Bupa Care Homes (CFChomes) Limited

Hadley Lawns Care Home

Inspection report

Kitts End Road
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Barnet
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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

This inspection took place on 21 February 2017 and was unannounced. At our last inspection in October 2014 the service was rated as good.

Hadley Lawns residential and nursing home provides accommodation, nursing and personal care for up to 44 older people, some of whom have dementia. The ground floor supports people with residential care needs and the first floor supports people who also have nursing needs. On the day of our visit there were 41 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

People were positive about the service and the staff who supported them. People told us they liked the staff and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. Relatives we spoke with said they felt welcome at any time in the home; they felt involved in care planning and were confident that their comments and concerns would be acted upon. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

The care staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Risk assessments were in place for a number of areas and were regularly updated, and staff had a good knowledge and understanding of many complex health conditions.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely. Staff had detailed guidance to follow when administering medicines. Staff completed extensive training to ensure that the care provided to people was safe and effective.

People were satisfied with the food provided at the home and the support they received in relation to nutrition and hydration.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

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 when this is in their best interests and legally authorised under the MCA.The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We found that the service was working within the principles of the MCA, and conditions on authorisations to deprive people of their liberty were being met.

The management team provided good leadership and people using the service, relatives and staff told us they were approachable, visible and supportive. We saw that regular audits were carried out by the provider's head office to monitor the quality of care.

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 remains safe	Good
Is the service effective? The service remains effective	Good
Is the service caring? The service remains caring	Good
Is the service responsive? The service remains responsive	Good
Is the service well-led? The service remains well-led	Good

Hadley Lawns Care Home

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 checked 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.

The membership of the inspection team comprised of two inspectors, a specialist advisor in nursing, a pharmacist 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.

Prior to the inspection we reviewed the information we had about the service including notifications of significant incidents affecting people using the service.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We spoke with ten people who use the service and two relatives. We also spoke with six care staff, one nurse, the chef, the clinical services manager, an activities coordinator, the registered manager and the regional director.

We also looked at seven people's care records, staff duty rosters, eight staff files, 35 medicines administration records (MARs), a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, the staff training matrix and a number of policies and procedures for the service.

Good

Is the service safe?

Our findings

People told us they felt safe whilst receiving their care and support. Comments included "I feel safe, definitely "and "I do feel safe. "Another person stated, "I have no worries about my safety here."

Staff knew how to keep people safe from abuse. The staff had all received safeguarding training as part of their induction and on-going training. Staff were able to tell us about types of potential abuse and how to report any allegations. They spoke highly of the training they received in relation to safeguarding and said they would report all concerns to their senior or the registered manager. They told us they were confident that the responses of managers when they reported any allegations or concerns would be supportive.

We saw how there was a safe recruitment process in place. Staff files showed that the relevant checks had taken place before a staff member commenced their employment. We saw completed application forms which included references to their previous health and social care experience, their qualifications, employment history and explanations for any breaks in employment. There was an in-date Disclosure and Barring Service certificate [DBS] on each record we looked at. This meant staff were considered safe to work with people who used the service. Records included interview notes and two employment references. Where there had been a delay in references being returned, we saw evidence of this being pursued by office staff. Personnel files contained a copy of the care worker's passport, right to work and their most recent staff identification card.The registered manager demonstrated how he logged onto the provider's on-line DBS sign-on system each morning. This showed him whether any staff member's DBS was due to expire, in which case, immediate action would be taken to renew it.All records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. Staff we spoke with told us there was never a feeling of being rushed in their work, "I feel I can really do my work properly and spend quality time with our residents." Our observations on the day were that we did not see staff rushing around and they were able to respond quickly to requests from those who used the service. The registered manager told us that he used the provider's electronic care needs assessment tool to gauge staffing levels each week. This was calculated on people's individual needs and staff teams worked on specific living units to ensure people's needs were adequately met. We reviewed the staffing tool in conjunction with the previous four weeks rotas. It was apparent that the staff allocation concurred with the needs assessment tool on each shift. In many cases, there were extra staff hours allocated, the registered manager told us "where possible, I rota in additional staff to make sure the residents needs are being met by a higher staff ratio so that everyone is safe and staff have more time in which to perform their work."

