Esk Hall Limited

Esk Hall Care Home

Inspection report

Coach Road
Sleights
Whitby
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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

This inspection took place on 28 November 2017 and was unannounced. This meant the registered provider did not know we would be visiting the service. A second day of inspection took place on 7 December 2017 and this was announced.

Esk Hall Care Home is a residential home that is registered to provide accommodation for up to 20 older people who may be living with dementia. The home is situated in Sleights just outside Whitby. Accommodation is provided over three floors, all of which can be accessed by a lift.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a manager in post who had registered with CQC. On the first day of inspection, they were not available. On the second day of inspection, they were present at the service. One of the directors and care manager assisted throughout the inspection.

Safe recruitment processes had been followed and appropriate pre-employment checks had been completed before employment commenced. Staff were aware of the safeguarding process and the action they should take if they had any concerns. Safeguarding information was displayed around the service and risk assessments had been developed when needed to reduce the risk of harm occurring. There was enough staff on duty to support people safely.

Medicines had been stored and administered safely by competent staff. Staff had access to personal protective equipment and staff promoted good infection control practices.

An induction process was in place which was completed by all new staff. Staff had been provided with regular training to maintain their knowledge and skills. Staff were supported by management, regular supervisions, observations of working practices and appraisals.

Where needed, people were supported to maintain a balanced diet. People told us they had access to their own preferred GP and other healthcare professionals.

People were empowered to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service support this practice. Consent to care and treatment was clearly documented and appropriate authorisations were in place when people lacked capacity to make decisions.

People were treated with dignity and their choices were respected by staff. People spoke positively about the caring nature of staff and the support they received.

Care records were person-centred and made reference to people's preferences, their abilities and the

support they required. They had been reviewed on a regular basis to ensure they continued to meet people's needs and supported their aspirations. The use of technology was available to enable people to remain in contact with relatives who did not live locally. A complaints procedure was in place and people knew how to report any concerns.

People gave us positive feedback about the management team. There were systems in place to monitor the quality of the service. People were given the opportunity to feedback about the quality of care they received. We saw the management team responded in a timely manner to any feedback provided to enable the service to continuously improve.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Esk Hall Care 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 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 inspection took place on 28 November 2017 and was unannounced. A second day of inspection took place on 7 December 2017 which was announced.

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 service. The area of their expertise was in care of older people.

As part of planning our inspection, we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider had been asked to complete a provider information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had submitted the PIR within the required timescales.

During the inspection, we reviewed a range of records. These included three people's care records containing care planning documentation and daily records. We also viewed a number of medicine records and medicine storage facilities. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection, we spoke with six members of staff including a director, registered manager and care

manager. We also spoke with two relatives and six people who used the service. We looked at all communal areas around the service and in people's bedrooms, with their permission.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "It is very pleasant here and the staff are very capable. That makes you feel safe."

Safe recruitment processes had continued to be followed. Records showed that appropriate checks had been completed before employment commenced.

There was a safeguarding and whistleblowing policy in place which was displayed around the service. Staff completed safeguarding training and had a clear understanding of safeguarding, the potential signs of abuse and how to report any concerns. Records showed that referrals had been made to the local authority where appropriate.

Risks to people had been assessed and appropriate plans to help mitigate risks were in place. These had been reviewed on a regular basis and all the risk assessments we viewed contained up to date information.

During the inspection, we could see there was enough staff on duty to provide support to people. People were supported by a regular team of staff, many of whom had been employed by the service for several years. People we spoke with confirmed this. One person said, "I think there is enough staff. They have time to chat with me and there is always someone around."

During the inspection, we looked at the storage of medicines and could see this was managed safely. Temperatures had been recorded daily to ensure medicines were stored within recommended safe limits and all medicines were locked securely in the storage cupboard. Medicine administration records (MARs) showed that medicines were administered as prescribed and people we spoke with confirmed this. Staff had their competency to administer medicine assessed on an annual basis or sooner if concerns were raised.

Throughout the inspection, we saw that staff wore appropriate personal protective equipment such as gloves aprons and that they used hand gel. The service was clean, well presented and there were no malodours. When we asked people about the cleanliness of the service comments included, "There is always someone running the hoover around and if there are any spillages they are cleaned up straight away" and "I think it is spotless. I have no concerns at all."

Good

Is the service effective?

Our findings

We asked people if they thought staff had the appropriate training to be able to provide support to meet their needs. Comments included, "Yes I think they do. I use a hoist and they manage that very well" and "I would say so yes. They are all very capable and we are always encouraged to make suggestions if we think they are lacking in any area."

New staff completed an induction when they joined the service. They shadowed a more experienced member of staff to allow them to build relationships with people before they provided support. All staff were required to complete a probationary period which allowed the management team to monitor their performance.

Training records showed that staff were provided with training to ensure they had the knowledge and skills needed to provide effective support. Training had been updated on a regular basis to ensure staff were aware of current best practice guidance. Specialist training had also been in areas such dementia awareness and diabetes. Management provided support to staff through regular supervisions and appraisals and staff we spoke with confirmed this.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that where DoLS authorisation were required these had been requested. A tracker was also in place so renewals' could be requested in a timely manner.

We checked whether the service was working within the principles of the MCA and found these principles were promoted. MCA assessments and best interest decisions were clearly recorded when people lacked capacity. People were actively included in discussions about their care and we found written consent, to the contents of people's care plans.

People were supported to maintain their food and fluid intake and their preferences were recorded within their care plans. People confirmed they were involved in deciding what to eat and adapting the menu. Observations showed that people were offered choice and alternatives were available. Peoples weights were monitored on a monthly basis and professional guidance had been sought when needed.

