

Tamaris Healthcare (England) Limited

Haddon House Care Home

Inspection report

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Date of inspection visit: To Be Confirmed
Date of publication: 21/12/2015

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 

Overall summary

This inspection was unannounced and took place on 16 November 2015. The service was registered to provide residential and nursing care for up to 30 older people with dementia. At the time of our inspection 29 people were using the service.

There was a registered manager in post. 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.'

People and relatives we spoke with told us they felt the service was safe and the provider took appropriate steps to keep people from avoidable harm. Risk assessments had been completed to ensure people had been protected and to provide guidance to staff. People received their medicines at the right time and in a dignified way. There was a process which ensured this was completed safely. People's health was monitored and when necessary health care professionals support was requested and guidance provided by them which was then followed by the staff.

There were sufficient staff to support people's needs and they received training that provided them with the

Summary of findings

knowledge and skills to provide the care required. People had been supported to make decisions and where they lacked capacity to make decisions, people were protected under the Mental Capacity Act 2005. Where appropriate a referral had been made to the local authority to request an assessment in relation to the Deprivation of Liberty Safeguards (DoLS).

The service had a choice of meals and people could decide where they wished to have their meals. People were encouraged to be independent, however if necessary support was available to ensure they were able to eat their meal.

People we spoke to told us they received care which was compassionate and respectful. Consent was sought when people were offered support to maintain their daily routine.

There was stimulation available and people were encouraged to join an activity which reflected their own interests and hobbies. We observed the staff used the care records to reflect a personal approach to ensure people received the care in the way they wished.

The provider had a notice board which provided a broad range of information about the service, registration requirements along with any forthcoming events. There was a complaints procedure and any complaints that had been received, had been dealt with efficiently.

The manager was approachable and knew the people within the home and was able to provide clear guidance to the staff on how to support people. There were regular audits on a range of areas to ensure the quality of the care was maintained and where required improved.

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 safe

People had their risks assessed and managed to protect them from harm. People felt safe and secure and relatives felt confident that people who used the service were safe. Medicines were managed and administered safely. There was sufficient staff to meet people's needs.

Good



Is the service effective?

The service was effective

Staff received ongoing training to maintain their skill levels to support people. People received appropriate and timely support for their health needs. People told us they enjoyed the food and they were supported to maintain their nutritional needs. People were supported to make decisions and where people were unable to do so care and support was provided in their person best interest.

Good



Is the service caring?

The service was caring

Staff knew people well and had positive caring relationships with people. People were able to make choices about their day and where support with dignity and respect from the staff. People were supported to maintain relationships which were important to them.

Good



Is the service responsive?

The service was responsive

People received care that met their individual needs. Care plans were reviewed and updated to reflect any changes in people's needs. Stimulation was available and people enjoyed the activities that were on offer. Complaints were openly received and responded to effectively.

Good



Is the service well-led?

The service was well led

The service had effective systems in place to monitor and improve the quality of the care people received. People and their relative had been encouraged to be involved in the service.

Good



Haddon House 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 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. Our inspection was unannounced and team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and

information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

Before the inspection, the provider completed a 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.

We spoke with four people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with four members of care staff, one nurse, the cook, and the manager. We looked at care records of four people and other records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the service. One person said, "I am looked after and made to feel calm." Relatives we spoke with said they felt the people were safe, one relative said, "I know [name] is safe, they look after [name] really well." Staff knew how to report any concerns and understood the importance of keeping people safe. One staff member said, "It's important to protect people who are vulnerable, there are so many areas of abuse." Another member of staff said, "People here are vulnerable we need to ensure their safety." In the reception area there was information in relation to safeguarding and how to make a referral with a flow chart showing the process taken by the local authority in dealing with any concerns. This showed us that staff had information they needed to report concerns and protect people.

Risk assessments had been completed and the staff understood the importance of these assessments in ensuring people's safety. For example one person had skin damage which required regular dressing and monitoring. Staff told us and records confirmed that medical support had been provided to support the healing of the skin damage. The assessment identified the person required re positioning when seated every two hours using equipment and two care staff. One staff member said, "It's important to keep moving the position to protect the skin and make [name] comfortable." We observed staff communicated these actions to the person. The person was unable to verbalise a response, however the person smiled. This showed staff used the information in the risk assessments to support the person's care needs.

We saw the provider had evacuation plans in place in case of an emergency. Staff understood the plans and confirmed they had received training in fire safety and evaluation procedures. One staff member said, "It's important to know who needs what support in case of an emergency."

Staff understood about the whistleblowing policy. This is a policy to protect staff if they have information of concern. One staff member said, "If I am concerned, I would not be afraid to speak up." The staff we spoke with said they felt confident any concern they raised would be acted upon and they would be supported.