We also noted that the home did not use any agency staff thus ensuring continuity of care for people who use the service

One person told us, "I never wait for anything, there are always staff around." The atmosphere in the service was calm and relaxed and staff did not appear to be rushed.

We saw evidence of people currently prescribed medicines on the Medicines Administration Records (MAR) and copy prescriptions. The allergy status of all people was recorded to prevent the risk of inappropriate prescribing. We looked at 35 Medicines administration records (MAR) in detail and saw three gaps only in the recording of administration of a cream. If people did not have their medicine because they were in hospital or they refused for example, the appropriate record was used to explain the reason. No people were able to self-administer and we saw records of the assessments to determine this. We counted 30 random samples of supplies of medicines and could reconcile all but two with the records. Overall we were assured that medicines were administered as prescribed. We noted from the MAR that medicines were reviewed and dosage changes were clearly documented. The GP visited the home only when a resident required medical advice and we were told that nurses and senior carer workers facilitated a regular review of medicines by visiting the GP at the surgery. The outcome of the visit was recorded in the person's notes with other health professional visit records. Some people were prescribed high risk drugs which needed regular blood monitoring to avoid toxicity. We did not see the results of blood tests recorded in the person's notes for one such medicine, but the GP was able to confirm by telephone the date of the next blood test. For anticoagulants which needed very frequent checks, we saw that regular blood tests were performed and the result was documented in the person's anticoagulant records and kept with the MAR. All records and audits of warfarin were clear and accurate.

All medicines were stored safely in the home in locked clinical rooms and trolleys. Temperatures were recorded daily in the clinical rooms and for the medicines fridge so that the potency of the medicines could be maintained. The home had medicines policies and procedures available in each clinical room together with the latest edition of the British National Formulary (BNF) for ease of reference. We viewed the daily, weekly and monthly medicines audits for the last three months.

A robust set of policies, systems and processes were in place to manage risk and health and safety. These assessed the likelihood and potential severity of risks to the person regarding, for example, falls, bed rails, moving and handling, risk of pressure ulcers and nutrition. All were done on admission and were reviewed monthly. The risk assessments we viewed were very comprehensive, clear and easy to understand.

There was full-time maintenance person in post who ensured there were robust systems in place to ensure the premises were maintained safely. This included a monthly audit to make sure all maintenance and servicing was up to date. Regular checks were completed for fire safety equipment and fire panels, electrical testing, lighting systems, gas safety and carbon dioxide levels. People's hoisting equipment and bed rails were also regularly tested. Legionella testing was regularly completed. Legionella is a waterborne bacterium that can be harmful to people's health.

We saw that a refurbishment program was underway and that carpets, furniture and windows had recently been replaced.

Good

Is the service effective?

Our findings

We saw that the provider used a detailed induction pack to familiarise new staff with their role. We spoke with a new member for staff who had recently completed their induction and had also completed work shadowing and some training. They explained their induction programme was made up of shadowing, training and reading people's care plans to help them understand people's needs and how to support them before they provided care. Staff felt they had received enough training to provide people with effective care. They spoke positively of a recent training course on the Mental Capacity act and Deprivation of Liberty. They said it "helped them to develop an understanding of how important it is to take people's needs and views into account at all times."

We saw from the training matrix that there was an average of 90% compliance with all mandatory training. Staff had completed training in a number of different subjects such as safeguarding adults and Mental Capacity act, dementia, medicine management, pressure ulcer care, nutrition and hydration, and manual handling. They said they were given lots of opportunities to attend training in areas that reflected the needs of the people using the service.

