

Care UK Community Partnerships Ltd

Hadrian House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hadrian House is registered to provide accommodation for up to 63 people with residential care needs. 52 people were using the service at the time of the inspection. Some of the people were living with a dementia type illness.

People's experience of using this service and what we found

People and family members told us the service was safe. Risks were well managed and the provider learned from previous accidents and incidents to reduce future risks. The registered manager and staff understood their responsibilities about safeguarding. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect. They helped to maintain people's independence by encouraging them to care for themselves where possible.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider had a complaints procedure and people were aware of how to make a complaint. An effective quality assurance process was in place. People, family members and staff were regularly consulted about the quality of the service.

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

Rating at last inspection

The last rating for this service was good (published 15 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hadrian House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience formed the inspection team. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with four people who used the service and eight family members about their experience of the care provided. We spoke with six members of staff including the registered manager. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and family members told us the service was safe. Comments included, "Oh yes, I'm quite safe. I don't use the buzzer, I just need to shout and they are there in a minute" and "My [family member] is safe here, most certainly."
- The registered manager understood safeguarding procedures and had followed them. Staff demonstrated a good knowledge of safeguarding and had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider learned from accidents and incidents. They made changes to reduce the risk of them reoccurring.
- Risks were well managed. Staff understood potential risks and how to mitigate them.
- Checks were carried out to ensure people lived in a safe environment.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure. They carried out relevant security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Medicine administration records were accurate, up to date and audited regularly.

Preventing and controlling infection

- The home was clean and regular infection control audits were carried out. A person told us, "I'm absolutely happy with cleanliness. They come in often and clean up."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to ensure their individual needs could be met.

Staff support: induction, training, skills and experience

- People and family members told us staff were appropriately trained and skilled.
- Staff were supported in their role and received regular supervisions and an annual appraisal.
- New staff completed an induction to the service and staff training was up to date. Staff told us they had received sufficient training for their role.
- Staff were asked to identify a specialist learning topic. The topics were collated and the registered manager sourced the relevant training.

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

- Staff supported people with their dietary needs. Guidance from healthcare specialists, such as dietitians and speech and language therapists, was documented and followed by staff.
- Mealtimes were pleasant, sociable events. Dining rooms were nicely decorated and staff supported people in a calm and engaging manner. People told us the food was good and there was plenty of choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and to attend appointments when necessary. A family member told us, "Access [to healthcare professionals] is very good, in particular the GP."
- The service worked with health and social care professionals such as GPs, community nursing team and behaviour support team.

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

- The premises incorporated environmental aspects that were dementia friendly. Signage was in place to aid people's orientation around the home. Handrails clearly stood out, communal bathroom and toilet doors were painted a different colour, and corridors were light and clear from obstruction.
- Corridors were decorated in different themes. For example, seaside, shops and garden. There were tactile displays on walls and memory boxes next to bedroom doors for people that wanted them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and family members told us staff were kind and considerate. Comments included, "Kindness and compassion? That's excellent" and "They seem to go the extra yard here."
- Staff had developed strong, personal links with people. For example, one person was very private and spent long periods of time alone. A staff member established a positive relationship with the person and identified they needed some new clothes. This resulted in the person asking the staff member to go to the shop for them to purchase replacement clothing.
- None of the people using the service at the time of the inspection had specific religious or spiritual needs. However, one person told us they were supported to attend church if they wanted to and a local priest visited weekly.
- People were treated as individuals and staff supported them to live their lives how they wanted.

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

- Staff included people in the care planning process. People's preferences and choices were clearly documented in their care records.
- Some of the people using the service at the time of our inspection had independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- People and family members told us staff respected privacy and dignity. Comments included, "There's never been an occasion when that's [privacy and dignity] not practised" and "They do [respect privacy and dignity]. They put [name] in the bath, shut the door and close the curtains."
- People told us staff supported them to be independent. Care records described what people could do for themselves and what they required support with.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were regularly reviewed, included important information about the person and were person-centred.
- People's individual aims and expected outcomes were recorded. These described what the person wanted from their care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand and support plans described the level of support they required with their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People lived full and active lives. Staff knew people well and understood what was important to them.
- People were protected from social isolation. There was a programme of activities and we observed people taking part in an arts and crafts session. A family member told us, "Since [lifestyle lead] arrived, activities have been brilliant."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People and family members told us they did not have any complaints but were aware of how to make a complaint.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- People's end of life wishes were recorded. These included where they wanted to receive their end of life care, who they wanted involved and whether any funeral plans were in place.
- The service had won an award from the local palliative care team for their end of life care. This was following a nomination by a family member.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and family members told us they were comfortable raising any concerns and the management team were approachable. Comments included, "[Registered manager] is approachable, you just catch her when she comes around" and "Communication is good, you can ask anything."
- People were involved in making decisions about the décor of the premises. The registered manager told us they had plans to involve people in the staff recruitment process.
- Staff were happy in their work and told us the registered manager was "approachable" and "supportive".
- The registered manager worked occasional night shifts so they were visible and available to night staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.
- The registered manager and staff understood their roles and responsibilities.
- The provider monitored the quality of the service to make sure they delivered a high standard of care.

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

- People were able to feed back on the quality of the service. Residents' and relatives' meetings took place and annual questionnaires were sent to people and family members. These were analysed and responses to any issues were fed back.
- Staff were consulted about the running of the home and staff meetings took place regularly. Staff spoke positively about the provider's recognition and rewards scheme.

Continuous learning and improving care; Working in partnership with others

- The provider ensured staff were given the opportunity to develop in their role. The registered manager told us when they were appointed they had identified training and development needs for senior care staff. They worked with the senior team leader to develop a competency based training programme that would meet the needs of senior care staff, enabling them to deal effectively with the challenges of their role.
- The service worked with other health and social care professionals, such as the local authority and clinical commissioning group.

- The service was involved in a local arts project. This involved people, family members and members of the local community in planning activities and deciding what the project budget was spent on.
- The service had developed good links with a local nursery school and accepted work experience students from a local secondary school.