Masterpalm Properties Limited

Hadfield House

Inspection report

39 – 41 Queens Road
Oldham OL8 2AX
Tel: 0161 620 0348
Website:

Date of inspection visit: 3 and 4 December 2015 and 9 February 2016
Date of publication: 06/04/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection was carried out over three days on the 3 and 4 December 2015, and 9 February 2016. Our visits on the 3 December and 9 February were unannounced.

Our inspection was brought forward following concerns raised by the local authority about the general safety of people who used the service.

We last inspected the service on the 5, 8 September 2014, we found the service was meeting all the regulations that we reviewed.

Hadfield House is a large converted Victorian house, overlooking Alexandra Park and within 1 mile of Oldham Town Centre. There are two storeys with bedrooms on both ground and first floors. There are also some attic rooms which are generally used for storage, and accessed through a separate stairway which is generally kept locked. Set back from the road, the home has gardens to the front, and a secure paved 'sensory garden' at the side containing raised beds, garden furniture and lighting was directly accessible from the main lounge. Staff said that in fine weather the door leading out into the garden was left open so that people could walk freely between the two areas.

The service is registered to provide personal care and accommodation for up to 28 adults and older people with Dementia and Mental Health conditions.

Summary of findings

The home had a manager who has been registered with the Care Quality Commission (CQC) who was present on all days of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager has been registered since October 2010

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the safety of the premises and information held about people. You can see what action we told the provider to take at the back of the full version of this report.

We also made a recommendation relating to staff references. See the comments in the main body of the report.

The home did not have processes to ensure that systems could maintain accurate, complete and contemporaneous records for the people who used the service and therefore were unable to assess, monitor and mitigate the risks associated with the health, safety and welfare of these people.

When we looked around the building we saw that grab rails were used to store objects which would cause an unnecessary hazard to anyone who required the use of handrails. There was also an electric wire hanging from a grab rail to the floor which caused a trip hazard.

We saw that disposable razors had been left in a communal bathroom increasing the risk to the health and safety of people who used the service.

Staff recruitment files did not always contain sufficient details to ensure the suitability of staff to work with vulnerable people.

People who used the service told us they felt safe, and that they thought there were enough staff available to support them. A member of staff told us "We treat people as individuals; we get to know them and what they like, being sensitive to their feelings. We make sure they have their glasses and hearing aids, and get to know them as individuals."

The home had good procedures in place for staff to identify and raise any safeguarding concerns, and staff showed a good understanding of how abuse could occur.

The building and equipment were safe and secure. We saw that the home was clean and that cleaning rotas were in place and being followed to ensure that all areas were kept clean and hygienic, including kitchen and laundry areas.

We looked at Procedures to manage people's medicines safely and to control the risk of infection.

We saw that systems were in place to ensure that all medicines were stored correctly and dispensed by staff trained to ensure that medicines were dispensed and recorded in line with policies and procedures.

The staff we spoke with had a good understanding of people's individual needs and the support they required, and we found that care was delivered consistently by a team of workers who knew how to support people and meet their assessed care needs. We saw that care was delivered to people using the service in accordance with their needs and wishes, and we found that there was enough information in people's care records to guide staff on the care and support needs required. All care records had been reviewed and included detailed risk assessments for risks such as falls, moving and handling, pressure relief and nutrition, with clear plans in place to show how to minimise the risk.

The people we spoke with believed that the carers were competent and knowledgeable.

People told us that they liked the meals and we saw that the food looked appetising and hot and was in sufficient quantities.

Staff were attentive to people's health care needs and where needs were identified they sought appropriate medical attention.

One visitor described how the staff knew how to care for their relative and commented "there's nothing they wouldn't do for him here, it's the next best thing to home'' Visiting professionals we spoke to were impressed with the quality of care. They informed us that Hadfield House will accept people who are difficult to place and help them to settle, improving their quality of life.

Summary of findings

People who used the service told us that staff responded to their needs and provided them with support when they required it.

