

Hallhouse Care Home Care Home Service

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Fenwick
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Type of inspection:
Unannounced

Completed on:
16 August 2024

Service provided by:
Hallhouse Care Limited

Service provider number:
SP2020013479

Service no:
CS2020379444

About the service

Hallhouse Care Home is registered to provide care to 47 older people. The home is situated within the village of Fenwick which is near the town of Kilmarnock in East Ayrshire.

The home is set out across two separate buildings; a single storey nursing unit, which has 36 bedrooms and a two-storey residential unit known as "The Lodge", which has 11 bedrooms. All bedrooms have en suite toilets and some with showers or baths. The home has enclosed garden spaces.

There were 40 people living in the home, at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 13 and 14 June between the hours of 06:00 and 16:00 . The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

To inform our evaluation we :

- spoke with 10 people using the service and their family members
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents
- reviewed eight submitted questionnaires

Key messages

- Staff used their knowledge of people to provide very good person centred care
- Meal times were relaxed affairs with multiple settings to choose from
- People have free access to a safe and secure garden area
- Families told us they were involved by the service in decisions and kept up to date
- As part of this inspection, we assessed the service's self-evaluation of key areas.
We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff used their knowledge of people to provide very good person centred care. We saw warm and respectful relationships between the staff and people supported. Families told us "staff are respectful to my husband and are fond of him." This helped provide positive outcomes for people.

The food was tasty and well presented. Meal times were relaxed affairs with multiple settings to choose from. Staff were attentive and knew peoples likes, dislikes and needs. The Chef knew people well and was updated regularly on peoples needs. This helped people stay well and feel valued as an individual.

There was a robust medication system with a process in place to ensure staff are aware of any changes and short term medications. This helped people stay safe.

We saw that appropriate external health professionals participated in people's care planning. The advice offered was actioned and reviews arranged as required. Families told us " We are kept up to date and involved with any decisions ." This ensured that people's health and wellbeing was maintained.

There is an ongoing programme of activities and outings which is updated weekly and regularly evaluated and adapted due to feedback received.. There is a rota system to ensure that all people supported get the opportunity to take part. People told us "I definitely have enough to do ." This encourages people to stay active and feel part of the community.

Areas for improvement

1. To ensure accurate monitoring and support of people's hydration and nutrition needs the provider should improve the completion of food and fluid charts. This should include inclusion of fluid targets, accurate records regarding the amount of food and fluid taken and dating the charts.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

There was a robust system of audits feeding into service improvements. The manager has very good oversight of the service and any outstanding actions and is supported by the regional team. This assists in identifying areas to improve outcomes for people.

The management team are very responsive to feedback received and this is gathered in a variety of ways including meetings and questionnaires. Staff told us "The manager deals with stuff you take to her and is really good." This information is then used to inform improvements within the service.

Newsletters are distributed regularly throughout the year and provide a good insight into past events and future plans.

There was comprehensive recording and auditing of actions and incidents to ensure that any lessons learned or trends identified were actioned. This had resulted to changes in the lighting within the home. This assisted in ensuring people were safe.

Meetings were held daily including staff from every department across the home. Staff appreciated the opportunity to get involved in these which improved communication across the team and gave the management team a clear overview of what had been happening within the service. This allowed for any required actions or adjustments to be made to minimise any disruptions to peoples day and promoted a team approach across the service.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

We spoke to staff and observed staff practice during our inspection. We found that staff were motivated, compassionate and skilled. People supported and families praised the quality and conduct of staff. Relatives told us "Staff go above and beyond the call of duty."

Staff were well recruited, trained and supported by leaders in a way that promoted good outcomes for people. Staff told us "I know what I am doing, our training is good" and that "I feel 100% supported." We saw that regular supervisions and appraisals took place. This offered staff opportunities to discuss their learning and development needs and reflect on their practice.

The service was requiring to use agency care staff due to staffing challenges however all attempts had been made to minimise the impact of this by forward planning and families told us "There has been a lot of new faces but this has not affected Mum's care," and that "One of the agency staff is my mums favourite at the minute and they have a lovely relationship."

There were effective communication systems in place to ensure that staff were kept up to date with any change in people's health or wellbeing. This ensured people were supported by staff who were informed about their care needs and could provide responsive support.

Managers and all staff supported our inspection very well and were very receptive to suggestions for improvements. Wherever possible, any minor issues were addressed straight away. This showed that people benefitted from the positive and professional attitude of leaders who were striving to provide good outcomes.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There were robust maintenance checks in place which were clearly documented. The service had an effective system for keeping track of the progress of repairs as well as sign off sheets in every folder. This ensured that the management team had a comprehensive oversight of any issues as well as routine maintenance.

