

Yorkare Homes Limited

# Mere Hall Care Home

## Inspection report

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Date of inspection visit:  
06 May 2022  
12 May 2022  
17 May 2022

Date of publication:  
12 October 2022

## 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

### About the service

Mere Hall is a residential care home providing personal care. The home can accommodate up to 64 people across three separate floors, each of which has its own facilities. One part of the home provides care to people living with dementia, and the other, to people requiring residential care. At the time of this inspection the top floor was not occupied. 29 people were living at the home.

### People's experience of using this service and what we found

There was a very strong and effective governance system in place. People, relatives and staff were very confident about approaching the registered manager if they needed to.

People received their medicines in a safe way. Risk assessments were in place and identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

Staff recruitment was safely managed, and staffing levels were routinely reviewed. Staff were encouraged to professionally develop in order to progress and provide the best outcomes for people.

Staff demonstrated that they understood the importance and benefits of providing person-centred care to people. The service was flexible and adapted to people's changing needs and wishes and promoted their independence.

The staff team knew people extremely well and care was provided with compassion. People's privacy was respected, and people were supported to maintain contact with relatives and friends.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 12 October 2020 and this is the first rated inspection.

### Why we inspected

This was a planned inspection and all domains were inspected as the service has not been previously rated.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Mere Hall Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors 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 care service.

#### Service and service type

Mere Hall is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Mere Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with ten people who used the service and six relatives about their experience of the care provided. We spoke with 16 members of staff including the registered provider, registered manager, care managers, senior care workers, care workers, activity workers, the chef and maintenance staff.

We looked around the environment to review the facilities available for people and the cleanliness of the service.

We reviewed a range of records including multiple medication administration records, and a variety of records relating to the management and governance of the service.

### After the inspection

We reviewed evidence that was sent remotely. This included audit and governance data, four peoples care plans, and four staff files in relation to recruitment and staff supervision.

We received feedback from a health professional about their experience of working with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems were in place to protect people from the risk of abuse.
- People told us they felt safe living at Mere Hall and with the staff who supported them. One person told us, "I feel safe and very well looked after." A relative said, "I think [Name] is extremely safe, the staff are brilliant."
- Staff had received safeguarding training and demonstrated a good understanding of how to protect people from harm or abuse.

Assessing risk, safety monitoring and management

- Staff effectively assessed, monitored and managed risks to people's personal safety and wellbeing. Care plans were in place to mitigate risks and were reviewed regularly.
- The environment and equipment were safe and well maintained. Accidents and Incidents were recorded, reported and evaluated to reduce the risk of recurrence.
- Systems were in place to support people in the event of an emergency. The provider had a business continuity plan and each person had a Personal Emergency Evacuation Plan (PEEP) which contained information about how best to support them during an evacuation.

Staffing and recruitment

- Staff recruitment was undertaken safely, and staffing levels were kept under review.
- We received mixed feedback about staffing levels in the home. We shared this with the registered manager to consider when determining their staffing levels.
- People's comments included, "I don't think they always have enough staff. There are days when I am unable to get out of bed as there is no one to do it. I don't mind as long as I am informed. Sometimes it is because the home is busy, for example, if they are having a new admission" and "I think there is enough staff, well they look after me."

Using medicines safely

- People's medicines were administered safely and managed effectively.
- Staff were knowledgeable about people's medicines and were suitably trained.
- People received their medicines as prescribed and were supported to be independent in taking their medicines, when appropriate.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Family and friends were welcome to visit the service when they wanted, and we saw several relatives visiting during the inspection.
- The service demonstrated innovative practice to develop safe visiting rooms during the pandemic which enabled people to maintain important relationships.

#### Learning lessons when things go wrong

- Staff responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff carried out comprehensive pre-admission assessments of people's needs and choices to develop relevant care plans. Assessments were continually evaluated and reviewed to ensure people received the care that met their needs.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction, received regular training and had their performance routinely monitored. They were complimentary about their employment and the support they received. Two members of staff said, "We appreciate all of the time and effort taken in supporting us and how this has helped us to develop in our role."
- The majority of people and their relatives were confident staff had the right skills to provide their care. However, one relative said, "They have had a big change over of staff recently and the new staff don't know [Name] as well. I think they probably need more training. The old staff are completely with it and we have a good rapport." We shared this with the registered manager to consider this when determining their training.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service worked within the principles of the MCA.
- People were supported to be in control of their own lives as much as they were able. When they were not able, decisions were made in people's best interests in line with legislation.

- Staff received MCA training and sought consent from people prior to providing care.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain a balanced and healthy diet of their choice. They were knowledgeable about people's special dietary needs and preferences.
- The mealtime service was efficient. The ambiance was calm and sociable. Staff were kind, attentive and prompted people to eat well.
- People were complimentary about the food. One person told us, "The meals are very nice and there are always plenty of drinks or snacks if you want them. Everything is home cooked, and you can tell, it's lovely." Another person said, "The food is very good, and I am looked after very well and if I don't want something, I can always ask for an alternative."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other professionals to ensure people received effective care such as GPs and occupational therapists. Staff followed guidance provided and information was shared with other agencies where people needed to access other services. One person told us, "They make sure I have everything I need. They do encourage me to get up though and I have assessments from the Occupational Therapist (OT). It's all been very positive."