Relatives we spoke with told us and we observed there was sufficient staff available to provide the support people needed. One relative said, "The staff who are here do a brilliant job, I'm quite happy to have my mum here." Another relative said, "Every time I come the staff are always around." Staff we spoke with confirmed they felt there was enough staff. One staff member said, "The staff levels are fine, we are busy but it's a great team." The manager confirmed the staffing levels were reflective of the number of people and the level of support each person required. We saw that the manager and provider reviewed the staffing levels each month to determine the staffing levels needed to meet people's needs.

The provider had an ongoing recruitment programme which ensured there were enough staff to support people. Staff told us they had completed the disclosure and barring service (DBS) check prior to commencing work at the home. A DBS provides a check relating to any previous criminal records. This meant that people were cared for by the staff were suitable to work in a caring environment.

People received their medicines at the right time and in a dignified way. We observed staff spent time with people to explain their medicines and encouraged them to take them. For example one person's records showed they required encouragement to swallow. We heard a staff member provided a prompt, 'Don't forget to swallow'. Staff we spoke to told us and records confirmed they had received training in managing and administering the medicines safely. The provider had procedures in place to ensure storage and records were maintained and there was an audit system in place.

Is the service effective?

Our findings

Staff we spoke with told us they had received an induction before they commenced work. One staff member said, “I was supported in my induction and able to go at my own pace.” The manager told us and records confirmed the provider had an ongoing training programme to ensure staff kept up to date with current practices. Following some recent dementia training one staff member said, “It gave a resident’s perspective, like ‘walking in their shoes’, it was really good.” Another staff member said, “The training is good and lots of it.” This meant the manager ensured staff received the appropriate training to support people’s needs.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. The provider had completed assessments on people’s needs and identified the level of decision making the person could manage, along with the best way for staff to communicate with them. For example one person’s plan identified any decision needed to be made in a quiet environment and supported with picture cards.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The manager had made referrals to the local authority following the completion of a best interest assessment. The staff understood the requirements for people following

training on MCA and DoLS. One staff member said, “We must assume capacity until we have completed an assessment and then if necessary look at what is required in the best interest of the person.”

We observed staff asking people for consent before they provided care and support. One staff member said, “Would you like to come with me?” The person asked where to and the staff member replied to the barbers with a miming action of a haircut. We observed staff asking for consent throughout the day for all aspects of people’s needs and activities.

People told us they enjoyed the food. One person said, “The food is fairly nice and I have a choice of meals each day.” Relatives we spoke with also commented on the meals. One relative told us, “[Name] has a pureed diet, there is always a choice, and [name] has a good diet.” Another relative said, “They always set tables nicely, they come round with the drinks trolley and biscuits.” We spoke with the cook who understood people’s preferences and adapted the menu. For example during the lunchtime meal, the cook checked with staff to ensure that people received their choice. One person’s care plan identified they would not eat if given a large plateful and required encouragement. We observed the person received a small plate and was encouraged to eat. Some people had a food diary and their weight was monitored on a weekly basis to ensure they maintained their nutritional needs.

We saw that people were supported to maintain their health. One relative told us, “There’s no hesitation to contact a doctor if necessary, they wouldn’t put it off until the next day.” We observed during the handover meeting people on food and fluid charts were discussed to identify people who required additional support or encouragement. Another person was discussed as requiring a medical support. We observed the nurse contacted the GP practice to arrange for this to be completed. The care records showed referrals were made to health care professionals when people’s needs changed. We saw the care plans identified any actions required by the staff following any health care interaction.

Is the service caring?

Our findings

People we spoke with told us the staff treated them with kindness. One person said, "There are some lovely ladies here, they all help me." Another person said, "I think its lovely to live here, the kindness makes it pleasant."

Relatives we spoke with also commented on the caring nature of the staff. One relative said, "Staff are very good they look after [name] really well." Another relative said, "The staff are very good and they treat the people as they would their own family and that's important." Staff understood the importance of developing a relationship. For example one person had become anxious in relation to a planned visitor. The staff member knew the relative by name, their relationship with the person and the usual day their visitor would attend. With this knowledge the staff member was able to reduce the person's anxiety and provide an explanation in relation to when the person would be calling and how many days away that was. Another staff member talked about gaining people's trust and the varying ways to communicate with people. For example the staff member explained using touch and facial expressions when communicating with people. Some people were unable to verbalise a response, however we observed nonverbal responses, a smile, and a noise and eye contact which showed the people had connected with the staff member.

People were encouraged to keep in touch with people that mattered to them. One relative said, "I come at different times, I am always welcome." Another relative said, "They always keep us informed, [name] had a fall, they provided

extra half hour observations, I couldn't ask for any more." We saw staff knew visitors and made them welcome. The notice board displayed information in relation to an advocacy service. This advocacy service provides people with free advice, guidance and assistance in raising concerns and was able to act on people's behalf if they wished. Some people within the service had been identified as requiring an advocate and records confirm they had been receiving that support.

We observed that when care was provided people were supported to maintain their dignity. We observed staff ensuring people were kept clean. For example one person had spilt food down their clothes, the staff suggested they might like to change and then provided them with the support to change their clothes.