We saw that there was little staff turnover. Care was delivered by a stable and consistent staff team who spent time with the people who used the service, and knew them well.

We saw that there were a wide variety of activities on offer to people who used the service.

The service's complaints policy and procedure were prominently displayed in the main hallway of the home.

There were policies and procedures in place to support the daily running of the home and help to make sure that staff were clear about their duties when they were involved with all aspects of people's healthcare and wellbeing.

Summary of findings

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 not always safe.

Walkways were not free from hazards

Staff recruitment files did not always contain sufficient details to ensure the suitability of staff to work with vulnerable people.

People told us that they felt safe and the home had suitable arrangements in place to prevent people from abuse.

Requires improvement

Is the service effective?
The service was effective.

Consent to care and treatment was sought in line with legislation, and capacity and consent issues were not always addressed.

Staff had the skills and knowledge to support people and were able to demonstrate a good understanding of the needs of the people who used the service.

People enjoyed the food on offer, and had good access to health care.

Good

Is the service caring?
The service was caring.

The home promoted positive and close relationships with the people who use the service.

Staff spent time with individuals in order to get to know them and their needs and wishes.

Staff took pride in ensuring that people who used the service were well presented.

Good

Is the service responsive?
The service was responsive.

Care plans reflected the person centred care delivered.

We saw that there were a wide variety of activities on offer to people who used the service.

Care was provided in a way which was responsive to individual's needs and wishes.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

There was no register of admissions and discharges, and some case notes and files were missing.

People spoke positively about the registered manager and staff told us theyfelt supported in their roles.

The home's processes were not robust enough to ensure accurate, complete and contemporaneous records for the people who used the service were maintained.

Hadfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 December 2015, and 9 February 2016 and the first and last days were unannounced. The inspection team comprised of four adult social care inspectors.

Prior to the inspection we reviewed the information we held about the service. We had also received concerns from the Local Authority following a whistle blower (to the local authority Adult Services Department) regarding the safety of people living in the home.

Before our inspections we usually ask the provider to complete Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion no PIR was requested, as we had brought our inspection forward due to the concerns raised by the local authority.

During this inspection we spoke with 3 people who used the service, 3 relatives, 4 healthcare professionals, 6 care workers, the registered manager and the Administrative assistant. We did this to gain their views about the service provided.

We looked around all communal areas of the home, observed how staff cared for and supported people, looked at five people's care records, all medication administration records (MAR), recruitment files and training records for all care staff and records about the management of the service.

Requires improvement

Is the service safe?

Our findings

We brought our inspection forward because of concerns raised which alleged that practices within the service were unsafe. We were told that one of the people who used the service would sleep in the lounge, apparently on a mattress which had been found partially blocking a corridor. Council representatives had been told that this person rarely sleeps in his room and will sleep in the lounge.

We asked staff about this and were told that although this person had their own room, they sometimes had difficulty sleeping and would often spend time at night dozing either talking to night staff or dozing on a chair. We looked at the case notes for this person and saw that they would sometimes stay up all night, but would have settled periods of four or five nights where they would retire to their bedroom. The staff had acknowledged this behaviour and accommodated his needs appropriately by allowing full access to the lounge and supporting him to sleep downstairs by arranging to pull out a mattress to aid his comfort. As this person did not have capacity to consent to care and treatment this decision was made in his best interest and had been identified as the least restrictive option.

Communal areas were kept free of any clutter to minimise the risk of accidents, however In the communal bathroom we saw several razors. This could present a hazard to people who might use them incorrectly. Moreover people who shave should have their own personal razor kept in their room to minimise the risk of cross infection and to ensure the safety of all the people who used the service.

This was a breach of Regulation 12(1) (2)(b) of the Health and Social Care Act (regulated activities) Regulations 2014: the registered person must do all that is reasonably practicable to mitigate risks to the health and safety of service users.