There was a planned schedule of staff support, supervisions and appraisals in place and this included both individual one to one sessions and groups sessions. We saw from staff records that supervision took place on a regular basis with line managers. There was also a system whereby at the beginning of the year, staff identified their development needs and this informed their appraisal at the end of the year. The manager told us that he had recently established a supervision process in which he would meet formally with all staff once a year "I think it is very important that I have input into their development." Staff talked to us about the support and supervision they received. They said they felt well supported within the home and that there was always someone to go to for advice.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA).The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).We saw documentation related to DoLS applications made by the registered manager. All paperwork was in order and at the time of our inspection there were three people with a DoLS. The manager also showed us three applications recently made. In addition, he drew our attention to four DoLS which had expired one week prior to this inspection. He explained that whilst the reapplication had been submitted in good time, to anticipate the expiry date, the responsible local authority was unable to process them due to their own workload. We saw an e-mail trail which verified that the registered manager had pursued the application and was waiting for the people to be reassessed. Staff clearly understood the importance of seeking people's consent and offering them choice about the care they received. Where people lacked capacity to make some decisions, the staff were clear about their

responsibilities to follow the principles of the MCA when making decisions for people in their best interests.

The kitchen had recently been awarded five stars following an environmental health inspection. We saw that temperatures of all fridge and freezers were recorded on a daily basis. Food in fridges were covered and dated. We saw there was a plentiful supply of fresh and frozen food, including fruit, vegetables and dry stores. Meals were cooked freshly in the kitchen and transferred to heated serving trolleys, one for each unit. The temperature of the trolleys and food served was monitored before it left the kitchen. We spoke with catering staff who demonstrated an understanding of people's individual dietary needs. They explained how they received information from nursing staff and provided soft, pureed or fortified meals as instructed. They told us they ensured they visited both dining areas at lunchtime to get feedback on the food served. If there were particular complaints then this would be taken into account on future menus. Whilst no person who used the service at the time of our inspection had any specific cultural or religious food requirements, we were told that people could make requests in addition to what was on the menu. For example, there were times when a person requested a curry or vegetarian lasagne and this was prepared on their behalf.

We found people were supported to have sufficient amounts to eat and drink. People told us they enjoyed the food. One person said, ""I enjoy the food". Another person commented, "the food is very good. Sometimes you don't like the food and they are good at finding something else. I eat well."

Care records showed that the nutritional needs of the people who used the service were met. From the care plans viewed, there were two people who had significant weight loss and a below average body mass index (BMI). These people were referred to the dietician for advice and this advice was strictly followed. All people living at the home were weighed monthly and this was recorded. Some people who were losing weight had been prescribed liquid food supplements depending on their needs and we saw documented evidence that they received adequate fluids and food. The nurses and care assistants spoken with demonstrated good knowledge and skills of managing weight loss and knew what to do when someone lost weight.

People saw health care professionals such as the GP, dentist and optician when they needed to. People could choose to keep their previous GP if this was agreeable to that practice. People with swallowing difficulties were referred to the speech and language therapist for advice. We were told and saw evidence in records that, when people's needs changed, appropriate referrals were made immediately to relevant community health professionals.

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Good

Is the service caring?

Our findings

Staff were motivated, passionate and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed when one resident was asleep during lunch, a carer persevered in gently trying to wake her, It took a while but she did wake and then the carer fed her lunch.People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance.

We saw that staff were not task orientated and they were not rushing, but attended to people's needs in a gentle and compassionate manner. Staff were interactive, polite and communicated with people in a respectful way. We saw that staff were communicating well with one another passing on relevant information to each other regarding the care they were providing .We observed that people appeared very clean and neatly dressed.

We saw staff being gentle to people while supporting them with tasks such as eating, taking medicines, and personal care. Staff were patient, spoke quietly and did not rush people. We saw that if somebody refused a request to help them with their person care, staff left them and tried again later. One staff member told us "we get to know them well, it doesn't matter what their condition is we must involve them as much as possible," and another said, "We always give them options for example I open the wardrobe and show them lots of clothes."

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People's plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff we spoke with were able to tell us about people's preferences and routines.

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome.

Good

Is the service responsive?

Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The care plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with their families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

The care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information passed on to staff. For example, we saw that one person had recently gone to live independently as a result of marked improvement in his physical and mental health. The home worked closely with the Care Home Enhancement Support Service (CHESS) ,a multi-disciplinary team provided by the local Clinical Commissioning Group to keep residents from admission to hospital. We saw evidence of a resident who had a chest infection and was seen by the team quickly, a GP was called and treatment initiated quickly.