Relatives we spoke with felt people's privacy, of people who used the service was respected. One relative said, "Yes they don't discuss anyone, I would be told to see the nurse to discuss my concerns in private." Staff spoke discreetly with people and responded to people's request for personal care promptly. People were enabled to be independent as they could be. For example, adapted cutlery and cups were used to enable people to eat and drink to their full potential. All the rooms had a twist lock, which were linked to the call bell system. This ensured staff were alerted when someone went into or out of a bedroom. Staff we spoke with told us this enabled staff to support people to maintain their privacy. One staff member said, "If someone goes into someone else's bedroom, we are alerted, also we know when someone is in their room and we can be discreet along with keeping them safe."

Is the service responsive?

Our findings

People received support which reflected their individual preferences. One relative said, "When [name] came here, the staff asked me what time [name] likes to wake up, they have a choice when they want to go to bed, it's when it suits [name]." Staff knew people well and what was important to them including their likes and dislikes and this was documented in the care plans.

For example one staff member we spoke to told us that one person had been the author of a local book. This gave the staff team an area of interest in building a relationship with the person.

Records showed one person had a passion for cats and enjoyed holding a soft cat toy. We observed the person holding the toy and the staff making sure the person had it with them when they returned to their bedroom for a rest.

Relatives we spoke with told us they were encouraged to be involved in the care plans, when consent had been given by the person. One relative said, "I can go and have a look at [name] care plan anytime and talk to the staff." Relatives we spoke with confirmed they are kept informed of any changes relating to care or any concerns with their relative. We listened to the staff handover which provided a daily update on any changes to the person's needs for that day and records confirmed these changes were documented in the care plans. This meant that staff were able to provide a more personal level of care to each person.

People were encouraged to take part in activities which supported their individual needs. Relatives we spoke with told us there were always activities and events going on.

One relative said, "The staff do lots of things, events and activities like dominoes." Another relative said, "When they have a Karaoke activity the staff get people to join in, you can see their faces light up and some can remember the words." People had been consulted on their preferences and the activities coordinator had recorded the identified activities and used them to develop an activities plan. For example one person had an interest in steam railways; the coordinator had obtained some magazines and photos to support discussions. We observed staff providing individual support. One person received a hand massage. The staff member said, "This gentle massage will help you open your hand." Another staff member talked about the sensory boxes which they had used to support a person. The staff member said, "I use the box and another person joined in it was lovely."

Relatives we spoke with told us there was an open door policy at the service, they felt able to raise any concerns and they were addressed efficiently. We observed one relative approach the manager's office with a concern. The manager made time for the relative to discuss the concern and support a solution. The relative confirmed they had received a positive response to their concern. Another relative said, "I have no complaints, they do a good job here." During the mealtime a person requested to speak with the manager. The manager spoke to the person discreetly and then relayed the action to resolve the concern to the staff. The provider had a process in place for dealing with concerns; records confirmed any complaints had been dealt with appropriately and in a timely manner. This showed the manager took action to address any concerns from people and relatives.

Is the service well-led?

Our findings

The service had a homely atmosphere. One relative said, "It's always friendly here." Staff we spoke with told us it's all about the people. One staff member said, "The people are lovely, their personalities are terrific." People and relatives knew the manager. One relative said, "The management are good." Staff we spoke with told us they felt supported by the management. One staff member said, "There is an open approach, I don't feel embarrassed to ask questions."

Staff received regular supervision support, one staff member said, "It is useful, it outlines the training, any concerns and working with me to improve my knowledge." The manager said they had been supported by the provider. They told us they had regular meetings and had been supported with a mentor from the provider group as part of their induction.

We observed the manager walking around the home and reassuring people about their care routines for the day, this showed an understanding of the people's needs. The home had a daily handover meeting and meetings relating to specific nursing tasks. This was to ensure they supported each individual and information was cascaded to staff to ensure people's health needs had been addressed. For example in the nursing meeting one person's skin damage was discussed and the need for a swab test.

Relatives we spoke with told us they have participated in quality questionnaires and had been invited to resident meetings. One relative said, "If I am unable to attend they

keep me informed of what was discussed." We saw there was a notice board in reception with a 'You said, We did'. This showed that concerns raised had been acted upon. For example an additional activities coordinator had been requested and an additional staff member had been recruited.

The manager completed regular checks and audits on all aspects of the service. These were reported to the provider through a monthly 'quality of life' report. This covered staffing levels and any elements of care changes or requirements. For example a recent audit on equipment identified a hoist sling was fraying. This was removed from use and a new one ordered. An audit on staffing identified the need for a senior carer to be qualified in administering medicines. Records confirm that a care staff was to be trained to perform these duties.

The manager was keen to develop the services available to the people in the home. There was a focus on dignity. For example there was a display of the 'dignity tree'. This is a national initiative to embed dignity and respect standards across the care sector. The home had a monthly word to raise the profile, October had been 'integrity' and an explanation and examples were available. Staff confirmed they understood the dignity focus. One staff member said, "It's important to respect people as individuals."

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration.