Hardwick Dene Ltd

Hardwick Dene

Inspection report

Hardwick Lane
Buckden
St Neots
Cambridgeshire
PE19 5UN

Tel: 01480811322

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Hardwick Dene provides accommodation and personal care for up to 50 older people including those living with dementia. Accommodation is located over two floors. There were 44 people living in the home during this inspection.

This inspection was unannounced and took place on 19 January 2016.

The home had a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Some staff had yet to receive training in this subject and some of those spoken with during this inspection were not able to demonstrate that they were aware of the principles of the MCA or DoLS and their obligations under this legislation.

Care plans did not contain all of the relevant information that staff required so that they knew how to meet people's current needs. We could not be confident that people always received the care and support that they needed.

The provider had a recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

People's privacy was not respected at all times. Staff were seen to knock on the person's bedroom door and wait for a response before entering. However, we found that two bathroom/toilet doors were unable to be locked. People's dignity was not always protected because a visitor and a member of staf were heard talking about people without involving them in the discussion.

People were provided with a varied and balanced diet. However, the lunchtime experience in Goodwin was not positive and people had to wait to receive their lunch. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines in a timely manner, and medicines were stored in a safe way, although the records were not signed by the person administering the prescribed medicine.

The provider had a complaints process in place and people were confident that all complaints would be addressed.

The provider did not have effective quality assurance systems in place to identify areas for improvement. Therefore they were not able to demonstrate how improvements were identified and acted upon.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Risks to people were not always identified and acted on.

Medicines were not always signed by the person who was administering the prescribed medicines.

Staff deployment was not well managed which meant that people could not always be assured that their needs would be met in a timely manner.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Requires Improvement

The service was not always effective.

Most staff were not aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had not been completed to assess people's capacity.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met. Although the lunchtime experience was not positive for some people.

Is the service caring?

Requires Improvement

The service was not always caring.

People's dignity, respect and privacy were not always protected.

There was a homely and welcoming atmosphere.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records were not detailed and did not always provide staff with sufficient guidance to provide consistent, individualised care to each person.

People were offered various activities, hobbies and interests.

Is the service well-led?

Requires Improvement

The service was not always well- led

The systems in place to monitor the quality of the service were not always effective.

There were some opportunities for people and staff to express their views about the service.

Hardwick Dene

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 unannounced inspection took place on 19 January 2016. It was undertaken by three inspectors 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 our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid our planning of this inspection

During our inspection we spoke with 10 people and five visitors. We also spoke with the registered manager, deputy manager and six care staff. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at four people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe and relatives confirmed they had no concerns over safety. One person said, "I do feel very safe here" Another said, "oh yes I do feel safe". A third person said, "I do feel safe. All the staff are very very nice".

Most of the time the home was calm and relaxed with the exception of Goodwin Unit. We found that the staffing levels in Goodwin Unit were not adequate to be able to support people in a timely way. We saw that four people on Goodwin required two staff to support them. There were periods of up to 20 minutes where people were left unsupervised in communal areas whilst staff supported others with their personal care. Some of the people left in the lounge had poor mobility and therefore could be at risk of falling without support from staff especially those who used mobility aids. At lunchtime people's needs were not always met in a timely way on Goodwin, as most people required support to eat their meals. People were seen to have to sit and wait whilst others were being supported to eat their lunch. Several people told us that they felt there was a shortage of staff with one person saying, "Occasionally there are times when there are not enough staff around and you just have to wait longer". Another person said, "They [staff] do respond to the buzzer but sometimes have to come back later if they're busy". A third person said, "They are a bit shorthanded at times and we have to wait". Other areas of the home showed that staffing levels were adequate to meet the needs of people in a timely way.

Staff told us that they were always very busy and that there was usually only two people working on the unit. The registered manager told us that she would look at the deployment especially around mealtimes. The manager told us that they look at the dependency levels of the people and would adjust staffing levels if required.

People's health and safety risk assessments were carried out for people for example who had risks in relation to their moving and handling. We saw that a person was using bed rails but a risk assessment was not in place to ensure the person remained safe at all times when the rails were being used. Staff were clear about keeping people safe. We heard staff on a number of occasions remind people to use their stick or frames when walking round the home. Where people had been assessed to be at risk of harm due to poor skin integrity special mattresses and/or seating cushions had been purchased and were in use.

