of meal and staff used picture card menus for those who had memory problems. One person did not like the meal they chose so staff immediately brought them the other option and they ate it all. The meals looked and smelt appetising and people were offered drinks of juice, water, tea or coffee. One person told us, "I have no complaints about the food, it is beautiful. We get two choices and I have been here a year so I have had a good sample of everything."

The member of care staff who was the 'nutrition champion' spoke about methods used to help people living with dementia put on weight. They told us, "For one person this is down to giving them a main meal and not bringing their sweet into the room until they have eaten their savoury course first. Otherwise they get distracted and only eat their pudding. This has resulted in them putting on weight."

We observed that people had their own mobility equipment such as wheelchairs, walking sticks and walking frames, which helped them move freely around the service. The environment was well maintained and showed some dementia friendly aspects such as coloured doors to aid visual perception, names on doors and signage throughout the service to ensure people were orientated to where they were and so they could identify facilities such as toilets and bathrooms easily.

## Is the service caring?

### Our findings

People who spoke with us were very satisfied with the care and support they received from staff and provided very positive feedback. Comments included, "All the care staff are kind and there are not enough words to say how good they are. My room is perfect as far as I am concerned. I don't need much help so I am really lucky in that respect" and "I could not be better cared for. I have been here around a year and a half and I came here straight from hospital. My family visit when they can and they are made really welcome. Staff give me some assistance every day and they are very kind and willing, I think they are marvellous."

The SOFI we carried out showed that staff interacted with people appropriately and continually checked that they were happy and their needs were being met. Staff encouraged people to interact with objects and equipment specific to their needs to provide them with stimulation.

People had been allocated a keyworker. A keyworker is someone who takes a special interest in the person and is their main link with the staff group. There was a record of the 'quality' time people had spent with their keyworker. One relative told us, "Staff are very good and kind. My relative is kept clean and tidy, although sometimes their nails need doing." We found that people who used the service were dressed in clean, smart, co-ordinating clothes. Their hair was brushed, fingernails and hands were clean and well cared for and gentlemen were clean shaven (if that was their choice). We were told by staff that people could have a bath or shower whenever they wished and information in the care files and bathing records showed that these usually took place on a daily basis.

People were able to move freely around the service, some required assistance and others were able to mobilise independently. One person told us, "I am very independent and if I need help I ask." We saw that people and staff had a good rapport with each other. Observations in the lounge, dining room and around the home indicated that people felt safe and relaxed in the service and were able to make their own choices about what to do and where to spend their time.

People said they were treated with compassion, dignity and respect. People and visitors confirmed that staff addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when completing care tasks. One relative said, "Staff respect people's privacy and dignity. My relative likes their door open, but when staff are doing care tasks they ensure it is closed properly and they close the curtains too." Another relative said staff were mindful of their family member's wishes. For example, they chose to have all their meals in their bedroom and this was respected by staff.

The registered manager and staff showed genuine concern for people's wellbeing. It was evident from discussions that staff knew people very well, including their personal history, preferences, likes and dislikes. We found staff worked in a variety of ways to ensure people received care and support that suited their needs. For example, staff told us, "When people are living with dementia they need to be given simple tasks and encouraged to do things for themselves, such as brushing their hair."

People were at ease in the service and the conversations being held between them and staff were friendly

and relevant to the person's interests. People told us, "My daughter went around a lot of homes before I came into this one. It was the best one by far. I don't have a single complaint about it", "It is great living here, I am very happy and staff are lovely" and "I have lived here a few years. I can see to myself and I have a call pendant if I need any help, but I have yet to press it. Everyone here is very nice, caring and obliging." One relative told us, "If anyone is upset staff will comfort them by putting their arms around them. They always ask the person what is wrong and try to make them feel better."

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussions with staff indicated they had received training on this subject and understood how it related to their working role. People told us staff treated them as equals and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in some of the care files.

Information was provided, including in accessible formats, to help people understand the care available to them. Discussions with people and relatives revealed that they had been involved in assessments and plans of care. Information on how to access advocacy services was available for people who wished to have additional support whilst making decisions about their care. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

## Is the service responsive?

### Our findings

Staff were split into four keyworker teams identified by colours – yellow, red, blue and green. The keyworkers were responsible for doing shopping and personal tasks for each person who used the service. Senior staff were responsible for completing care files and all care staff wrote in the daily log sheets. This meant each person who used the service had a keyworker who they could build a close relationship with, and who knew their support needs and could discuss these with them.

