

Hadley Place Limited

Hadley Place Residential Home

Inspection report

301-303 Anlaby Road
Hull
HU3 2SB
Tel: 01482 212444

Date of inspection visit: 21 December 2015
Date of publication: 03/02/2016

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?

Requires improvement 

Overall summary

Hadley place is registered to provide personal care and support for up to 29 older people who may be living with dementia. The service was originally three terraced houses which have been now combined. It is close to local amenities and bus routes. There is a dining room and two conservatory sitting rooms on the ground floor, one of which is for people who wish to smoke. There is a second sitting room on the first floor; a small garden and parking are at the rear of the building.

The last inspection was completed on 13 August 2014 and the service was found to be compliant with the regulations inspected at that time. This unannounced inspection took place on 21 December 2015.

There was a registered manager in post at the time of our 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

Summary of findings

'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 registered manager understood their responsibilities to report accidents, incidents and other notifiable incidents to the CQC. Audits were completed regularly and we saw when shortfalls were highlighted action was taken to improve the service. However, maintenance and servicing certificates for a number of pieces of equipment had expired. We discussed this with the registered manager who provided assurance our concerns would be rectified as soon as possible. After the inspection the registered manager sent us evidence to confirm relevant checks and servicing had been completed.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse and understood their responsibilities to report episodes of poor care.

People were supported by kind, caring and attentive staff who understood their preferences for how their care and support should be delivered. Staff understood the importance of respecting people's privacy, supporting them to maintain their dignity and treating them as an individual.

People's health care needs were assessed and planned for. People were involved in the formulation of their care plans and on-going reviews of their care.

Questionnaires were completed by people who used the service, their relatives and professionals which enabled the service to understand people's views and make improvements as required.

People ate a balanced diet of their choosing. When concerns with their general health were identified relevant professionals were contacted for their advice and guidance which was implemented effectively by the service.

People had their assessed needs met by appropriate numbers of suitably trained and experienced staff. Staff had been recruited safely which helped to ensure, as far as reasonably practicable, they were suitable to work with vulnerable people.

A complaints policy was in place which was provided to people who used the service to enable them to raise concerns as required. When complaints and feedback were received we saw evidence to confirm action was taken to improve the service.

Medicines were ordered, stored and administered safely. People received their medicines as prescribed from staff who had completed safe handling of medicines training.

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 were protected from abuse and avoidable harm by staff that had been trained to recognise the signs of potential abuse. Accidents and incidents were investigated to prevent their future re-occurrence.

People's needs were met by suitable numbers of adequately trained and experienced staff; who had been recruited safely.

People received their medicines as prescribed.

Good



Is the service effective?

The service was effective. Staff had completed a range of training which enabled them to meet people's assessed needs.

People were supported to eat a healthy diet of their choosing; when concerns were identified their dietary intake was recorded and relevant healthcare professionals were contacted as required.

People's consent was gained before care and support was provided. The principles of the Mental Capacity Act were followed.

Good



Is the service caring?

The service was caring. People were cared for by staff who knew their needs and delivered support in a caring way.

People were treated with dignity and respect by staff.

People's preferences regarding how care, treatment and support were to be delivered was recorded in their care plans.

Good



Is the service responsive?

The service was responsive. There was a complaints policy in place which provided guidance to people who wanted to complain or raise a concern.

People were encouraged to follow their hobbies and interests and supported to maintain relationships with their families, friends and other important people in their lives.

People or their relatives were involved with reviews of their care when possible.

Good



Is the service well-led?

The service was not always well-led. Servicing of some equipment and facilities had expired which meant they could have been unsafe and no longer fit for purpose.

Requires improvement



Summary of findings

The registered manager understood their responsibilities to report notifiable incidents as required. Staff we spoke with told us the registered manager was approachable and treated them fairly.

A quality assurance system was in place that consisted of audits, checks and feedback from questionnaires and other sources.

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector; it was completed on 21 December 2015 and was unannounced.

Before the inspection was undertaken, we had not asked the registered provider to complete a Provider Information Return [PIR]. A PIR is a form that is completed by the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Therefore, we looked at the notifications received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We spoke with the local authority safeguarding and commissioning teams to get their views on the service help us to make a judgement about the service.

