

Haddon Court Limited

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Inspection report

8-14 Haddon Road
Blackpool
Lancashire
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Tel: 01253353359

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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

About the service:

Haddon Court provides accommodation and personal care for 33 older people who live with dementia. At the time of our inspection the home had 32 people living there. The home is situated close to the promenade and transport routes. Accommodation is provided on three levels and all bedrooms provide single occupancy. There are three lounge areas and a large dining room.

People's experience of using this service:

People and relatives consistently commented they felt safe and comfortable at Haddon Court. A relative commented, "It's a really good home, I would have no hesitation recommending it to anyone else." Staff had training relevant to protecting people from abuse and poor practice and were able to describe their responsibilities.

The registered manager completed risk assessments aimed at minimising the risk of injury or unsafe care. They had a variety of systems intended to reduce accidents and regularly audited environmental and fire safety to maintain everyone's welfare.

The provider assessed and monitored staffing levels to ensure they continued to meet people's changing needs. A relative stated, "There seems to be enough staff." The provider had a range of training to support staff in their roles.

The registered manager had multiple systems to ensure the safety of medication procedures. Staff demonstrated they understood their responsibilities and people said they received their medicines as prescribed.

Staff monitored and documented changes in people's health and understood their responsibilities. People and relatives said staff were prompt in referring them to other healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. One person said, "They never try to force me into anything."

Staff closely monitored how much each person ate and care records contained extensive information about their food likes/dislikes. People confirmed they enjoyed their meals. One person commented, "The meals are alright and I have a good appetite."

We observed staff had a kind approach that focused on maintaining people's dignity and valuing their individuality. One person commented, "The staff are smashing, they could not be any better." The management team worked hard to ensure they valued people's human rights.

Care records were personalised to the individual's needs and support planning was aimed at assisting them to retain their self-determination. One person commented, "The staff here helped me become independent."

People and relatives said the management team was approachable and visible at Haddon Court. One person stated, "Yes, I see the manager and the owner around the home." The management team regularly completed a range of audits to assess the quality of care delivery. The registered manager told us the provider was 'hands on' in their approach and worked closely with staff. They added, "[The provider] is very involved in the home, the residents' wellbeing and making sure everyone is safe."

Rating at last inspection: At the last inspection the service was rated good (published 16 November 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any issues or concerns are identified we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained good

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained good

Details are in our Well-Led findings below.

Good ●

Haddon Court Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care 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 care service. The Expert by Experience for the inspection at Haddon Court had experience of caring for people who lived with dementia.

Service and service type:

This service is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

This inspection was unannounced.

What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning department who used Haddon Court. This

helped us to gain a balanced overview of what people experienced whilst living at the home.

During the inspection we spoke with a range of people about Haddon Court. They included five people who lived at the home, three relatives, the registered manager, the provider and three staff. We further discussed the home with a visiting healthcare professional.

We looked at records related to the management of the home. We did this to ensure the management team had oversight of the home and they could respond to any concerns highlighted or lead Haddon Court in ongoing improvements. We checked care records of two people who lived there. We also looked at staffing levels, recruitment procedures and training provision.

We walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People and relatives told us staff maintained a safe, comfortable environment for them to live in. One person said, "It is as safe as anything, you could not get any better." A relative added, "Yes, they are perfectly safe."
- The management team completed regular audits to assess environmental and fire safety. Additionally, they had a variety of systems intended to mitigate potential accidents and incidents. This included a new, more robust falls risk protocol to guide staff to reduce harm to people.
- The registered manager completed risk assessments aimed at minimising the risk of injury or unsafe care. These covered, for example, bedrails, health and safety, the external environment, fire safety and medication and included actions to protect people from hazards.

Learning lessons when things go wrong

- The provider was very keen to review lessons learnt, following a recent incident, to improve care delivery and maintain everyone's safety. This included sharing reflective practice and case studies in team meetings to upskill staff. A relative commented, "They did everything they could to keep my [relative], the other residents and the staff safe. It's good also that [the provider] is giving extra training for staff to refresh their understanding."

Preventing and controlling infection

- We found the home was clean and tidy. One person stated, "I like it here, it's nice and clean." Staff confirmed they had training and sufficient personal protective equipment, such as hand gel and disposable gloves, to retain infection control measures.