On one upstairs corridor we noticed on our first visit that several items, including a wheelchair foot plate, and hair brushes were stored behind the grab rail. These could pose a potential hazard, and increase the risk of falls to people using the service, so we asked the registered manager to remove them and keep grab rails free of objects. This was done, but when we returned we noticed that hand rails were once again used as storage areas, with a radio on one, and a hair drier had been left over a grab rail on the first floor landing with a trailing lead hanging to the floor. This remained as a risk to people who may require the support of hand rails or with poor visibility who may have tripped over the hanging flex.

This was a breach of Regulation 15 (1)(b) of the Health and Social Care Act (regulated activities) Regulations 2014: all premises and equipment used by the service provider must be secure

People who used the service told us they felt safe. We asked a visiting relative if they felt their relative was safe and she replied "I know he's safe here". A member of staff told us that when new people are admitted to the service they begin by providing for basic needs: "We ensure that people are comfortable, looked after and fed, and work up from there. We treat people as individuals; we get to know what they like, being sensitive to their feelings. We make sure they have their glasses and hearing aids, and get to know them for who they are." This person told us that they have a good understanding of the people who use the service, and by sharing relevant information between staff and responding to individuals' needs they avoid abuse occurring.

Suitable arrangements were in place to help safeguard people from harm and potential abuse. The home followed the local authority safeguarding policy and had procedures in place for staff to raise any safeguarding concerns. Staff had a good understanding of what was meant by the term 'safeguarding' and could describe different types of abuse, such as physical, emotional and financial. One staff member commented ''we are here to protect them'' and another said ''safeguarding is every day, it's with you 24/7'', this demonstrated they understood a need to be constantly vigilant against abuse. This person said that the home had a good relationship with the local authority, and when we spoke to a visiting social worker they confirmed that this was the case. Staff had completed mandatory safeguarding vulnerable adults training and are continually updated on any changes.

We observed staff supporting people in a way that kept them safe, for example, we observed a care worker safely escorting a person to walk along an upstairs corridor.

We checked the staff files to ensure that there was a safe system of recruitment in place. All staff had had a recent check with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with

Requires improvement

Is the service safe?

children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help the registered manager to make informed decisions about a person's suitability to be employed in any role working with vulnerable people.

The staff files contained proof of identity, and all staff had completed application forms that documented a full employment history. However, when we looked for references we found that a number of the files did not contain two references, nor was it clear that references were from previous employers. Some of these references were not dated, so it was unclear when they had been requested or received. Timely references can assist the registered manager to check the suitability of a person's character to work with vulnerable adults. We recommend that the registered manager ensures that all

We recommend that the care provider ensures that all reference requests are signed and dated and when references are received the date received is recorded in the staff file and kept with the reference.

When we initially visited the service, we had difficulty locating risk assessments. The service was in the process of reviewing what information they held for all the people who used the service and had begun to organise case notes and assessments in individual files. However, we saw the storage of information prior to, and during this transition to the new system was disorganised and haphazard for example when we asked for information about certain people who used the service staff were unable to locate it. This would mean that there was no way to monitor the day to day risks associated with individuals or to plot any changes in their general health and well-being. When we returned to the service we saw that each person who used the service had a complete set of case notes held securely in individual files. We looked at three of these case files and saw that they included detailed risk assessments for risks such as falls, moving and handling, pressure relief and nutrition, with clear plans in place to show how to minimise the risk. Photographs of each person were prominent within the file and daily logs and case notes identified each individual by name and room number to minimise the risks of misidentification.

We undertook a tour of the premises to check that the building and equipment were safe. We saw that the home was clean and that cleaning rotas were in place and being followed to ensure that all areas were kept clean and hygienic.

We checked the kitchen and saw that it was clean and that the fridge temperatures were being monitored regularly and food stored safely to prevent any risks of cross contamination or food wastage. A Food Standards Agency 'Food Hygiene' rating had been given in August 2014. This showed the highest rating of 5.