During our inspection we spoke with the registered manager, a senior member of staff, five members of care staff, the cook, five people who used the service and three visiting relatives. We also spoke with a specialist nurse who was visiting at the time of our inspection. We also used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care which helps us to understand the experiences of people who could not talk with us.

We looked at five people's care plans along with the associated risk assessments and their Medicines Administration Records [MAR]. 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 pertaining to the management and running of the service. This included staff training records, policies and procedures, audits and internal quality assurance systems, stakeholder surveys, 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.

Is the service safe?

Our findings

People who used the service told us they felt safe and were supported by appropriate numbers of staff. One person said, “Oh yes we are definitely safe.” Another person commented, “I can call for the staff and they come straight away, I don’t have to wait.” Other comments included, “I’m safe, when we go out the staff come with us so we don’t have to worry about anything, they are always there for us”, “It’s very important for me to feel safe, I wouldn’t live here if I didn’t” and “I do think there is enough staff, they come and check on me every now and then just to make sure I’m ok and to ask if I need anything.”

A visiting relative told us, “I think Mum is safe.” Another relative of staff said, “[There is] always lots of staff around, I never had a problem finding someone when we need them.”

People were protected from abuse and avoidable harm by staff who had been trained to recognise and report signs of potential abuse and knew how to safeguard people from harm. During discussions each member of staff we spoke with independently described the different types of abuse that may occur and told us they were confident anything they report to the registered manager would be investigated. One member of staff told us, “I would report it [signs of abuse or poor care] to my manager; I know she would investigate and take action.” Another member of staff said, “We wouldn’t stand for anything like that [abuse and poor care] here. If I saw anything I would report it straight away.”

Accidents and incidents that occurred within the service were recorded and investigated which enabled action to be taken to prevent their future re-occurrence. The registered manager told us, “I look at the incidents and to see if there are any patterns or trends, I look into where the incident happen, who was working, what time of day was it and then work out if anything could have been done to prevent it.” We saw action was taken to reduce known risks such as seeking the advice of relevant professionals, requesting medicines reviews or by the implementation of specialist equipment. Risk assessments were in place which provided guidance to staff to manage and mitigate risks to people who used the service.

People were supported to remain safe whilst taking positive risks that enhanced their lives. The registered

manager told us, “Lots of people go out, we ask them to take our details [the service’s contact details] so we can be contacted if anything happens” and went on to say, “One person has a specialist defibrillator that is linked to a transmitter at the hospital; if they have any issues they are notified and can take action.”

Staff were deployed in suitable numbers to meet the assessed needs of the people who used the service. We saw that staff had the time to engage with people throughout the inspection and observed call bells were answered in a timely way. This helped to ensure people were not made to wait for the care and support they required. A member of staff told us, “I think we have enough staff.” A second member of staff informed us, “The staffing levels are good, when people get taken out we get extra staff to cover. The registered manager confirmed health care appointments and planned days out were factored into the daily rotas.

At the time of our inspection the 28 people who used the service were supported by five members of staff including one senior. The service also deployed three members of domestic staff, a maintenance man and a cook which enabled care staff to remain focused on care tasks. The registered manager explained, “All of the staff have completed the same training so they can cover when needed and they can recognise when people need support” and “I am not included in the numbers [staffing numbers] but get involved whenever I can, I am very hands on.”

We checked four staff recruitment files and saw that relevant checks were completed before prospective staff were offered a role within the service. An interview was conducted where the applicants experience and gaps in their employment history were explored. References from previous employers were requested 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 service had a dedicated room for the safe storage of medicines and further specific arrangements were in place for controlled drugs. Medicines Administration Records [MARs] were in place which included photographs of people who used the service to help minimise potential administration errors from taking place. The MARs we saw were completed accurately without omission. Temperature

Is the service safe?

checks were completed of the storage facilities to ensure medicines were stored in line with the manufacturer's guidelines. The room had a wall mounted fan to control temperatures on warmer days; however, at the time of the inspection the fan was defective. We mentioned this to the registered manager who confirmed they would ensure it was repaired as soon as possible.

We observed part of two medicines rounds and noted people received their medicines as prescribed. People were

supported to take their own medicines when possible. A specialist community nurse they told us, "I come and draw up one person's insulin, he does everything else himself I just prepare it for him and make sure he is ok."

An audit had recently been undertaken by a local medicines service team; we saw that the minor points raised during the audit were implemented to improve the practices within the service. A member of staff told us, "It [the recent audit] was really good actually they said we did things well on the whole and pointed out a couple of things we could improve on which we have done."

