

Barchester Healthcare Homes Limited

Hugh Myddelton 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 

Overall summary

This inspection took place on 18 May 2015 and was unannounced. Hugh Myddelton House provides care and accommodation for a maximum of forty-eight people. At the time of our inspection, there were forty-two people living in the home.

At our inspection on 2 and 6 May 2014 the service did not meet Regulations 9, 13 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Our inspection on 21 August 2014 found that regulation 13 had been met. At our inspection on 18 May 2015 we found that regulations 9 and 23 had been met.

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 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 who used the service told us they felt safe in the home and around staff. Relatives and care professionals we spoke with said that they felt people were safe in the home. There were systems and processes in place to help protect people from the risk of harm. These included thorough staff recruitment, staff training and systems for protecting people against risks of abuse.

We saw staff spent time with people and provided assistance to people who needed it. There was mixed

Summary of findings

feedback from relatives about whether there were sufficient staff on duty to meet the needs of people. We discussed this with the registered manager and area manager and they showed us their staffing assessment tool which indicated that staffing levels were more than adequate.

Medicines were managed and administered safely and staff received appropriate training.

We found the premises were clean and tidy. There was a record of essential inspections and maintenance carried out. The service had an Infection control policy and measures were in place for infection control.

Food looked appetising and the head chef was aware of any special diets people required either as a result of a medical need or a cultural preference. People and relatives spoke positively about the food at the home.

People received personalised care that was responsive to their needs. Care plans were person-centred, detailed and specific to each person and their needs. People's health and social care needs had been appropriately assessed. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

Staff had the knowledge and skills they needed to perform their roles. We saw that the majority of staff had received supervisions and had an opportunity to discuss any queries or concerns with the registered manager. Staff spoke positively about their experiences working at the home and the registered manager.

The majority of staff had received training in the Mental Capacity Act 2005 and were able to demonstrate a good understanding of how to obtain consent from people. They understood they needed to respect people's choice and decisions if they had the capacity to do so.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We saw evidence that the home had applied for DoLS where necessary.

The home had residents' meetings where people were encouraged to express their views about the service and make suggestions about the running of the home. People could participate in a range of activities they liked and these included music therapy, reminiscence and games.

Positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. People were being treated with respect and dignity and staff provided prompt assistance but also encouraged people to build and retain their independent living skills. People told us they liked the staff who supported them and staff listened to them and respected their choices and decisions.

People using the service, their relatives and friends were positive about the registered manager and management of the home. The service had an open and transparent culture where people were encouraged to have their say and staff were supported to improve their practice. We found the home had a clear management structure in place with a team of care staff, the registered manager and area manager. There was a system in place to monitor and improve the quality of the service which included feedback from people who used the service, staff meetings and a programme of audits and checks.

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 who used the service told us they felt safe in the home. Relatives and care professionals we spoke with said that they were confident the home was safe.

Staff were aware of different types of abuse and what steps they would take to protect people. Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Staffing arrangements were adequate. Safe recruitment processes were

followed and the required checks were undertaken prior to staff starting work. The home was clean and well maintained.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

Good



Is the service effective?

The service was effective. The majority of staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People were provided with choices of food and drink. People's nutrition was monitored.

People were able to make their own choices and decisions. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and its importance.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Good



Is the service caring?

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

Relatives spoke well of staff and said staff listened to them. Arrangements were in place to ensure that people's preferences and their likes and dislikes were responded to.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person and their needs. People were consulted and their care preferences were reflected.

There was a weekly activities programme and people had opportunities to take part in activities they chose.

Good



Summary of findings

The home had a complaints procedure and relatives were aware of who to talk to if they had concerns. Relatives informed us that when concerns were expressed, the registered manager responded promptly and appropriately.

Is the service well-led?

The service was well led. Relatives and care professionals informed us that the registered manager was approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care staff, the registered manager and area manager. Staff were supported by the registered manager and felt able to have open and transparent discussions with her.

The quality of the service was monitored. Regular audits had been carried out by the registered manager and area manager.

Staff were aware of the values and aims of the service.

Good



Hugh Myddelton House

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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 18 May 2015 of Hugh Myddelton House. The inspection was carried out by three inspectors.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service and safeguarding information received by us.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing.

During this inspection we observed how staff interacted with and supported people who used the service. We reviewed six care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with eight people who used the service and five relatives. We also spoke with the registered manager, area manager, eight members of staff and four care professionals.

Is the service safe?