Systems and processes to safeguard people from the risk of abuse

- Staff had training relevant to protecting people from abuse and poor practice. They were able to describe their responsibilities, including reporting procedures. One staff member commented, "Any concerns I would report to [the registered manager]. I would not hesitate to whistleblow."
- The registered manager worked closely with the local authority and documented incidents to assess staff followed correct procedures. They met regularly with the provider to check people were protected from unsafe care.

Staffing and recruitment

- The management team followed the same safe recruitment procedures we found at our last inspection. This ensured staff were suitable to work with vulnerable adults.
- The provider assessed and monitored staffing levels to ensure they continued to meet people's changing needs. People confirmed staff numbers were sufficient to meet their needs and call bells were answered

quickly. A relative told us, "Yes, there are plenty of staff on duty, I see that no matter what time of day I come."

Using medicines safely

- The registered manager had multiple systems to ensure the safety of medication procedures. For instance, staff had training and regular checks of their competency. Additionally, the management team completed periodic audits to assess processes were correctly followed.
- Records we sampled followed national guidelines, such as clearly documented instructions, and there were no gaps. Staff demonstrated they understood their responsibilities and confirmed they had guidance about different medicines, their purpose and side effects.
- People told us they received their medicines as prescribed and on time. One person said staff administered their medication "more or less at the same time every day".

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.

People's outcomes were consistently good and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had a range of training to support staff in their roles. Courses covered, for instance, safeguarding, health and safety, dementia awareness, falls management and food hygiene. One employee said, "Yes, we get plenty of training. I feel really confident in my role."
- People told us they found staff were skilled in their responsibilities. One person stated, "They do know what they are doing."
- The registered manager additionally completed regular staff supervision to assist each employee to understand their role and explore their professional development.

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

- We found the registered manager was referencing current legislation, standards and evidence-based guidance to achieve effective outcomes. This included various guidance to enhance staff skills and knowledge-base.
- The management team endeavoured to provide effective treatment outcomes by assessing and monitoring care delivery met people's needs. They regularly updated care plans in line with national regulations and guidelines.

Staff working with other agencies to provide consistent, effective, timely care

- People and relatives said staff were prompt in referring them to other healthcare professionals. One relative stated, "The communication here is excellent. They got in touch with me straight away when my [relative] was unwell and kept me informed all the way." Care records contained information about appointments and visits, such as outcomes and changes in treatment to ensure support plans remained effective.

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

- The registered manager had identified, recorded and met communication and support needs of people with a disability, impairment or sensory loss. For example, they provided pictorial information, such as satisfaction surveys, to assist those who could not communicate directly. Dementia-friendly signs were displayed on doors to inform people of the room's purpose.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection, 21 people had an authorised DoLS to maintain their safety. Care records held required documentation, such as legal applications, best interest decisions and capacity assessments. Staff had in-depth knowledge of related principles. A visiting professional stated one person, "Refuses personal care and the staff respect that, but monitor she is alright."
- People told us staff consistently sought their consent before supporting them. When we discussed related principles with staff, they showed a good awareness. A staff member said, "That's really instilled in us about always offering people choice and trying to help them decide what they want to do."

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

- The provider had proven systems to reduce the risk of malnutrition. This included a specialist 'scent delivery system' that supplied different food aromas about the home to increase people's appetite. Staff closely monitored how much each person ate and care records contained extensive information about their food likes/dislikes.
- The cook retained details about people's special diet requirements and discussed menus with them and their relatives. Staff further increased their enjoyment of meals by encouraging a social atmosphere. One person told us, "You cannot fault the food." A relative added, "The food is fantastic. My [relative] eats really well."

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us they were supported to live healthy, worthwhile lives. They added the management team achieved this by involving, where necessary, other services. One person said, "I had a really bad toothache and a member of staff took me to the dentist."
- Staff monitored and documented changes in people's health and understood their responsibilities. A staff member stated, "If a resident was unwell, I'd inform the senior and if need be call a GP. The residents' health is my number one priority."

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

People were supported and treated with dignity and respect and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- During our observations, we saw staff had a kind approach that focused on maintaining people's dignity and valuing their individuality. A relative commented, "I've always found all the staff really caring."
- Staff were careful about respecting and retaining people's privacy and personal space. One person said, "They do not disturb you if you want to be left alone." Care records were stored securely in the office to maintain people's privacy.