We saw that the majority of toilets had posters detailing safe hand washing techniques, and that soap, paper towels, aprons and hand gel were available, further reducing the risk of cross contamination

Staff we spoke to understood the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment such as tabards, vinyl gloves and other protective measures when handling food or completing personal care tasks and cleaning. Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care and had attended infection prevention and control training.

The building was secure, and hazardous items such as cleaning materials were stored safely when not in use. We checked the service had systems in place to protect people and staff from infection and cross infection. The laundry rooms, which were accessible down a steep flight of stairs were secured by a locked door to prevent anyone falling or gaining access. In the laundry we saw that soiled items were appropriately washed separately from other items of clothing, preventing the risk of cross contamination.

Health and safety risk assessments and checks for the building and equipment had been completed and were up-to-date. Apart from in the hall and dining room, radiators were enclosed in covers to minimise the risk of accidental injury.

We saw that the fire alarm was tested every week and that fire extinguishers servicing history was up to date, and a personal evacuation escape plan (PEEP) had been written for all the people using the service. These plans explain how a person is to be evacuated from a building in the event of an emergency evacuation and take into

Requires improvement

Is the service safe?

consideration a person's individual mobility and support needs. A copy of each plan was kept in a well-stocked emergency kit stored next to the main entrance so that it was accessible in the event of an emergency.

People told us that they thought there were enough staff available to support the needs of people who used the service, both during the day and night. One visitor commented that there was always a member of staff in the lounge and people were not left unsupervised. However, there was no clear method for determining the number of staff required based on the dependency levels of the people who used the service.

We saw that staff were deployed within the home to meet the needs of the people who used the service and we checked the rotas which confirmed that there appeared to be sufficient staff employed throughout the day and night. Staff came to work early to ensure that busy periods such as rising and breakfast time were adequately covered. We asked the registered manager how the service found replacement staff to cover a shift, if a member of staff was unable to work due to sickness. The registered manager told us she would approach her regular staff first to see if they could cover the shift, and then if necessary contact the three other partner homes to request support. She stated that they had never had to use bank or agency staff and regular staff were generally willing to help out.

Hadfield House had an up to date medication policy and we saw that medicines were stored safely and securely in a large lockable cupboard supplied by the local pharmacy. The inside of the cupboard was clean and tidy and medicines such as inhalers and those tablets not in 'blister packs' were kept in plastic containers with the appropriate person's name displayed.

Observation of the medicine round showed that it was carried out safely and residents were not rushed by staff. We looked at all the Medication Administration Record sheets (MAR) and saw these contained a photograph of every resident, which minimized the risk of medication being given to the wrong person. MAR sheets had been signed correctly and reflected the medication and dosage of medication given. However, we did not see a staff signature sheet in the front of the MARS folder. Such a sheet would provide a higher level of accountability, aiding audits and assist with early identification of errors and possible training needs.

We asked staff who administered medication what procedure they would follow if a resident repeatedly refused to take their medication. They said they would contact the resident's GP to request a medication review.

No medication was being administered covertly – this means giving it in a disguised form, for example in food or drink, when a person refuses the treatment necessary for their physical or mental health. The registered manager understood the legal process necessary if medication was required to be given in this way.

Good

Is the service effective?

Our findings

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Good

Is the service caring?

Our findings

Visitors we spoke to were very complimentary of the staff and of the way they cared for people who used the service. One relative commented that the staff "Are fantastic'' and a person who had been living at the home for 6 years told us: "It's the nicest home I've been in''. A visiting professional told us "I love this place. They really look after people and care about them." We looked at a thank you message which read "Thank you for the way you cared for [my relative]. It took you no time to get him walking again. It was wonderful to see."

The registered manager told us she took pride in the quality of care provided, and a member of staff told us that "[the registered manager] is proud of what she has achieved, and will take people in and go the extra mile. There have been no blemishes or bruises in four years. Residents are happy, and families are too." Visiting professionals we spoke to were also impressed with the quality of care. They informed us that Hadfield House will accept people who are difficult to place and help them to settle, improving the quality of life.

We saw that people looked cared for: their clothes and appearance were clean. Most people had a bath daily and this was seen as a therapeutic as well as a personal care activity. We observed staff interactions with residents and saw that staff were kind and supportive, and they used touch in a gentle manner. We saw one anxious resident walking slowly downstairs accompanied by two staff, who were patient and allowed the person to go at their own pace.

One member of staff told us that they had attended a 'Life Story' training course for staff caring for people with dementia, where they had learnt about the value of talking to people who use the service about their past and reminiscing with them. She said it was a good way of getting to know people and ''finding out what makes them happy''. She described how she put her knowledge into practice when people were feeling sad, by talking to them about their past. In addition she had helped write 'personal profiles' of people which described 'what's important to me, how best to support me, how people describe me'. These were displayed on the individual's bedroom wall. Another person told us "we listen to what they have to say. Even if they have dementia they still tell a story".

Staff treated people with dignity and respect and spoke politely to them, and did not raise their voices. We observed staff greeting one person who was Bengali with the words 'As-salamu alaykum', the Muslim greeting meaning 'peace be upon you'. This showed that staff were respectful of this person's culture, which was different to their own.

During a quiet time in the afternoon we saw staff sitting and chatting with people, smiling and holding hands. One person was singing along quietly to a song on the radio and staff were joining in, creating a happy and relaxed atmosphere.

One visitor described how the staff knew how to care for her relative whose behaviour could at times be challenging. She commented ''there's nothing they wouldn't do for him here, it's the next best thing to home'', and another visitor said that she felt the staff knew her relative and that they ''love him''.

Visitors were free to visit at any time and we observed friendly interaction between visitors and staff.

People who used the service were free to personalise their bedrooms with their own furniture, pictures and photographs. One person we spoke to had a cat, and was supported by staff to look after it. It lived in her bedroom and was free to roam around the home. This person spoke of the benefit that caring for an animal had brought her.

We spoke to the registered manager about end of life care and she informed us that they try to follow the six step model for care for the dying. We saw that people were supported and treated compassionately, and we observed that one person who had been placed on the care pathway had rallied and was supported to join in with the activities to which he had become accustomed. A visiting district nurse commented that end of life care of residents was good.

Good

Is the service responsive?

Our findings

People told us that staff responded to their needs and provided them with support when they required it. One person said "they're really kind and will do anything for us. I can't grumble"

Care was delivered by a stable and consistent staff team who spent time with the people who used the service, and got to know them well. We saw that there was little staff turnover; one carer said to us: "Staff stay. And if they do leave they want to come back." we observed that staff spent time with people, for instance, when writing up daily notes they would sit with the people who used the service and listen to them. Another member of staff told us "People are respected. It is important to know that they still have rights, and that is recognised here. The view is 'if that was your Mum or Dad…' We listen to them, and sometimes they'll say something which hits the right button and pays dividends. It helps us to understand and respond to the person in a way that means something to them and to us."

Prior to a person moving into the home, either the Registered Manager or the Administrative Assistant, who had a social work qualification, visited the person to complete a Pre-admission assessment. Such assessments ensure that the home is able to meet the person's care and support needs and that any equipment needed is available, prior to the person moving into the home.

We were told by staff that where possible, people are also given the opportunity to visit the home on several occasions, to familiarise themselves with their surroundings and staff, and take to part in an activity or a meal. This gives them the opportunity to get to know the layout of the home, the staff and any routines, whilst it provides the staff with an opportunity to get to know the person, their preferences, needs and abilities. It also provided an opportunity for people and their relatives to say how they would like their care to be delivered, and contribute to the care planning process. However, when care was reviewed there was no evidence that people or their relatives were directly involved with care plan review. We asked a visitor about this and they told us they felt that staff understood the needs of their family member. We were told "They know how to handle him – he can get violent; they know how to pacify him".