Is the service effective?

Our findings

People who used the service told us they were supported by staff who had the skills and abilities to meet their needs effectively. One person told us, “It’s lovely here; they [the staff] do a great job.” Another person said, “The staff are a great bunch we are very well looked after.” A visiting relative told us, “The staff do a great job.”

As part of the inspection we spoke with a specialist community nurse. They told us, “I think this is a brilliant service, the staff are great, they all seem to give 100 per cent. I love coming here, I always say I would let my family live here” and “There are always activities happening so people are engaged and stimulated which really affects their general wellbeing.”

People also told us they enjoyed a varied and nutritious diet. One person said, “The food is lovely”. Another person commented, “We eat really well; they know what I like and what I don’t. You can have anything you want.”

Staff had completed a range of training including safeguarding vulnerable adults, moving and transferring, food hygiene, health and safety, fire safety and first aid. We saw that the majority of staff had also completed a national vocational qualification [NVQ] level 2 in care. The registered manager explained, “All new starters will be enrolled and complete the care certificate.” The care certificate is a recently established nationally recognised qualification for the care industry. This helped to ensure people were supported by staff who had the skills and abilities to meet their assessed needs effectively.

Staff told us they were supported during one to one meetings with their manager. Their comments included, “I am supported yes, I have meetings with [name of the registered manager] and can talk to her whenever I want, “The support from [name of the registered manager] is amazing, I can talk to her about anything”, “I feel very supported, [name of the registered provider], [name of the registered manager] always ask if we need support.” However we were also told, “I think I should have a supervision every six weeks or so. I don’t get that”, “We don’t really have that many meetings but we talk constantly.” The registered manager told us, “I try and mentor the staff; I provide care alongside them and show them how I want things done but I will admit I am not up to

date with the formal supervisions. I will make sure I prioritise them.” Failing to provide staff effective supervision and support can lead to opportunities for their personal development to be missed.

Staff had the skills, abilities and equipment to enable them to communicate with people effectively. The registered manager told us, “One person’s dementia has progressed a lot recently, we have tried using picture books but they were not very successful so we are developing their care plan so staff can recognise what their [the person’s] facial expressions mean.” A member of staff informed us, “We have used picture books with people but with others who are cared for in bed it’s about responding to their [none verbal] cues. Judging when they want you to help them or recognising they have moved their head away when they have had enough to drink.” Another member of staff said, “I work with these people every day, I know what they are thinking or what they want when they give me a certain look. If I’m getting someone a drink and they smile and nod at me I know they want one too.”

Throughout the inspection we saw and heard staff gaining people’s consent before care and support was provided. During discussions staff described the different ways people could provide consent and told us what action the service took when people had been assessed as lacking capacity to make informed decisions for themselves. They told us and we saw evidence confirming best interest meetings had been held for specific decisions such as people moving into the service, having dental work completed and providing people’s medicines covertly.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards [DoLS]. The registered manager had a good understanding of DoLS and ensured when people were deprived of their liberty it was done lawfully in line with current legislation.

Is the service effective?

A range of healthcare professionals were involved in the care and treatment of the people who used the service. We saw that advice and guidance had been provided by GPs, emergency care practitioners, occupational therapists, falls prevention professionals, speech and language therapists, dieticians and specialist nurses. This helped to ensure people continually received the most effective care to meet their needs.

People were encouraged to eat a balanced and nutritious diet. A number of options were available to choose from and people's specific dietary requirements were catered for. People's nutritional and fluid intake was recorded if an issue had been highlighted and we saw evidence that referrals to dieticians and the speech and language

therapists were made when required. The service had recently agreed to participate in the local dietician 'nutrition mission' which focused on people's dietary intake.

The cook confirmed they were aware of people's individual needs, preferences and preferred portion sizes. Fresh fruit was available and we saw people being offered drinks and snacks throughout the inspection. People choose where to eat their meals, who to sit with and music played in the background which added to the general ambiance. We heard people laughing and joking with staff which provided assurance mealtimes were used as an opportunity to bring people together and were a positive and enjoyable time of the day.