People told us they enjoyed the activities on offer. One person told us, "I enjoy the activities available at Hadley Lawns." And another "I enjoy flower arranging. There is usually something going on. Cannot grumble".

The home employed two activities co-ordinators, who were highly regarded by people who use the service. One person, told us "Activities ladies are super, very sympathetic and do a terrific job. The activities lady comes and chats to me which I enjoy very much."

The registered manager explained that their roles were to provide meaningful activities, which ensured people were able to maintain their hobbies and interests. The activities coordinator told us, "We talk to people individually on a regular basis to see what they like to do." She told us activities aimed to promote people's wellbeing by offering a lot of one to one time, providing examples of sitting and chatting with people, doing their nails, and spending time in the garden. In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included, film afternoons, group quizzes, and arts and crafts hair dressing, exercise and, cake baking were also available. We saw that weekly activity schedules were displayed in various areas around the home. The registered manager told us that he was recruiting to a third activities coordinators post, and he wanted them to work more closely with the local community, especially with local colleges and schools to encourage the use of

volunteers.

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. We saw that a copy of the complaints procedure and a feedback form were available in communal areas. People told us they were aware of how to make a complaint and were confident they could express any concerns.

Good

Is the service well-led?

Our findings

People who used the service and staff we spoke with praised the registered manager and said they were approachable and visible.

The registered manager told us, "We want to make this a safe place and for people to be happy. I want to visible and engaged with people." Observations and feedback from staff and relatives showed us that there was an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff told us, "The manager is brilliant, friendly and approachable, " And "he really cares about the people and has improved things, we can trust him, he puts his whole heart in it." Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. A senior member of staff told us, "The manager is fantastic." And another said "I feel safe; happy ...I have been here for 11 years." Staff told us that they were supported to apply for promotion and were given additional training or job shadowing opportunities when required.

Daily 'Take Ten' staff meetings were held along with separate meetings for nurses and senior carers to ensure consistent care and promote team work. We saw minutes of these meetings and found them to be up to date and signed by all the staff that attended

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular service user and relatives meetings were held. Annual surveys were undertaken of people living in the home and their relatives. Results of the annual relatives surveys carried out in December 2016 were very positive in relation to satisfaction levels. Comments included "I feel both the management and staff at Hadley Lawns treat my mum as they would treat their own mum. They are kind, helpful, patient and understanding of my mums needs. They are all excellent and provide first class care." We also saw that people feedback that they wanted the home to be redecorated, we saw that this had been actioned and that people using the service had been involved in choosing the colour scheme.

The registered manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meetings and from our observations it was clear that he was familiar with all of the people in the home. . A relative told us, "The manager is very nice, comes rounds and talks to us, He is very good and easy to talk to. We saw that regular night monitoring checks were also done.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people's nutrition, medicines, staff records, care plans, health and safety and accidents and incidents. We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that were been completed on either a daily, weekly, monthly or quarterly basis.

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Some staff at Hadley Lawns had worked there for many years. The registered manager told us he always showed staff they were valued , "I always show staff I respect them, I genuinely care about my staff, we share problems and find solutions." He told us about a number of incentives that were used to motivate and retain staff this included "an appreciation team" and an "everyday hero" award where staff were given presents or vouchers as a reward for providing a good service.

Staff spoke about the service being a good place to work. Comments included, "I look forward to coming to work it's a good team," and "I enjoy working here, moral is good." Staff said that there were plenty of training and promotion opportunities, and they felt supported and received regular supervision. They also felt empowered, involved and able to express their ideas on how to develop the service. Minutes of staff meetings confirmed that staff were involved in the day to day running of the service and had made suggestions for improving the service for people.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The manager told us they were supported by the provider in their role. Up to date sector specific information was also made available for staff, including guidance around the MCA and DoLS, updates from the nursing and midwifery council (NMC) and the care of people with dementia. We saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.