Hadley Place Limited

Hadley Place Residential Home

Inspection report

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Date of inspection visit:
30 July 2018

Date of publication:
01 October 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Hadley Place Residential Home was inspected on the 30 July 2018. The inspection was unannounced. The last inspection took place in December 2015 and the service was rated good. At this inspection, we rated the service Requires Improvement.

Hadley Place provides personal care and support for a maximum of 29 older people some of whom may be living with dementia or have mental health care needs.

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, and both were looked at during this inspection.

There was no registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The person employed as manager had not started the registration process at the time of the inspection.

During this inspection, we had concerns with how medicines were managed, how the provider worked within mental capacity legislation and quality monitoring. You can see what action we have told the provider to take at the back of the report.

Some people had not received their medicines as prescribed which could impact on their health and well-being. This mainly referred to eye drops, but other medication administration records had gaps with no reason identified for the omission. Records showed that people were refusing medication over long periods of time but care plans and risk assessments did not always contain information relating to the action taken by the service. Medication prescribed to be given 'as and when required' (PRN) did not always have clear guidance to enable staff to administer it consistently. The register of controlled drugs was inaccurate as records indicated stock remained in the service when it had been returned to the pharmacy.

Accidents and incidents were not always managed effectively. People did not always have up to date risk assessments in place which identified the action required to minimise the risks to their health and well-being.

People are not supported to have maximum choice and control of their lives and staff do not support them in the least restrictive way possible; the policies and systems in the service do not support this practice.

There was inconsistency with the application of mental capacity legislation. This had led to one person potentially being deprived of their liberty unlawfully, as staff had not recognised they met the criteria for a Deprivation of Liberty Safeguard. Assessments of people's capacity and records of best interest decisions

when restrictions were in place were not consistently in place. One person was given their medicine covertly in food but there was no assessment in place identifying this was in their best interest. However, we found staff had a good understanding of the need to gain consent from people before carrying out care tasks.

The internal quality monitoring systems were not effective. The current system did not cover all aspects of care delivery. When shortfalls were identified, for example when medication was refused over long periods of time. Action was not taken in a timely way and the quality assurance systems used had not identified the shortfalls found on this inspection.

Staff had not received formal supervision or appraisal since the registered manager left. However, staff told us the new manager was very supportive and approachable and was implementing new systems to improve the service. We have made a recommendation about this.

There were enough numbers of staff deployed to meet people's needs and to keep them safe. The provider had effective recruitment procedures in place and carried out checks when they employed staff to help ensure people were safe.

People were cared for with kindness and compassion. We saw they were treated with dignity and respect and supported to maintain their independence. We observed positive interactions between people and staff throughout the inspection. People looked engaged, relaxed, and happy and were supported by staff that knew them well.

People's dietary needs were met and they received appropriate support to eat and drink. People were supported to access other healthcare services when needed. Staff made information available to other healthcare providers to help ensure continuity of care.

Care plans contained sufficient information to guide staff on how to support people, however some areas of the care plans could be more person-centred. Staff knew people well and responded quickly when their needs changed.

People were offered the opportunity to take part in a range of activities in the home and in the community to reduce social isolation and promote their independence.

The provider dealt with complaints and concerns appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's medicines were not always managed safely, which meant they did not always receive them as prescribed.

Risk assessments did not always include full guidance for staff in how to minimise risk. Incidents and accidents had not been appropriately recorded or investigated to identify any changes necessary to ensure people's safety.

People were protected from abuse. Staff had received safeguarding training and knew the action to take if they were told abuse had occurred.

Staff were recruited safely and deployed in sufficient numbers to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

There had been inconsistent application of the mental capacity legislation and deprivation of liberty safeguards. Best practice guidelines had not always been followed when people lacked capacity to make their own decisions and important documentation had not been completed.

Arrangements were not in place for staff to receive formal supervision and professional development to ensure they were confident when caring for people.

People were supported to access health care professionals when required and their nutritional needs were met

Is the service caring?