We saw that each person who used the service had a complete set of case notes held securely in individual files. For each individual all up-to-date documentation was being collated into a well ordered case file which included personal information and life story, daily record sheets, correspondence, mental health reviews, pre-admission documents and if applicable Do Not Attempt Resuscitation forms (a form issued by a doctor advising medical teams not to attempt to restart the heart and breathing if the person stops breathing). In addition there was a section to report any consultations or visits from visiting professionals such as general practitioners (GPs) or district nurses to chart any changes in health condition. We looked at three of these case files and saw that they included detailed risk assessments for risks such as falls, moving and handling, pressure relief and nutrition, with clear plans in place to show how to minimise the risk.

Photographs of each person were prominent within the file and daily logs and case notes identified each individual by name and room number to minimise the risks of misidentification.

At the end of the month the manager reviewed these notes and transferred any older documents into a separate archive file. We were informed that the Home Care Liaison Nurse had begun to deliver training to all staff on keeping the files and records updated

The files we looked at were very person-centred and gave detailed descriptions of each individual persons care needs and how they should be managed by staff. Daily record sheets included the full name and room number for each person and recorded any changes over the period of the shift.

We saw that there were a wide variety of activities on offer to people who used the service. An activities co-ordinator was employed Monday to Friday mornings to support activities such as card games, crafts, reminiscence time, bingo and singing.

In addition, a monthly church service was held in the lounge. We saw minutes from a relatives meeting which showed the service was appreciated. On the first day of our inspection the coordinator had arranged a visit from The Prince's Trust to run a craft session with residents and we saw that they enjoyed taking part and interacting with the young visitors.

Good

Is the service responsive?

The home is situated directly opposite a large, attractive park and in fine weather residents are accompanied by staff to visit it. One relative commented ''if he [their relative] gets upset they even take him for a walk in the park, as it's one of the few things he still enjoys'.

We asked the registered manager how they support people who need to go to hospital and were informed that they always send a member of staff to accompany them. She informed us that she believed that this was a part of their responsibility to ensure people received reassurance and a member of staff would be on hand to provide any required information to the medical team

We saw that residents' meetings, chaired by the activities coordinator, were held every month in which topics such as meals, staff approach, home environment and activities were discussed. One visitor we spoke to said that she was kept informed of what was discussed if she was unable to attend. This meeting also gave people who used the service an opportunity to comment on the service and contribute to service delivery.

The service had not received any recent complaints.

The service's complaints policy and procedure were prominently displayed in the main hallway of the home. One relative we spoke with said she had never had to make a complaint, but would feel confident at raising any concerns she had with the registered manager. She had confidence that the registered manager would try to resolve any problems, and if she could not she would signpost her to the appropriate person.

Requires improvement

Is the service well-led?

Our findings

The service had developed systems to store and archive information. We saw evidence that service user files which had been reviewed and transferred to the new system were thorough and complete, and included pre-admission information; care plans and risk assessments, and contemporaneous record sheets. However, when we looked for information regarding one named individual who had recently been discharged, we found that there was no file and no evidence that any care plans or risk assessments had been undertaken to support or direct the care for this person. We asked to see the admission and discharge register to determine the dates the person was in the home, but they were unable to provide this as they did not keep such a register. When we initially asked to see any case notes for this person care staff had difficulty locating any daily record sheets, but eventually found a partial record in a large storage box of papers. This meant that the service did not maintain an accurate, complete and contemporaneous records in respect of each service user

This was in breach of a breach of Regulation 17(1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It is a requirement under The Health and Social Care Act that the manager of a service like Hadfield House is registered with the Care Quality Commission. When we visited the home had a registered manager who has been registered since 2010.