People were supported to make and attend health appointments. These visits and the advice given was recorded within people's assessments records. One person had difficulties remembering the outcomes of such appointments. As a result the care manager typed notes of the meetings so this person could refer back to them when needed. This demonstrated staff supported people to maintain optimum health and well-being.

People's bedrooms were personalised. Furniture could be provided when people moved to the service, or if people wished they could bring their own. People had photographs and pictures displayed and the décor

was chosen by people.

Good

Is the service caring?

Our findings

People told us, without exception, that staff were kind, caring and considerate. Comments included, "They are so very caring. If they see someone looks a little uncomfortable they are straight on to it" and "They (staff) stop and listen and converse with me."

Throughout the inspection we saw staff delivering care in a compassionate way. People were not rushed and there was enough staff on duty to provided one to one support when this was needed.

People were supported to remain as independent as possible. For example, one person who was diabetic was being supported to identify sugar substitutes to allow them to control their medical condition independently. This had a positive impact on their health. Care plans detailed how to support people to remain as independent as possible and we saw staff promoting this throughout the inspection.

We found staff demonstrated a positive regard for what was important and mattered to people. People who used the service told us that staff were familiar with their likes and dislikes and were involved in the planning of their care. They told us they had access to information and this was given to them in a way that they understood. Information was available in large print if needed and people had access to audio books which were delivered by the local mobile library to encourage people who struggled with their sight to continue to enjoy books.

The use of technology was available to enable people to remain in contact with relatives who did not live locally. A secure complex computer software system was in place which meant that relatives had access to care records via the computer so they could keep up to date with how their relatives were. Consent from people had been sought with regards to this. We saw that emails and photographs had been sent via this system by relatives and these had been shared with the person.

Staff had an understanding of how to promote people's dignity and privacy. We observed staff knock on people's doors before entering and close doors when personal care support was been provided.

Information was available about the use of advocacy services to help people have access to independent sources of support when required. The care manager told us advocacy services had been used in the past but at present, no one was receiving support from a service. They were able to clearly describe what action they would take if an advocate was needed.

Good

Is the service responsive?

Our findings

We asked people if they received support in the way that they wanted. One person said, "I would say it is exactly right. And if wasn't so I would have a word. They are very adaptable." Another person told us, "Yes they are very good with their responsiveness and conversation. They are very good to me."

Initial assessments were completed before people moved to the service to ensure the service could meet people's needs. Care plans were then developed which focused on the individual, their likes, dislikes and preferences. They clearly recorded what a person could manage independently and areas of daily living where they required support from staff. For example, one care plan detailed how a person could wash their hands and face and front body but needed assistance from staff with all other aspects of personal care.

Care plans included background information centred on the individual. Information included personal history, current and past interests, keeping in touch with people and communication needs. We also noted that records included information on the person's next of kin, important contacts and information of any allergies.

End of life care plans had also been developed and contained person centred information and preferences. These were regularly reviewed and updated and consideration had been given to areas such as religion and culture, how people wished for symptoms to be controlled, any concerns they had, wishes in their final days and preferences after their death.

People spoke positively about the activities on offer and our observations showed that people were stimulated by staff and planned activities were in place. One person told us how they attended a group once a week that was run by the local community. They were given the opportunity to participate in woodwork and gardening. They said, "It is very stimulating and something I look forward to."

At the time of our inspection, the service had received no formal complaints. However, when informal concerns had been raised these were documented and actions taken to remedy the concerns were recorded. The management team had an understanding of the complaints policy and timescales to respond to any concerns. The people supported by the service also knew who to speak with if they had any concerns. One person told us, "I know how to complaint – I would speak to the manager and I know they would deal with it."

Good

Is the service well-led?

Our findings

There was a manager in post who registered with CQC in February 2015. They were also the registered manager for another location. 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.

People spoke positively about the management team and told us improvements had been made since the last inspection. A care manager was now in place to support the registered manager and we were told this provided reassurance that a member of the management team was always available. Comments included, "They (care manager) are very good. I can be open and honest with them" and "They are all very good."

Throughout our inspection, we had open discussions with the management team who demonstrated transparency in their answers to our questions. We reviewed records related to the running of the service and found these were well maintained. The registered manager spoke passionately about the service and the support they provided to people. It was clear they had an open door policy and that staff and people were confident in approaching them with any concerns. Staff and people we spoke with confirmed this.

There was a range of quality assurance tools in place to monitor and improve the service. The majority of these were completed by the care manager on a weekly basis and then discussed with the registered manager. The registered manager told us they had meetings with the care manager weekly to ensure they were kept up to date with the day to day running of the service.

People had been asked to provide feedback. Questionnaires were submitted on a monthly basis which focused on specific areas, such as leisure and social activities, food and mealtimes and living at the service. Action had been taken when suggestions had been made. For example, some people commented that they had not seen a copy of the complaints procedure. As a result, all people were given another copy. Monthly resident meetings also took place where people could air their views.

Staff confirmed they had regular team meetings. Topics discussed included the health and welfare of people who used the service, safeguarding concerns, upcoming events and any matters staff wished to discuss. Staff meetings were also an opportunity to discuss any organisational updates to ensure staff were aware of any changes.

The management team had built strong relationships within the local community including with schools, GP surgeries and community run services such as the mobile library. The care manager told us, "We invite schools to events we hold such as Christmas gatherings. They usually come and sing carols which the residents love. It is a small community and I am pleased we are welcomed into it and people get involved with Esk Hall."