All the staff we spoke with told us they had received training to safeguard people from harm or poor care. The staff we spoke with showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "I reported a safeguarding that was addressed appropriately". Another said, "I would always tell the manager if I had any concerns". Safeguarding information was available and accessible to staff and families in the main entrance to the home and included the telephone number of the local authority safeguarding team.

The provider had arrangements in place for managing people's medicines. Medicines were stored securely and safely. Appropriate arrangements were in place to ensure unused medicines were returned to the pharmacy to be disposed of. The service used a Monitored Dosage System (MDS) whereby peoples

medicines were delivered to the service from the pharmacy already dispensed into individual pods. Staff spoken with had good knowledge of medicines management within the service and felt the MDS provided a failsafe process, with less room for staff error.

We observed a member of staff supporting people to take their medicines. We saw that the senior member of staff, conducting the medication administration round, had signed for topical creams applied to a person. However, they had not personally applied the creams to the person. The topical creams had been applied by the care worker supporting the person with their personal care. Staff told us they had received training in medicines administration and records showed that their competency was checked to ensure they were safely able to administer medicines.

Staff confirmed that they did not start to work at the home until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start work at the home. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. We noted that records of the interview undertaken by the registered manager had not been maintained.

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 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 some people's mental capacity to make decisions about their care had not been assessed. Where people had been deemed not to have capacity and assessments had been completed they were not decision specific, for example receiving personal care. A record had not been made that the decision was in the person's best interest. We saw that some people were having their medication given covertly (they were unaware they were having their medication administered). Written permission had been given by the GP for this to take place, but there was no record or protocol in place of it being administered in the person's best interest or how it should be given. The registered manager confirmed that some people living at the home lacked capacity to make some decisions for themselves. They advised us that action would be taken to improve the assessment of people's mental capacity and that they would take advice from the local authority.

We checked whether care staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Not all staff spoken with had an understanding abut the principles of MCA and DOL's. We found in one person's care records that an authorisation request had been submitted to the local authority and a letter of receipt had been received. This showed us that the registered manager was aware of their obligations under the legislation and ensured that people's rights were protected.

People told us the staff met their needs but they sometimes had to wait. One person said, "'The girls are very friendly, everything I want is here". Another person told us that, "Staff are wonderful and work very hard to meet our needs".

Staff told us that the training they had received was on the whole good and had helped them to develop the skills they needed to carry out their role. Although two members of staff told us they had not received sufficient training in supporting people living with dementia.

Staff told us they received regular supervision and support from the registered manager or the deputy. This was to ensure they had the opportunity to discuss their support, development and training needs. Training records showed that staff had received training in a number of topics which included infection control and food safety, moving and handling, safeguarding people. Some staff had not received training in MCA and

DoLS and therefore were not clear about the principles to follow in ensuring decisions were made in people's best interests were people have not got the capacity to make their own decisions.

Observations carried out over the lunchtime demonstrated that the experience was poor on Goodwin unit although peoples experience in other dining areas was a positive and a relaxing experience.

We found that only two staff were available to support people on Goodwin and it was very busy and disorganised Staff were required to collect the trolley from the kitchen, serve the food and assist seven people who required support to eat. No choice of main meal was offered. Although when we spoke with staff they said, "There is no choice today but there normally is". Staff engaged with people and encouraged them to eat but due to people requiring support this meant that it took a long time for all people in the home to receive their lunch. Meals were not well presented for people who required pureed foods. The pureed food had not been separated and was combined together on the plate. Drinks were not offered to people as they had not been put on the trolley. Staff said they did not have time to make drinks available as people needed support to eat. One person asked for a napkin but one was not available and therefore they proceeded to use their cardigan to wipe their mouth on.

In another dining area we observed that table were laid with cloths, condiments and mats. People were offered a verbal choice, of savoury mince or cheese and egg slice. We saw that meal arrived with the gravy and vegetables already on their plates. This showed that people were not given a choice of whether they would like gravy or how much. People we spoke with told us that staff always put gravy and vegetables on. They told us they left anything they didn't like on their plate.

During both the morning and the afternoon people were offered drinks and biscuits were put on their plates. Although they had a box with different biscuits available people were not offered the chance to choose which they would like.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as community nurses, GPs, dieticians and therapists. Visiting professionals we spoke with told us that people were referred to them by the service regarding their healthcare needs and that staff had followed their instructions and advice.

Requires Improvement

Is the service caring?