There had been recent alterations to the environment to improve outcomes for people such as the change over of lounge and dining facilities. This provided a variety of areas for people to access depending on their needs and wishes including areas with a quieter environment .

There was evidence of ongoing improvements and investment in the upkeep and décor in service . The home still requires updating throughout key areas and there are plans in place to start to address this. It is important that these improvements continue to ensure people benefit from a safe, well equipped and furnished environment to meet their needs and wishes.

People have free access to a safe and secure garden area providing a sense of freedom and well being . Families told us " The garden grounds have improved greatly in last 2 years and now have raised beds in use which look lovely."

The high standards of cleanliness of the home and equipment helped to safeguard people from infection. There were very good systems in place to assess and check the cleanliness of the home and infection prevention and control measures (IPC). Housekeeping staff showed that they were knowledgeable about cleaning schedules, procedures and current IPC guidance. These measures contribute to ensuring that people using the service are being protected from the risk of infection and benefitted their health and wellbeing.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good

The support plan documentation was comprehensively completed and was both person centred and relevant. The format of the support plan was very straightforward and it was easy for temporary staff to gain key information. Where the information required updating this was either of a very minor nature or had been already identified and was planned. Staff told us "Our support plans here are very straightforward and easy to understand." This meant people were supported in line with their wishes.

There was extensive risk assessment documentation which had been completed and reviewed appropriately.

Families reported being involved by the service in decisions and kept up to date. There was evidence of appropriate involvement of guardians and and power of attorneys where in place. Families told us " I am fully involved in my wife's care plan and I am aware that I can see this whenever I want. "

The language used throughout the documentation was appropriate and respectful and reflected the person centred culture of the staff and management team. Whilst personal plans sampled generally gave a very

good oversight of support needs, there wasn't always clearly defined outcomes set and guidance was provided on how these could be improved.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure accurate monitoring and support of people's hydration needs the provider should improve the completion of fluid charts. This should include inclusion of fluid targets, accurate records regarding the amount of fluid taken and dating the charts.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

This area for improvement was made on 22 June 2023.

Action taken since then

Staff had received training with the company trainer to cover Food and Fluid Chart completion. This had covered fluid targets, accurate recording of fluid taken and ensuring everything is dated.

Measures had been put in place such as checking charts at the handovers and reviewing peoples targets at the morning nursing handover . However these had not fully imbedded into practice resulting in gaps in recordings.

Further measures are planned to improve the accuracy of recording peoples intake and as such this area for improvement has not been met and will continue.

Previous area for improvement 2

To ensure the safe and effective management of medication the provider should improve the accuracy of medication records to evidence the administration of oral and topical medication. The provider should ensure that PRN protocols are up to date and regularly reviewed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective.'(HSCS 1.24)

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their

practice and follow their professional and organisational codes.’ (HSCS 3.14).

This area for improvement was made on 22 June 2023.

Action taken since then

A review of the medication records showed that all required documentation was in place and appropriately completed.

This area for improvement is therefore met.

Previous area for improvement 3

Area for improvement 3:

The provider should audit the quality of the décor of the home and use the Kings Fund tool ‘Is your home dementia friendly’ to inform improvements for people living in the home.

The outcomes of these audits should inform a development plan to improve the environment of the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

‘I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment’. (HSCS 5.22).

‘I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.’ (HSCS 4.19)

This area for improvement was made on 22 June 2023.

Action taken since then

The Kings Fund Audit tool had been completed. Identified actions were either completed or in the service improvement plan.

This area for improvement has been met.

Previous area for improvement 4

To provide reassurance that the service respect and value people experiencing care’s personal belongings, the provider should ensure that staff complete an inventory and regular audit of residents’ possessions as stated in the residency agreement. This should include, but is not limited to, the service producing guidance for staff to follow to ensure that personal belongings are treated with respect and kept safe.

This area for improvement was made on 21 June 2023.

Action taken since then

The service had obtained and were using a new labelling machine which made it easier to identify peoples clothing and belongings. A sample of inventories showed that they had been appropriately completed.

This area for improvement has therefore been met.

Previous area for improvement 5

To provide reassurance that people experiencing care receive the appropriate level of food and fluid, the provider should ensure that staff maintain consistent and detailed food and fluid records in accordance with the Maintaining Good Nutrition and Hydration policy. This should include, but is not limited to, records being monitored and reviewed by senior staff to identify any additional support which may be necessary.

This area for improvement was made on 21 June 2023.

Action taken since then

Measures had been put in place such as checking charts at the handovers and reviewing peoples targets at the morning nursing handover . However these had not fully imbedded into practice resulting in gaps in recordings.

Further measures are planned to improve the accuracy of recording peoples intake and as such this area for improvement has not been met and will be incorporated into area for improvement 1.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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