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. One person said, "I'm 92 years old, I have been very independent all my life, I've never needed anyone's help before, the staff have been very good at doing what I need but not taking over, they help just as much as I need them too." A person who had recently moved into the service told us, "Everyone has really tried to help me adapt to being here. I am quite a private person, I enjoy watching sport and spending time on my own" and went on to say, "They let me be me; I eat my meals upstairs away from everyone else because I prefer that." Another person commented, "The staff are so caring, they put a smile on my face every day."

A relative we spoke with said, "He [the person who used the service] has only been here since the summer and already looks better than he has for years, things seem to be going really well. The staff have a great understanding of his needs; they are very caring in their approach. I am happy."

The registered manager told us, "I treat everyone here like they are my family. Whenever I show people round I make sure they know that my Nana lives here." A member of staff told us, "My dad lives here but everyone gets treated as if they are family, that's the type of home this is."

Staff knew people's life histories and used their knowledge to engage people in meaningful conversations. People's preferences for how care and treatment should be provided were recorded in their care plan. The registered manager told us that they knew some people preferred to be supported by a male member of staff so they planned the daily rota to ensure their preferences could be met. A member of staff told us, "Everyone here is different they all have their own personalities and ways they want things doing." We saw that people's preferred place of care was recorded which provided assurance people's known wishes would be respected at the end of their lives.

Staff understood the importance of treating people with dignity and respect. One member of staff said, "I always knock on people's door and tell them who I am as I go in to their room." A second member of staff told us, "I ask personal questions in private and try and always have eye contact when I speak to them, I never talk over them or about them; I think that's really rude." Another member of staff said, "I always listen to what people are asking, try and explain things to them in a way they can understand and give them the time they need to do things, I never rush anyone." Staff were seen supporting people to make choices in their daily lives and their decisions were respected. This provided assurance people were treated as individuals and their care was person centred.

The registered manager confirmed there were no restrictions on the times people's families or friends could visit. They said, "They [visiting relatives] can come and go as they please. Some relatives come and eat with their families, others come for certain events or activities" and "I stayed with one family all night when their mother was on end of life care; we would never ask someone to leave." We saw numerous relatives visiting people who used the service; some people chose to see their visitors in their rooms and other people were afforded a quite area of the service to speak in private and share quality time together.

People's private and sensitive information was kept confidentially. Paper copies of people's care plans were locked in the manager's office and electronic records were password protected. The registered manager told us, "We had an issue when our laptop broke and we had to pay to get the files retrieved so I make sure everything is backed up now." We saw that people or their appointed person had provided written consent to share information with other relevant healthcare professionals when required.

Is the service responsive?

Our findings

People who used the service told us their comments were responded to and they knew how to make a complaint. One person said, “I haven’t ever needed to complain; I really can’t grumble about anything.” Another person told, “Any little things I raise the staff deal with straight away, nothing gets swept under the carpet.” A relative we spoke with commented, “The owner said to me if I ever had any problems I could tell him and he would sort it, so I know what I would do [if I wanted to complain].”

People also 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 make all my own choices, I choose when to get up, when I go to bed, what I want to do, everything; it’s really important to me.” Another person said, “Before I moved in I was asked loads of questions about what help I needed and how I wanted certain things doing, I still decide what I do and when I do it.”

The registered provider had a complaints policy in place which included acknowledgement and response times as well as information to inform the complainant how to escalate their concerns if they felt the response from the service was unsatisfactory. The registered manager told us the policy was also provided to people and their families in the welcome pack given to people when they moved in to the service.

We saw evidence to confirm when complaints were received they were managed as outlined in the registered provider’s policy. It was evident complaints were used to improve the service when possible and we saw the outcomes and learning from complaints were discussed during team meetings to ensure staff were aware of any changes to practice. The registered manager told us, “I always encourage the staff to reflect on anything that has been raised, we can always learn something.”

People or those acting on their behalf were involved with the initial assessments and on-going planning of their care. The initial assessment captured people’s level of ability, independence and care and support needs. The

information was then used to develop a number of personalised care plans including communication, memory impairment, professional support, personal hygiene, medicines, tissue viability, social stimulation and finances. Each care plan had a corresponding risk assessment to ensure staff were aware of the risks to people and what action was required to mitigate those risks.

People’s personal interests and aspirations were also recorded. Some people had expressed their wishes to continue to attend church, remain independent and maintain regular contact with their families and friends. We saw these wishes were respected and facilitated by the staff who supported them. We also saw ‘one page profiles’ had been developed so staff could see ‘how best to support me’, ‘what a good day looks like for me’ and ‘what’s important to me’ which enabled staff to gain an understanding of the people they cared for.