Good

The service was caring.

Staff were kind, patient and caring. Staff had developed positive relationships with the people they supported

Staff respected people's privacy and dignity and helped them maintain their independence.

Information was kept confidentially and securely.

Is the service responsive?

Good

The service was responsive.

Care plans contained sufficient information to support staff to provide care which was responsive to people's needs although some areas of the care plans could be more person-centred.

Staff were knowledgeable about people's needs and preferences.

People had opportunities to participate in activities within the service and in outings to local facilities.

The provider had a complaints policy and procedure. People felt able to raise complaints and concerns and staff knew how to manage them.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems for quality monitoring required strengthening to identify all shortfalls and support effective improvements.

There was an open and inclusive culture in the service and staff were committed to providing high quality care to people.

Hadley Place Residential 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 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 30 July 2018 and was unannounced. The inspection team consisted of two Adult Social Care inspectors.

Before the inspection, we used information the provider sent us in the Provider Information return. This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications we received about incidents that had occurred within the service and reviewed all the intelligence we held to help inform us about the level of risk. We spoke with the local authority safeguarding and commissioning teams to obtain their views on the service.

During the inspection, we spoke with six people who used the service and a relative. We spoke with the manager, a senior member of staff, four care staff and the cook. We also spoke with a health professional who regularly visited the service. In addition, we observed staff supporting people throughout the day and during lunch. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of four people who used the service including their risk assessments and monitoring charts. We looked at medication records for 14 people. We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS] to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their

liberty, actions were taken following current legislation and in their best interests.

We looked at a selection of documentation in relation to the management of the service. This included staff training records, policies, and procedures, quality assurance systems, recruitment information, and records of maintenance carried out on equipment and the premises. We also undertook a tour of the premises to check the infection control practices and general maintenance of the service.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always safely managed, which meant some people had not always not received them as prescribed. Records showed people had regularly refused some medicines and there were gaps in recordings for others. Some people's medicines did not have clear instructions for staff, for example, which eye to administer drops into and the frequency, also of where to apply prescribed creams. There was evidence to show medication was refused over periods of time for one person but no actions were recorded in care plans. The senior on duty stated they had liaised with the person's GP and requested a medication review but information was not recorded to reflect whether a review had taken place. Some people required medicines to be administered on an "as required" basis and protocols (plans) were not always in place for the administration of these medicines to make sure they were administered consistently and safely.

Practices and recording around the use of covert medication (medicine which is disguised in food or drink) were not robust. For example, one person had their medicines disguised in food without first offering it to the person. The care plan was not clear about what foods the medicine was safe to be disguised in. The senior on duty said they had discussed the covert medication with the pharmacist, however there was no evidence of a best interest process to ensure this was the least restrictive option available to the person.

The controlled drugs register was inaccurate as it showed stock remained in the service when it had been returned to the pharmacy. Gaps were seen in temperature checks completed to ensure medicines were stored in line with the manufacturer's guidelines.

The shortfalls in medicine management contributed to the breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were not always managed well. Records had been completed for some accidents that had occurred within the service. For example, people's records showed they had falls but there was limited evidence these accidents had been investigated or reviewed by senior staff to identify any learning or changes that could be made within the service to improve safety.

People had risk assessments in place but there were occasions when these could be improved. For example, we saw one person had a graze on the top of their head. They told us they had hit their head on a low ceiling whilst walking downstairs. This had resulted in a skin tear to the top of their head. They also told us they had been sitting in the sun and had scratched their head making the affected area worse. The person was prescribed specific medication that could adversely affect skin if they were exposed to sunlight. There was no risk assessment in place to ensure the person wore a hat whilst in the sun to prevent further skin damage. Safety notices to prevent further incidents whilst walking downstairs had not been put in place.

The lack of risk management for specific issues contributed to the breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

People who used the service told us they felt safe and were supported by appropriate numbers of staff. One

person said, "I am kept safe, if it wasn't for staff I wouldn't be here."