We looked at three people's care files and care plans. Personal information was well recorded and the information on file was written in a person-centred manner, with the use, for example, of "All About Me" documents. Each person's routine was documented, including what was important to them, together with appropriate information for staff to be able to support the person, whilst understanding that they may have a lack of understanding around risk, due to mental capacity issues. Preferences were noted and all support needs fully recorded with links made between support plan areas and risk assessments. These included information on any precautions to be taken in each area of assessed need.

Where possible, people or relatives had signed the consent forms and care plans within the care files to indicate they have been involved in the planning of care and had agreed to the support needs and interventions documented in the files. One relative said, "I was fully involved in my relative's care planning when they came into the service. I told staff all about what they liked to do and what they were interested in. Reviews of their care are done and I am invited to attend."

People and relatives received a quarterly newsletter from The Hall Residential Home with information about forthcoming events and meetings. Feedback was given in the newsletters about changes in the service such as removal of trees in the grounds and refurbishment and decoration of the premises. There was a monthly programme of activities on display showing that people had the opportunity to join in with an activity most days of the month. We were given a copy of the February 2017 newsletter as part of our inspection.

We saw that people were engaged in a variety of activities. From our discussion with the care staff and volunteers in the service, we found that the activities were designed to be engaging. We saw that group activities occurred throughout the day and people appeared to enjoy them. Staff told us, "Activities are good and we have quizzes, music and lovely social events going on. In January 2017 we had a 'Burns night' celebration and in February 2017 we celebrated Valentines day."

One relative volunteered to lead on a range of activities. They carried out craft activities, singing sessions, quizzes and games. They also gave out the weekly 'Sparkle', which was five pages of interesting facts and memories that was downloaded from the internet. Quizzes and bingo were enjoyed and staff had adapted these to ensure people living with dementia and those with short attention spans were able to join in.

Staff were respectful of people's spiritual needs, which were well catered for through a monthly church service; some people received Holy Communion in their bedrooms.

Relatives and visitors were made welcome in the service. One person told us, "My family live locally and when they visit they are made really welcome." Two visitors said, "We can come and go as we wish and take our relatives out when the weather is good." The activity co-ordinator told us, "Some people like to go out for lunch, others like to go feed the ducks. We visit a local café where their staff are understanding and supportive of people who live at The Hall."

People had access to a copy of the registered provider's complaints policy and procedure in a format suitable for them to read and understand. There was a complaints form for people to complete (this was in a normal print format) and we saw that there had only been one complaint in the last 12 months. This was about a missing jumper and the person was reimbursed the cost of replacing it.

We saw evidence during our inspection that the registered manager was in daily contact with people who used the service and was available to discuss their care and any concerns they might have. This meant people were consulted about their care and treatment and were able to make their own choices and decisions.

## Is the service well-led?

### Our findings

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We sent the registered provider a provider information return (PIR) that required completion and return to CQC by August 2016. This was completed and returned with the given timescales. The information in the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

We found the service had a welcoming and friendly atmosphere and this was confirmed by people who used the service, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. People said, "I think the service is well managed" and "The manager is very approachable."

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires. A relative told us, "I completed my relative's survey for the service and I can see the registered manager anytime I have need to talk to them about any issues or problems. These are always taken seriously and sorted out quite quickly." The registered manager told us any changes made as a result of the feedback received, were fed back to individuals at the 'resident's meetings' or when the registered manager spoke with them daily.

One person who used the service told us, "They have resident's meetings, but I don't go to them. The registered manager is okay and I could go to see them if I had anything to say. They put a questionnaire out every year; the laundry gets terribly mixed up and laundry issues come up every time. If we receive feedback from the satisfaction questionnaire then I do not remember it." Discussion with the registered manager indicated that action had been taken to improve the laundry service in the last year. Other people who spoke with us said the laundry service was much improved.

One member of staff said, "I think it is lovely to work here and it feels really nice to be part of the team." Other staff told us, "We have a full staff meeting twice a year and then you have individual team meetings for the red, blue, yellow and green teams twice a year. Senior meetings are held as and when needed. We have a handover sheet completed every shift and a verbal handover is also held. Communication between the staff teams is good."

Staff said, "Staff morale is good most days. We have enough support from the registered manager and senior staff and we can discuss any issues that are bothering us during supervision, appraisals or at team meetings." We were given copies of the meeting minutes for staff and residents held in 2016.

Quality audits were undertaken to check that the systems in place at the service were being followed by

staff. The registered manager carried out monthly audits of the systems and practice to assess the quality of the service, which were then used to make improvements.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.