Our findings

People we spoke with at Hugh Myddelton House told us that they felt safe in the home and staff treated them well. One person said, "I feel very safe here." Another person told us, "Yes, I feel safe here." One relative told us, "It is a very safe place. The staff are respectful. It's always clean." Care professionals we spoke with told us that they felt people were safe in the home and did not have concerns about this.

During our inspection on 2 and 6 May 2014 we found that there were a considerable number of staff who had not yet received safeguarding training. During this inspection on 18 May 2015, the majority of staff had received training in safeguarding people. This was confirmed in the training records and by staff we spoke with. The registered manager confirmed that those staff that had yet to complete their safeguarding training were in the process of doing so. Staff were able to give us examples of what constituted abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to the registered manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission. The service had a safeguarding policy and whistleblowing policy which included details of the local safeguarding team and the CQC.

During our inspection on 2 and 6 May 2014 where risks had been identified in people's care plans, there were instances where these were not reflected in their risk assessments. However, during our inspection on 18 May 2015 we found that the care needs of people who used the service had been assessed and risk assessments had been prepared. They included preventative actions for minimising potential risks such as risks associated with choking, falling and pressure sores. This ensured that people were kept safe whilst encouraging them to be as independent as possible.

People who used the service told us that staff were responsive and they expressed no concerns regarding the level of staff on duty. On the day of our inspection we observed that staff did not appear to be rushed and were able to complete their tasks. Two relatives we spoke with told us that there were times when there were insufficient staff at the home. However, two other relatives we spoke

with said that there were sufficient numbers of staff on duty. With two exceptions, staff we spoke with said that the home had adequate staff except on occasions when staff did not turn up for duty. We looked at the staff rota and discussed staffing levels with the registered manager and area manager. The home had 42 people during this inspection. We noted that during the day shifts there was usually one nurse on each of the floors supported by four care staff on the ground floor, four care staff on the first floor and two care staff on the second floor. The registered manager was supernumerary. During the night shifts there was a nurse on the ground floor and one nurse who covered the first floor and second floor. On the ground floor and first floor there were two care staff on each of these floors. On the second floor, there was one care staff on duty.

We discussed the potential risks associated with having only one carer on duty during the night on the second floor. The registered manager and area manager explained that people who used the service on the second floor were more independent and one carer was sufficient. They further stated that if additional support were needed, the second nurse was available. One relative we spoke with stated that recently during the night there was only one carer instead of two carers on the first floor. The registered manager explained that the second carer did not turn up for duty and a day staff stayed for a period of time to provide cover. The area manager informed us that she closely monitored the sickness rate and staffing levels and she was also aware of this non-attendance. The area manager also provided us with the company's staffing assessment tool which indicated that the staffing levels were more than adequate. We noticed that relatives had been informed of the staffing levels during a recent relatives' meeting. The accident record examined did not indicate that there was a high incident of accidents during the night. We were however, concerned that in the event of a carer not turning up people may be put at risk. The registered manager and area manager agreed to carry out a risk assessment of the staffing levels during the day and night. Following our inspection, they sent us a copy of this risk assessment.

We looked at the home's recruitment process to see if the required checks had been carried out before staff started working at home. We found that there were effective recruitment and selection procedures in place to ensure people were safe. We looked at the recruitment records for

Is the service safe?

five staff and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

During our inspection on 2 and 6 May 2014, the service was in the process of auditing the call bell response by staff. During our inspection on 18 May 2015 we saw evidence that the registered manager and the area manager carried out regular checks of the call bell response rate and this was confirmed by them both.

We visited bedrooms and communal areas of the home and discussed fire safety with the maintenance person responsible for fire safety. The fire alarm was tested weekly. There was a contract for maintenance of fire safety equipment. The home had a fire risk assessment. A minimum of four fire drills had been carried out. There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, gas boiler and electrical installations.

During our inspection on 2 and 6 May 2014, there was little evidence that actions were taken to reduce the risk of similar accidents and incidents occurring. During our inspection on 18 May 2015, we examined the accident records. We noted that since the last inspection, the service had amended the format of their accident/incident form and also the process for recording these. The accident/incident form now included details of the follow up action after an accident or incident and details of the long term actions required to prevent reoccurrence. We also saw evidence that accident/incident forms were reviewed by the registered manager and incidents and accidents were discussed in the staff meeting.

There were arrangements for the recording of medicines received, storage, administration and disposal of medicines. The temperature of the room where medicines were stored had been monitored daily and was within the recommended range. We looked at the records of disposal and saw that there was a record of medicines disposed of. The arrangements for the administration of controlled drugs (CD) were satisfactory.