Staff had received training and knew how to protect people from the risk of abuse. In discussions, they could describe the different types of abuse and knew how to report concerns. They told us they were confident anything they reported to the manager would be investigated.

At the time of our inspection, the 26 people who used the service were supported by five members of care staff. The service also employed two domestic assistants, a maintenance worker and a cook, which enabled care staff to remain focused on care tasks. We observed sufficient staff on duty to meet people's needs in an unhurried way. People who used the service and their relatives told us they were satisfied with the care provided and felt safe with their care workers. One person told us, "I feel very safe, the staff are great and they make sure I always have my medication and help me with my diet."

We checked three staff recruitment files and saw that before staff were offered a role within the service all relevant checks were completed. Applicants were interviewed and experience and gaps in their employment history explored. References were requested from previous employers and a DBS (Disclosure and Barring Service) check was completed. A DBS check is completed during the staff recruitment stage to determine whether an individual has a criminal conviction which may prevent them from working with vulnerable people.

The provider ensured all safety checks of the building and equipment had been completed and certificates were seen to support this. Staff and external agencies, where this was necessary, carried out safety checks for fire, gas safety, hoists, slings, portable appliances, emergency lighting and electrical equipment. Staff told us they were provided with personal protective equipment to help minimise the risk and spread of infection.

Requires Improvement

Is the service effective?

Our findings

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

Although staff had a good understanding of the need to gain consent before carrying out care tasks, we found inconsistencies in the application of the MCA. Whilst some people had capacity assessments, and decisions made in their best interest recorded when they lacked capacity, others did not have these records. For example, some people had restrictions in place such as safety gates at the entrance to bedrooms. There were no records that the decision to use the gates had been made in their best interests or that it had been agreed in a best interest forum.

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). The provider was not consistently working within the principles of the MCA. Two applications for DoLS had been submitted to the supervisory body and had been authorised. However, an application for one person who met the criteria for DoLS had not been made. The person lacked capacity to consent to care, required support for care tasks and received their medicines covertly. The manager confirmed a DoLS application would be submitted for this person and any others who required them.

Staff we spoke with did not understand the principles of MCA and had not received training relating to this or DoLS to enable them to support people with particular needs

Not acting in accordance with the requirements of MCA is a breach in Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection of the service staff had not received regular supervision since the registered manager left in April 2018. Staff records showed supervision had not been provided since 2017. Supervision provides an opportunity for staff to reflect on their performance and identify any training needs they might have. Staff commented that even though they had not had supervision since the registered manager left they felt supported and confident in the new manager, as they were trying to improve things and the team worked well together.

There was no record of annual appraisals being provided to staff in the files we reviewed which meant staff were not being supported as required. The manager said they would be introducing an electronic care system, which would ensure staff were supported and records would be up to date moving forward.

We recommend that the service follows through with its plans to introduce effective systems to support staff

in their development.

We saw staff received essential training such as moving and handling, infection control and safeguarding adults. They also accessed refresher training as required.
People informed us that care workers were competent and they were satisfied with the care provided. Everyone we spoke to told us the carers were well trained and professional. Comments included, "The staff are all very good, they are very skilled at what they do." A health professional told us, "They are very good and efficient, and know people well."

People were supported to have enough to eat and drink. Meals were freshly prepared by a cook who was familiar with people's likes and dislikes. The meals looked appetising and we saw people were enjoying their food. People also told us they enjoyed a varied and nutritious diet. Comments included, "I always get a choice in what I want to eat, the food is really good." Another person commented, "They help very well with my diet; the food is good."

The service had considered ways to make communication more accessible for people and staff were developing their skills and experience. A member of staff informed us, "We have a service user who speaks Arabic and they have only a little English. We use flash cards and our mobile phones to translate. This was very useful when they had a fall as we could ask them questions about it."