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

- The registered manager instilled an individualised approach in their workforce to maintain good standards of care. Staff had a clear understanding of people's diverse needs, which supported the delivery of person-centred care. One employee told us, "I love all the residents' different personalities. It's the best thing about this job, knowing I've made them feel happy."
- The management team worked hard to ensure they valued people's human rights. This included supporting them to access religious centres in line with Article 9 of the Human Rights Act (1998), the right to 'Freedom of thought, conscience and religion.' One person said staff respected their spiritual needs and added, "I have my own religion and they leave me to it." The provider underpinned staff skills through regular equality and diversity training.

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

- The management team worked with people and their relatives to develop their care plan. This centred on assisting them to retain their independence and sense of self-worth. Care records included their consent to care to demonstrate they had discussed and agreed their support.
- People talked about how they benefitted from working with the care team in creating their plan of care. A relative said, "As soon as I first visited they sat down with me to get some background on my [relative]. I was impressed with that because they really valued my input."
- Information materials provided by the service gave people details about advocacy services. Consequently, they could access this if they required support to have an independent voice.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were personalised to each individual's needs. Staff completed multiple monitoring charts to check treatment continued to be responsive. A relative confirmed, "They are recording everything about [my relative], so I am seeing an accurate recording of her life here."
- The registered manager checked and recorded people's preferences to, for example, bath or shower, bedtimes, activities, number of pillows and meal options. Further information included the person's life history to strengthen staff understanding of how best to support them.
- People and their relatives regularly met with the registered manager to discuss and assess the continuity of their care. One relative said, "I've been to all the meetings, it's really good to be a part of reviewing my [relative's] progress."
- Care records also held an 'activity profile,' which referenced each person's different interests, hobbies and social needs. This helped staff grasp the different things people liked to do during the day. A visiting professional commented, "They seem to have a lot of activities. Being in Blackpool, one day they even brought donkeys in."

End of life care and support

- At the time of our inspection, no-one who lived at the home received end of life care. However, care records included information about people's related preferences, such as spiritual beliefs, place of worship and funeral arrangements. The registered manager reinforced this by assisting people to complete in-depth advanced care planning documents.

Improving care quality in response to complaints or concerns

- People and relatives had access to clear information about how to raise concerns about their care. One person stated, "I certainly do know and I would if I had something to complain about." The provider had received one formal complaint in the last year. We reviewed related documentation and noted they had followed their duty of candour as part of their procedures.

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

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

- Staff and the management team were clear about their individual responsibilities and accountabilities. This included notifying CQC of any incidents in line with the regulations.
- The management team regularly completed a range of audits to assess the quality of care delivery. Checks were made of, for example, recordkeeping, infection control procedures, health and safety, kitchen safety, medication and recruitment. The registered manager told us they would manage identified issues through staff meetings and supervisions to maintain everyone's safety.

Continuous learning and improving care

- The management team engaged regularly with their workforce to consider how the service could improve. A staff member stated, "Both [the provider and registered manager] are keen to listen to us and any bright sparks we might have." One example of continuous improvement involved the provider working and reflecting with staff, following a recent incident, to enhance their skills.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives said the management team was approachable and visible at Haddon Court. One person told us, "They are always very approachable."
- It was clear the provider took their duty of candour seriously and acted on any concerns raised. This included apologising when mistakes were made and acting to improve the quality of people's care.

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

- Surveys were provided in different formats, such as pictorial questionnaires, to capture as many views as possible. A comment from the most recent survey was, 'I'm happy here.' The registered manager strengthened this through regular 'resident meetings.'
- The management team also valued their staff and involved them in service development. They sought feedback from their employees through team meetings and one-to-one supervision. A staff member commented, "We have team meetings. I missed the last one, but was informed about it when I came back on duty."
- Staff stated the registered manager was supportive and accessible. One employee told us, "If I have any problems, [the registered manager and provider] are helpful and you can approach them about anything."

Working in partnership with others

- The management team engaged with other organisations to share good practice and improve the quality of people's care. This included GPs, social workers and other local health and social care services.