Our findings

People we spoke with were complimentary about the care that they received. One person said, "The people [staff] here are very kind, they've been very understanding". Another person said, "It's a very nice place, the staff are wonderful, they're all doing a good job". A third person said, "The girls [staff] are very good and attentive". Relatives we spoke with were equally satisfied. One said, "I've no concerns about my mother's care". Another said, "They're [staff] all lovely, all the girls". A third relative told us about their relative who had died at the home a few months ago and during their last few weeks had received very good care. A fourth relative told us that [name] who was cared for in bed said, "They [staff] really do their best for them" and went on to say, "We did go to several homes and this was the nicest one we found".

Staff told us how they treated people with dignity and respect. They told us that they made sure that people's needs were met, they were treated as individuals and that they were involved in making choices. We saw that people were sometimes offered choices but not at all times. Staff said they knocked on people's doors before entering the person's bedroom and kept people covered up when offering personal care. We saw staff knock on people's doors before entering their room. Staff also said that they explained what they were going to do before undertaking personal care by saying things like, "You need to look beautiful, shall we choose the clothes you would like to wear."

However we did not always see people being treated with dignity or respect or having their privacy upheld. Two bathroom/toilet doors on the upper floor did not have locks fitted. On one occasion we saw the toilet door being opened and a member of staff was supporting a person although they had not locked the door to prevent others from walking in.

Whilst we were carrying out our observation one member of staff showed little affection to people. We heard a member of staff saying to one person who wished to go out, "No, it's too cold today". Then when the person started walking indoors instead, the member of staff gave them an instruction and said, "you need to use your frame if you're going to walk around". The person then responded saying ,"I am" The member of staff then responded to them in a firm manner by saying "No you're not" and this was then repeated in an argumentative way. On another occasion a member of staff and a visitor were seen sitting either side of a person and talked over them and about them. One said to the other, "They're not eating, I've tried them with blended, mashed, and (food) I've tried them with everything. They have been like it for two days. They've been in a very strange mood yesterday and today". The member of staff at no point involved the person they were talking about. On a third occasion where a person did not want to have a drink. The staff member was quite forceful and said, "You need to have a drink, have a drink now". They proceeded to try and give them a drink. These instances showed a lack of respect towards both people. We spoke with the registered manager who assured us she would address this with the staff concerned.

Other observations throughout the day showed staff coming in and out of the lounge taking the time to speak to people. We saw a member of staff who diffused a situation when a person was upset as someone was sitting in their seat. Staff spent time talking with the person and suggesting suitable possible alternatives until a solution was found. The person sat down calmly and smiled.

We saw a member of staff make the time to go and find a person's book and glasses because they wanted to read. When they brought them they made sure that the person was positioned comfortably, did not have the sun in their eyes and that they had everything they needed.

People and their relatives confirmed that there was no restriction regarding when their family and friends could visit though most explained that they usually tried to avoid mealtimes. One relative told us that they try to arrive before lunch to encourage their relative to go downstairs to have their meal in company of others.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

A relative told us, "We have been able to visit whenever we want" and that staff had kept them informed about changes in [name] health, care and treatment. They commented, "The staff are really good, they know [name] very well and know what their likes and dislikes are.

Care plans did not follow a consistent format. However, they contained information about people's preferences, routines and some also contained life history information.

Whilst care plans had been reviewed monthly, it was not always clear when changes had been made to the care plan following a review or change in the persons care and support needs. One person's care record, had a handwritten note stated 'prescribed new spectacles for reading', while the monthly review record stated 'no change.' In another person's care review record it was stated that the person was no longer able to weight bear but the care plan had not been updated and referred to the person using a stand aid (a piece of equipment where a person is able to weight bear). This potentially put the person at risk of inappropriate care and support.

One person was deemed to have a high risk of pressure sores. Whilst specialist equipment and a turning chart was in place there was no information recorded on how often they should be turned and any instructions for the use of the equipment.

Another person had been identified as having dietary requirements. The notes referred to a fortified/pureed/blended diet. There was no information recorded about the consistency of their meals or what they could or could not eat. For another person who had been placed on a fluid chart there was no daily target set. This meant that staff were unable to monitor whether the person had received the required amount of fluids.

Although nutritional assessments had been undertaken and reviewed it was not always clear that the results were taken into account. For example, the nutrition plan for a person with diabetes was assessed as being at 'medium risk' of malnutrition. However, there were no guidelines or information for staff on how these issues should be managed.

This was a breach of Regulation 9 HSCA (RA) Regulations 2014.

There was a large notice board in a corridor which showed the activities for the week which included group crossword, scrabble, art and craft, an exercise session and a quiz afternoon. One person told us, "I like to do the exercises".