People were supported to maintain good health and staff contacted healthcare professionals such as GPs, district nurses and community psychiatric nurses when needed for advice and treatment. During the inspection, we spoke with a specialist community nurse. They told us, "Staff liaise with us quickly to prevent further deterioration in a person's health." They also said, "Staff know residents very well. I don't tend to see different staff; they [staff] stay at this care home, which I feel is better for the residents." People we spoke with told us staff supported them with their health care needs. One person told us the staff had found them a good dentist and another said, "They call the GP when I need one."

The service was undergoing a programme of refurbishment. Communal areas including the dining room needed redecoration and some of the furniture in the conservatory was damaged. Several bedrooms had been decorated and were personalised by the individuals. The service also employed domestic staff and a maintenance worker who followed a cleaning programme for the home and attended to any issues within the environment daily. During our inspection, we discussed some of the issues identified with the manager; they were aware of them and had plans in place to address them.

Good

Is the service caring?

Our findings

People told us they were supported by kind and caring staff who respected their preferences and enabled them to remain independent. Comments included, "The staff are very skilled. I like it here and they [staff] do a great job; they are brilliant" and "Staff know me well, they always know if something is wrong."

A professional told us, "I feel all the staff are well skilled and experienced and they know the residents well" and "I would recommend this care home to my loved ones."

Throughout the inspection, we observed numerous kind and considerate care interactions. Staff knew the people who used the service well and treated them with respect and compassion. We saw one member of staff stop the task they were completing when they were approached by a person and began chatting and sang to them. The person was seen to smile and laugh during the interaction before moving away.

We observed caring and unhurried support during lunch. We overheard a member of staff asking people if they would like their food cutting up, if they had had sufficient to eat and what they would like to drink. Each person had their own mugs in various shapes and sizes and a person living with dementia had a red plate. Research has shown the colour of plates is important when encouraging people living with dementia to eat their meals. The support provided by staff helped people to remain as independent as possible.

Staff were respectful of people's privacy and dignity; we observed staff knocked on bedroom doors before entering. People we spoke with confirmed staff always gained their consent prior to assisting them with tasks such as personal care and medication. We also observed staff provide explanations to people before carrying out tasks.

People were provided with information in suitable formats. There were notice boards with the lunch menu and activities displayed. There was information about advocacy services (an advocate is a person who will speak on peoples behalf to ensure their rights and needs are recognised) which one person was accessing at the time of the inspection.

We saw people's personal details were maintained securely. Staff understood the importance of confidentiality and that discussing people's needs in front of others was unacceptable. Confidential information in care files was stored in lockable cabinets in the office, which remained locked when unoccupied. Staff personnel files were held securely.

Good

Is the service responsive?

Our findings

People told us they were supported to make choices regarding their daily lives and that they were involved with the planning and delivery of their care. A person who used the service commented, "I am in control at all times." Another person said, "I always get to do what I want to do."

Staff knew people's needs well. We received positive feedback from people and relatives about their care. Comments included, "The staff are excellent, they help me to contact my family." Another told us, "They [care staff] all know me so well and always know if I am not feeling well." A health professionals told us, "Staff are quick to refer patients if there are any concerns" and "Staff work well with our service and react quickly to people's changing needs."

The initial assessment captured people's level of ability, independence and care and support needs. The information was then used to develop several personalised care plans including mobility, personal hygiene, tissue viability, social stimulation, medicines, finances, communication and memory impairment. They also had one-page profiles about 'what is important to me'.

Some people's care plans contained more information about how to meet people's individual needs than others. For example, we saw detailed and relevant information about one person's behaviours, how the person may behave towards others and the actions staff would take to address these. This information enables staff to ensure people are supported effectively.

Care plans were reviewed regularly, however, we found when people's needs had changed their care plans were not always updated in a timely way. The manager told us care plans would be reviewed again to ensure they reflected people's current needs.

