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: 04 April 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ 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 60 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 4 April 2013, 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

We spoke with several people who used the service. Almost all spoke positively about the care they received.

People told us they could choose how to spend their day and the staff treated them with dignity and respect. One person said "They look after my privacy and dignity. They always knock on my bedroom door and call out before coming in."

Everyone said they would have no hesitation in making a complaint if they were unhappy. One person said "If there was anything wrong, if I had any problems I would talk to the staff."
However one person said "I sometimes have to wait too long when I ring the call bell, and I don't like the food very much." They said they had discussed these issues with the manager and some changes had been made regarding their food preferences.

Other comments from people included:
"I'm satisfied. They are very nice."
"It's a really good home."
"They find out what I like and don't like."
"They provide a lot of entertainment."
A relative said "I would recommend this home to others. I still think some improvements are needed, but things are getting better."

We watched how the staff supported the people in their care. We saw people were treated with dignity and respect. For example, when staff talked with people they made sure that they got down to their eye level. We heard staff address people respectfully, speaking quietly about private matters.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

One person we spoke with told us they were involved in all decisions about their care. They told us "I tell the staff what I need and they help me in the way that I like". Another said "All the staff here listens to what I want, they are all very nice."

We saw in care records people or their representative had signed a consent to treatment form. This showed us people had been involved in writing their care plans and had agreed with them. A relative we spoke with confirmed this had happened.
The five care records we looked at showed us the staff always involved people in meetings about their care and welfare, and took time to explain what was happening. For example, each person had a six month review and an annual review with their key worker and relative or their representative.

The records showed us people's views were taken into account and where necessary acted upon. For example, one person told us they preferred smaller food portions and liked to spend time on their own during most of the day. They told us the staff respected their choice and wishes.

We observed how staff helped people to understand about any treatment or support they had agreed to, for example, consulting people about activities, offering a range of drinks and asking about their food preferences.

We spoke with eight staff. They clearly understood where people lacked capacity to make an informed decision then best interest meetings needed to be held with people who knew and understood the person using the service. There was evidence that people had access to an independent advocate who could act on their behalf. In this way we saw how procedures were in place to obtain valid consent from people using the service.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.
The manager said the key principle of the home was that people who used the service were in control of their lives. She said staff were fully committed in supporting people to lead purposeful lives as independently as possible. The care plans were linked to risk assessments, which was regularly reviewed.

The manager said the service had a 'can do' attitude and risks were managed positively to help people who used the service to lead the life they wanted and where possible to make their own informed decisions about their daily lives. Where there were limitations, these had been agreed with the people who used the service or their representative and were recorded.

People were able to see the records held about them, and this was confirmed when we spoke with them.

We looked at seven care plans in detail. Four of the plans were recorded using the organisations new care plan format, although the content was accurately recorded, information was not easily accessible or user friendly. For example there was a section within the care records to identify urinary/continence/bowel needs. This section was 17 pages long, and included bladder and bowel charts, toileting ability, cognitive skills, mobility, risk of falls, nutrition, skin care and medical risks followed by a summary. In addition to this section, there were separate and detailed care plans and risk assessments relating to all of these areas.

When we spoke with staff about the new format, they said some parts were very good however, they thought there was too much duplication and they were very time consuming to fully complete.

Although some parts of the plans were cumbersome, we could see the new format looked at all aspects of the person's life. They focussed on the individual's strengths and personal preferences. They were written with the individual, or their representative, and included a range of information that was important to them. For example their preferred communication styles, their skills and abilities, their likes and dislikes, and how they made

choices about their life.

The provider may wish to note, although people or their representatives had signed consent forms, some care plans and risk assessments that we looked at had not been signed. The risk assessments did not clearly identify the level of risk such as, low, medium or high.

We saw key workers ensured all care plans were reviewed and regularly evaluated as the individual's needs changed. (Key workers are staff who work on a one to one basis with people and contribute to the care plan by involving the individual) This meant staff always knew the persons current needs and wishes.

The manager and staff spoken with told us people could access advocates where appropriate. This meant people had access to a service where someone could act on their behalf and in their best interests. We saw that this had happened for two people who used the service.

All of these measures ensured care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

We saw that all areas including laundry, kitchen, lounges and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control.

We saw that the home had procedures and clear guidelines about managing infection control. There was an infection control lead who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection.

People and visitors were supported by staff in understanding the need for good hand hygiene and how this was promoted in order to reduce the risk of infections. Most areas had access to hand washing facilities including use of liquid soap and paper towels.
The service was proactive in minimising the risk of cross infection and had a plan in place to manage any outbreak of a contagious illness that may start within the home.

We saw food hygiene procedures were in place, food was stored correctly, and food preparation guidelines were followed. The cook had a good understanding of what to do to prevent the spread of infection.

Staff confirmed they had received food hygiene training.
The home had been given a 4 star award by Durham County Council for high standards of food safety management.

We saw all hazardous substances were stored safely and securely. We saw there were health and safety audits carried out and these included water temperatures and legionella annual checks.

We saw evidence of protective equipment such as disposable gloves and aprons were available for staff to use appropriately. The washing machines had a disinfection cycle for soiled linen items.

All of these measures ensured people were cared for in a clean, safe environment.

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 appropriate professional development.

We spoke with six members of care staff, two domestic staff and the manager. Everyone told us training was on-going. This included training about risk assessments, report writing, challenging behaviour, epilepsy, autism, non-violence crisis intervention, dementia awareness, dignity, respect, equality, deprivation of liberty and safeguards. We saw the Mental Capacity Act training was due to take place.

We also saw staff had annual refresher training in health and safety issues, for example, moving and handling and food hygiene. This meant the service enabled staff to take part in training which was relevant and appropriate to their roles, so they could carry out their jobs effectively.

Staff told us they had regular meetings with a senior member of staff. This included looking at the staff member's performance and any problems they had, as well as achievements and training needs.

The staff we spoke with said they felt supported by the manager and could speak with her at any time for support if they needed to.

All of these measures meant staff were adequately supported which contributed to meeting the care and welfare needs of the people in their care.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw the service operated an effective quality assurance and quality monitoring system. This was based on seeking the views of people who used the service to measure its success in meeting the aims and objectives and the statement of purpose of the home. In this way the provider ensured people's views were sought listened to and acted upon.

We saw there were frequent internal and external audits to check the quality of the service, as well as regular audits of medication and health and safety.

The provider also carried out annual surveys of people who used the service and their relatives. This enabled them to gain their views about all aspects of the service including care, housekeeping, meals and staff attitude. The results were collated and were available in the home.
The manager said she used the results of these surveys to help her to devise an annual development plan, and to make improvements to the service where possible.

The manager told us residents' and relatives' annual review meetings were held to encourage people to comment about their individual care and support needs and make suggestions about improvements to the service. This was confirmed by the records we looked at.

All of these measures showed there were good systems in place to make sure a quality service was provided.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed.

We saw the provider was maintaining appropriate records required for protecting people who used services and for the effective and efficient management of the service.

People who used services or their representatives had access to their records, and were able to contribute to maintaining their personal files.

We saw people's personal records were accurate, fit for purpose, held securely and remained confidential.

Other records required to protect people's safety and wellbeing such as, accident and maintenance records were appropriately maintained and held securely where necessary.

Staff told us they had easy access to the provider's policies and procedures whenever they needed them.

All of these measures ensured people's rights and best interests were safeguarded by the provider's record keeping.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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