One person told us, "I spend most of my time in my room". Another person explained "I like being able to stay in my own room". A third person told us they enjoy sitting by the window looking at the garden, "I'm not an unsociable person but I do like my own company". They told that they enjoyed doing jigsaws, reading and doing word puzzles. A fourth person said, "I read a lot and I have some regular magazines that I

subscribe to".

During the morning the activity worker was involving a few people in completing a crossword. After lunch several people were playing hoopla and then throwing a ball to each other. There was a lot of laughter and talking. A relative told us, "There are always lots of activities, it's fantastic".

In another lounge the television was on and they did have subtitles on which could be useful for some people particularly with a hearing loss. During the morning a member of staff was carrying out a manicure for one person. The member of staff spoke with them and another two people throughout the manicure.

People were being encouraged to be involved in activities that were specific to them. Throughout the home it was evident that attempts had been made to try to create a friendlier environment for people living with dementia. We saw individual's photos on their bedroom doors and a memory box to provide people with assistance in recognising where their room was. Signage throughout the home was large to enable people to identify the communal rooms and toilets. There were also some soft toys around for people to use. In Goodwin there was a separate reminiscence room which had lots of items that could be used to trigger conversations and memories. For example a wash board, an old iron and old catalogues. We spoke with staff who told us this was kept locked as people kept taking things away and only used when staff were available to be with people. This limited free access to facilities and activities for the people living in the home.

Information was available about religious services that were held in the home. People we spoke with confirmed that a weekly religious service was held in the home and that they could choose to attend if they so wished.

There were also notice boards which provided information about the meals of the day, the date and weather

Everyone we spoke with felt confident speaking to the staff if they had any concerns. One person told us that he had made a complaint about a member of staff and that the matter had been taken care of.

Other people told us that they had no complaints but would talk to someone if they felt they needed to. Another person said, "If there were any complaints they [staff] would listen but I haven't got any". A third person said, "It's [the home] very good I've got no complaints". One relative told us she had no complaints. Although another relative told us that a person had been going into [family member's] room and taking things so they had asked if this could be dealt with. They told us there had been no reoccurrences.

There had been a number of compliments received from relatives especially thanking staff for the care and support their family members received during their time at Hardwick Dene. The home had a complaints procedure which was available in the office. We looked at a recent complaint and saw that it had been investigated and responded to satisfactorily and in line with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. People we spoke with said that they knew who the registered manager was. All people we spoke with told us they knew who the manager was and felt able to approach her if they needed to raise any issues.

There were limited processes in place to assess and monitor the quality of the service. The deputy manager told us they oversaw the ordering, receipt, administration and returns of medicines. However, whilst there were auditing processes in place to check that people's medicines were being administered correctly, it had failed to identify that staff were signing to say they had administered creams although this task had been carried out by another member of staff who was supporting the person with their personal care. We had identified a number of issues with the care plans and this had not been identified by the manager during the auditing process. The registered manager told us they reviewed all 50 care plans on a monthly basis. However, the evidence we saw showed this was not effective and did not identify any improvements that should be made to ensure people were receiving safe and consistent care and support. Other audits that had been conducted such as fire safety checks, health and safety which included the environment also showed that no actions had been identified in making improvements to the service.

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

The registered manager informed us that new audit forms were being introduced which would cover areas such as but not limited to, maintenance, kitchen, medicines and housekeeping. A questionnaire was due to be sent to people who use the service, relatives and other stakeholders for them to have a say in the quality of the service provided at Hardwick Dene.

Staff told us that they felt supported by the registered manager. All staff we spoke with felt able to approach the registered manager about any issues or ideas they had. They all felt they would be listened to. Comments from staff included, "I love working here. I am well supported by both the management and the people I work with and the residents are well cared for." "It's homely here and staff are kind. People get good care." "I feel well supported."

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "I would have no hesitation in raising a concern if people were receiving poor care".

There were staff meetings for all staff during which they could discuss their roles, training and were provided with information in relation to peoples care. Staff we spoke with were happy about meetings One member of staff said, "There are staff meetings about every three months." However, another member of staff said, "We could probably do with a few more staff meetings."

A training record was maintained detailing the training completed by all staff. This allowed the registered

manager to monitor training to make arrangements to provide refresher training as necessary.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not protected from the risk of receiving care that was inappropriate and did not meet their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who used the service were not protected against the risks associated with inadequate monitoring and assessment of the quality of the service provided. Regulation 17 (1) (2) (a) & (2) (f).