People told us they were able to participate in activities and access the local community. One person told us, "We have an activities administrator. I am able to get out into the community; I can go on my own to the shops but staff will assist me if needed." On the day of the inspection the activity coordinator was taking people out in the service's minibus to the coast. People had chosen this activity to enable them to enjoy fish and chips in the fresh air. Other people were listening to music, playing bingo and dominoes.

Some staff had completed end of life training and end of life plans were in place for people who had participated in completing these. Staff told us that people would be supported to remain at the service with support from other professionals, for example district nurses if they required palliative care.

The provider had a complaints procedure, a copy of which was displayed at the front entrance of the home. We reviewed the complaints file and the outcomes. The service had received one complaint in the last 12 months which had been resolved within the recommended timescales. People and their relatives told us they knew how to make a complaint or raise concerns and would have no hesitation in making a formal complaint if the need arose. Comments included, "I can raise concerns but have never had to."

Requires Improvement

Is the service well-led?

Our findings

Audits to monitor the quality of the service were not being undertaken consistently within the service We saw no evidence of overarching governance arrangements, audits or checks carried out by the registered provider. Audits are important in monitoring the way the service is being delivered, identifying any areas of concern, and raising standards. Due to a lack of effective auditing; opportunities to identify and address areas of concern, such as those we found with medication management had been missed.

Care plans audits were conducted regularly, however, we found that these audits were not effective in highlighting shortfalls. For example, we found one person's care plan stated they were able to complete their own personal care, they then had a stroke and the care plan had not been updated to reflect their current needs. This could lead to the person not receiving the support they require and meant staff did not have the relevant guidance to ensure the person's needs were met in a consistent way.

When issues were identified such as regular falls, information was recorded in the accident records but these were not audited to identify any common issues or concerns. This could lead to the relevant professionals not being informed about the changes in people's needs and referrals to other services not actioned which could impact on people's health and well-being.

Not having systems in place to monitor and improve the quality of the services is a breach of Regulation 17 (Good Governance) Health and Social Care Act (Regulated Activities) Regulations 2014.

At the last inspection, a recommendation was made that the provider implement an effective system to ensure all equipment was tested and serviced in line with the manufacturer's guidelines. At this inspection, we saw all the relevant safety certificates were in place and up to date.

At the time of the inspection there was no registered manager in post which is a condition of the provider's registration. The new manager told us they would seek registration with the Care Quality Commission. They were committed to and providing the leadership required to sustain improvements and raise standards at Hadley Place.

The service had a management structure. There was a manager supported by a deputy manager, administrator, and a team of care workers. Team meetings had been held and the minutes of these were available. These had not taken place recently due to the provider being unable to attend. However, staff told us they felt confident in raising concerns with the manager and felt ideas and suggestions would be taken on board.

People we spoke with expressed satisfaction with the care provided and the management of the service. One person told us, "The manager is new but very receptive to our needs and is easy to talk to." Feedback from a care professional indicated that they were satisfied with the services provided and the running of the of the service and told us, "There is a new manager but the service is well-led."

Staff members spoke very highly of the manager. Comments included; "The new manager is very approachable and is trying to improve things." Another told us, "The manager has an open-door policy and is easy to talk to and is working hard to implement changes." Care workers informed us that they were happy working for the service and they stated that communication was good and they had been informed about their roles and responsibilities.

An annual satisfaction survey relating to the service and care provided had been carried out. People told us they had completed these and their suggestions were actioned. The manager told us moving forward these will be used to help develop the service.

The manager was committed to forming links with the local community. A summer fete had recently taken place, this was open to members of the public. The purpose was to raise awareness of the service and increase integration between people living there and the people in their local community. The manager told us that the event was well attended and staff and relatives had brought their families along and it had been a great success.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not consistently acted in accordance with the Mental Capacity Act 2005 in relation to when people were unable to give consent because they lacked capacity. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured people who use the service were protected against the risks related to their health, safety and welfare Regulation 12 (2) (a) (b) The provider had not ensured people who use services were protected against risks associated with unsafe management of medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured effective systems or processes were in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2) (a) (b) (f)