Staff, visitors and people who used the service we spoke with all spoke highly of the registered manager and found her approachable. One member of staff said “she’s here for the residents, but for us as well. She’s got me through the bad times”. Another said “she’s our manager, and we respect that, but she’s our friend as well. We sometimes disagree, but don’t bear grudges”. A visitor told us “people like living here; the manager makes sure everyone is properly looked after.”

The registered manager promoted a positive and close relationship with the people who use the service and encouraged an open and friendly atmosphere. She spent much time out of the office engaging with people who used the service. She had an open door policy to the main office, and we saw that she graciously received a picture which had been drawn by a person who used the service and agreed to put it up on the office wall.

We saw that people who used the service appeared genuinely comfortable and content within the environment, and showed a familiarity with the structures and routines of daily life. We observed conversations between people who used the service and friendly banter between them and the staff, who would encourage others to join in.

A member of staff described how they worked well as a team and that all the staff got on well together: “Everyone knows each other and their personalities so we all muck in together. There’s no such person as somebody.” We saw that this allowed for good clear communication and instruction between members of staff and mutual support for example, covering breaks and sharing the more arduous tasks. The home had a strong sense of team responsibility and loyalty to each other and to the registered manager.

Formal systems were in place for daily exchanges between staff of information about people’s care and support needs. At the start of each shift there was a handover between staff to report on any issues of concern relating to individuals or plans or priorities for the next shift.

The staff we spoke to were highly motivated. One person told us “I want to give 150%. I wouldn’t want to give anything less”. Staff told us that they receive supervision every 3 - 4 months from the registered manager, and that they found this helped improve service delivery. One person told us that they go away from the workplace which gives time to reflect and look at solutions. We were told by another worker that supervision helped them to consider why they intervened and that they were encouraged to consider different approaches.

We saw that there were policies and procedures in place to support the daily running of the home and help to make sure that staff were clear about their duties when they were involved with all aspects of people’s healthcare and wellbeing. Current and up to date policies and procedures are critical to the health and safety, legislation and regulatory requirements at the home and may place people at risk of receiving unsafe and inappropriate care if they are not used or followed in accordance with the regulations. We saw that there was a system for recording

Requires improvement

Is the service well-led?

compliments and complaints. The care staff we spoke to said that they would be confident that if they had a problem or concern they could speak to the manager and that she would listen and take action, and recognised their responsibility to share any concerns about the care provided to people who used the service. One said "If I saw something wrong or if I made a mistake I would go straight to the manager. There is no blame."

The registered manager had sent out customer feedback forms to family and friends of people who used the service and we saw that the feedback given was positive. This gave the service the opportunity to listen to and learn from the experiences of people directly and indirectly affected by the way services were delivered. Relatives were also invited to attend any relevant in house training.

The service had developed good audit tools to review care plans and risk assessments on a monthly basis. In addition the registered manager carried out weekly audits on medicine control and personal protective equipment as well as a number of administrative and organisational tasks, such as personal allowances, home checks and fire safety checks. Further monthly audits were completed on staff sickness and rotas, handover records food orders and infection control measures, and the registered manager had set up a system to produce a six monthly report to the registered provider.

The home had developed good links with agencies within health and the local authority and we saw a number of professionals visiting the home during our inspection, including health visitors, social workers and health liaison nurses.

A visiting professional told us "I want this place to succeed". When asked why they explained that Hadfield House accepted people who are often difficult to place, and provided help for people to improve their self-esteem and maintain a level of independence. We saw that the home promoted a positive and caring outlook and delivered care in an individualised way, However, we also saw that the infrastructure to support high quality care was inadequate, for example missing care plans and assessments to measure the risk to individuals and service users.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Disposable razors were left in a communal bathroom Regulation 12(1) (2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The service did not ensure that grab rails were left free from obstruction, and hanging flex from a grab rail caused a hazard to people using the walkway Regulation 15 (1)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The home did not establish processes to ensure that systems to ensure accurate, complete and contemporaneous records were maintained to oversee the care and support of all service users. Regulation 17(1) (2)(c)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.