People were encouraged to take part in social activities and to avoid social isolation. A member of staff said, “Everyone does different things, some people like trips to the sea side and love getting fish and chips, we play bingo, have entertainers and singers come in, we watch films; all sorts.” The registered manager told us, “We support one lady to continue to see her friends, her and another lady from another service were taken to their friends to have a meal together like they used to, she was so grateful; it was lovely.” A relative we spoke with said, “I don’t live close by so will often call to speak to him [a person who used the service] and he won’t be here, he has been taken to lots of places and seems very happy.”

A number of adaptations had been made to the service to promote people’s independence. The registered manager told us, changes had to be made to the entrance to someone’s room to enable the person to be evacuated in a timely way in the event of an emergency. A sloped entrance had to be put in place to support wheelchair access in another room. We also saw amongst other things, numerous grab rails had been installed throughout the service, raised toilet seats, a walk in shower room/wet room and a passenger lift.

Is the service well-led?

Our findings

People who used the service told us the service was well-led. One person said, “It’s a great place to live; [name of the registered manager] is lovely.” Another person told us, “The manager is very approachable; she seems very good at her job.” A specialist community nurse told us, “I think the manager is one of the best in Hull, it’s a really well run service.”

We saw evidence to confirm audits and assessments of the environment, staff training, care records, medicines and accidents and incidents were carried out periodically to ensure any shortfalls were highlighted and action could be taken as required. However, when we looked at certificates and maintenance of equipment records we saw were out of date. The emergency lighting system, gas certification certificate, annual lift inspection certificate, legionella testing, the nurse call bell system and some PAT [portable equipment testing] required had recently expired. We discussed this with the registered manager during the inspection who informed us that they would take remedial action immediately. After the inspection we were sent evidence by the registered manager that confirmed action had been taken and the equipment and facilities had been serviced as required.

We recommend that the registered provider implements an effective system to ensure all equipment and services are tested and serviced in line with the manufactures guidelines.

During the inspection it was clear that people who used the service were at ease in the presence of the registered manager. People came to speak to the registered manager at numerous intervals and were actively seeking their support and reassurance about particular aspects of their care. Staff told us the registered manager was a constant present within the service who provided constructive criticism and praise when required to ensure people received a consistent level of effective care and support.

The service was led by a registered manager who had been in post for over 20 years. They told us, “I have worked here since I was 16 years old, I love it here.” The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events to the CQC without delay.

Staff meetings were held periodically which provided staff with an opportunity to provide suggestions and comment on the day to day management of the service. The registered manager told us, “We used to have service user meetings but attendance wasn’t that good and we found we got more information during key worker one to one time.” This helped to ensure people were able to provide feedback and be involved in developing the service in a way that suited their preferences.

People who used the service, their relatives and relevant healthcare professionals were asked to complete questionnaires regarding the level of service provided. We saw that people had requested different types of activities and changes to the daily menus and noted the registered manager had taken action to implement people’s suggestions. The registered manager said, “I speak to relatives whenever they come in, one person asked if their family member’s room could be decorated which we did.” Suggestion cards were available at the entrance to the service so that people could provide feedback spontaneously.

The registered manager confirmed they used a number of methods to ensure that they delivered care and support in line with current best practice guidance including, “We have worked closely with the dementia academy, the community psychiatric nurses [CPN] and the intensive homecare team. The CPNs help to ensure we get [people’s] care plans right from the start” and went on to say, “I liaise with the commissioners and the safeguarding team and check things with them when I need to.” We saw that audits were also completed by external professionals which enabled the service to learn from their expertise and experience.

Staff we spoke with confirmed they were aware of their roles and responsibilities. The registered manager told us, “All the staff have a staff handbook; it forms part of their contract and includes their responsibilities, job description and their entitlements.” Staff did not receive regular one to one supervision with their line manager which could lead to opportunities for their development to be missed. We discussed this with the registered manager who confirmed a system would be implemented to ensure staff received formal supervision on a periodical basis.

The registered provider included a charter of resident’s rights in the welcome pack which explained the ethos of

Is the service well-led?

the service. The charter stated the service would, 'enable people to live the lifestyle of their choice' whilst, 'empowering people and supporting them to make decisions'.