Adapting service, design, decoration to meet people's needs

- The home was well maintained and decorated in ways which promoted independence for people living with dementia. One relative said, "The home is beautiful and there is never any odour. I went the other day and the resident's upstairs were on the balcony having afternoon tea, how lovely is that."
- People's rooms were personalised, spacious and comfortable. One relative told us, "The whole place feels nice when you walk in. [Name] has personalised his room as much as he wants and is settling in well."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were enthusiastic about ensuring people received good care.
- People and relatives were complimentary about the care and support provided. One relative told us, "I have to say [Name] seems about 10 years younger since they went there [the service]. They are doing so well." Another relative said, "The staff are very caring, and [Name] always looks well cared for, shaved, and nicely presented."
- Staff understood the importance of treating people as individuals and recognised each person was unique. One relative said, "They really seem to understand [Name's] needs. They have a good understanding of their dementia and how to approach [Name]. They are really good with him."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and have as much control in the delivery of their care, as possible. One person told us, "The staff really understand me and know me. We work together and when they have new staff, they make sure they work alongside someone who knows me and how I like things to be done."
- Staff involved people in day to day discussions about their care and understood people's needs and preferences. One person told us, "I woke very early today, and they made me a lovely cup of tea." A relative said, "The staff are very knowledgeable about [Name] and their condition."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. One person told us, "They can't do enough for me and respect my privacy by always knocking on the door and waiting to hear me say come in." A relative said, "They always treat [Name] with dignity. All of the staff are really kind."
- Staff promoted people's independence and provided compassionate care this had led to positive outcomes for people. One relative said, "[Name] is a different person really, they have even started walking again and showed us they can be more independent than they were at home. I think this is down to knowing there are people around and they encourage [Name] to be more confident."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in culturally relevant, inclusive and diverse activities which were meaningful to them including, flower arranging, chess, chit chat club, baking, audio books and celebrating a variety of cultural events.
- People and relatives gave positive feedback about the activities provided. One person told us, "There are things to do." One relative told us, "There are lots of activities. [Name] likes to do the quizzes." And another relative said, "[Name] sometimes goes to activities, the staff give them lots of encouragement."
- Staff supported people to maintain important relationships. One relative told us, "They know it's important for me to be with [Name]. Last Christmas they were brilliant and sorted it so we could share Christmas at home. Recently they sorted it so we could take [Name] shopping for their granddaughters' birthday. [Name] choosing the present was so lovely to see."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were comprehensive, person-centred and regularly reviewed.
- Staff were responsive to people's changing needs and preferences.
- People received person-centred care which met their needs. One person told us, "I have a care plan and I'm happy with it. They went through everything at the beginning, and it has been reassessed with me recently. They write it all up and give me to check and sign. It is very good and covers all of my needs." A relative said, "They went through everything with me and [Name] and the care plan appears very comprehensive."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and regularly reviewed.
- Staff were knowledgeable about the most effective ways to communicate with people.
- The provider ensured people had information accessible to them in different formats, when needed.

Improving care quality in response to complaints or concerns

- Procedures were in place to investigate and respond to complaints.

- People and relatives knew how to raise concerns and were confident they would be addressed promptly. One relative told us, "[Registered Manager] is very good, there was an issue at the beginning, but I spoke to them and it was dealt with immediately. All the staff are very good, they listen and take things on board. In my case there was an apology and an uplift in training. I was completely satisfied in the process."

#### End of life care and support

- People's final wishes were respected, and families were fully involved in their end of life care.
- The registered manager and staff had forged good working relationships with specialist palliative professionals to ensure people received personalised care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had good oversight of the service. Quality assurance and governance systems were comprehensive. This included regular service and quarterly home reviews.
- Staff were guided in their roles through up to date policies and procedures. Areas of risk were routinely assessed and mitigated.
- The registered manager and staff understood their regulatory responsibilities. They informed the CQC about significant events at the home which enabled us to check appropriate action had been taken.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibility under the duty of candour and how to respond. They promoted an open and honest culture throughout the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff supported people to achieve good outcomes and maintain their well-being.
- People felt the manager was approachable and the home was well run. One person told us, "[Registered Manager] is very nice and often pops in to say hello. I think they keep a close eye on things." A relative said, "I find the registered manager really easy to talk to. They are definitely approachable, very good, and I keep in contact with them."
- Staff described a positive culture where their views were welcomed and encouraged.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager positively encouraged feedback about the service.
- People, relatives and staff were given regular opportunities to share their views. This included surveys and meetings.

Continuous learning and improving care

- The registered manager was committed to continuous learning and improvement.
- Effective systems for monitoring standards of care were embedded within practice to successfully identify areas for improvement and lessons learned. This included regular audits and quality assurance checks.

### Working in partnership with others

- The provider had good links with the local community, commissioners and key organisations, to reflect the needs and preferences of people in its care. One church official told us, "Mere Hall staff have been proactive in seeking out opportunities to invite the church into the home to provide spiritual care to the residents. They see this as an integral part of the care they offer and are sensitive to the spiritual needs of the residents. We are always warmly welcomed and appreciate the staff working with us to ensure all residents are able to participate in the acts of worship we offer. We find the atmosphere to be warm and the staff always treat the residents with great dignity and kindness."