The home had a system for auditing medicines. This was carried out internally by the deputy manager. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. Nursing staff were responsible for the administration of medicines. We noted that there were no gaps in the medicines administration charts examined. We did not see any medicines left lying around in bedrooms.

At the time of our inspection, a medication incident involving a person who used the service was brought to our attention. We spoke with the registered manager about this and noted that appropriate action was taken by the registered manager.

The home had an infection control policy which included guidance on the management of infectious diseases. A copy of the department of health guidance on infection control in care homes was also available in the home. Staff were aware of measures to reduce infection and gloves and aprons were available for their use. We visited the laundry room and discussed the laundering of soiled linen with the registered manager and staff. They were aware that soiled and infected linen should be transported in colour coded bags and washed at a high temperature.

Is the service effective?

Our findings

People told us the care they received was good and they received care and support when needed. One person told us, “The care is excellent.” Another person said, “It is very good here. It is like a 5* hotel.” Care professionals told us they did not have any concerns about staff skills and knowledge at the service.

We spoke with the registered manager about the training arrangements for staff. Training records showed that staff had completed training in areas that helped them when supporting people living at the home. Topics included medicines administration, health and safety, moving and handling, infection control and food safety. The registered manager kept a training matrix to record what training staff had completed. We saw that the majority of staff had completed the necessary training. Where training was still outstanding, the registered manager and area manager confirmed that staff were in the process of completing this.

Staff told us they worked well as a team and management were supportive. The home had regular staff meetings and this included meetings of heads of department. During our inspection, we attended one of these meetings and noted that staff were briefed regarding their legal responsibilities and were asked for feedback on matters affecting staff and people who used the service.

Our inspection on 2 and 6 May 2014 found that staff were not provided with regular supervision sessions. During our inspection on 18 May 2015 we found that the home had made improvements in respect of this. We spoke with the registered manager and area manager about what progress had been made regarding supervisions since the inspection in May 2014. The home had a supervision policy and the registered manager confirmed that staff received six supervisions in a year. We saw evidence to confirm that 82% of staff had received supervisions in accordance with the service’s policy. Staff spoke positively of the registered manager and told us that the home had improved.

We saw evidence that staff received annual appraisals about their individual performance and had an opportunity to review their personal development and progress.

The CQC monitors the operation of the DoLS which applies to care homes. The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation

to protect people who are unable to make decisions about their lives, including decisions about their care and treatment. The registered manager and area manager demonstrated a good understanding of the MCA and DoLS and issues relating to consent. Staff were aware that when a person lacked the capacity to make a specific decision, people’s families, staff and others including health and social care professionals would be involved in making a decision in the person’s best interests. We found that there was a lack of evidence to confirm that specific MCA/best interest decision records were in place for the use of bed rails. We spoke with the area manager about this and she was aware of this requirement and said that this was something that the organisation were currently revising.

Staff we spoke with had knowledge of the MCA and were aware that they should inform the registered manager of any concerns regarding people’s capacity to make their own decisions. They were also aware of the importance of ensuring people were involved in decision making and where people were unable to make decisions and the importance of involving their representatives.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had applied for the relevant safeguarding authorisations called Deprivation of Liberty Safeguards (DoLS). These safeguards ensured that an individual being deprived of their liberty, either through not being allowed to leave the home or by using a key pad which they would not be able to use, is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person’s best interests. Where applications had been made, we saw evidence that approval had been given.

People spoke positively about the food provided. One person said, “The food is excellent. It is what I like to eat.” Another person told us, “The food is lovely. I get a choice. You can get anything you ask for. It is amazing.” One relative told us, “The food was not good before but now with the new chef it is absolutely better.”

The arrangements for the provision of meals were satisfactory. We saw that there was a set weekly menu and people chose what they wanted to eat and this was accommodated for. There were alternatives for people to choose from if they did not want to eat what was on the menu. We spoke with the registered manager and she explained that there had been issues with the lack of soft

Is the service effective?

foods choices available. She explained that since the new head chef had been appointed there were a variety of foods available which included a variety of soft food options and alternatives.

We spoke with the head chef who told us that people's dietary needs were recorded on a board in the kitchen, which we saw during our visit. The head chef explained that whenever there were changes to people's nutritional needs, the board was updated accordingly to ensure that people's needs were met. He explained that when putting a menu together he ensured that the food included food rich in protein and that alternatives were always available. He explained that people were asked what they would like to eat for lunch and dinner on the morning of each day.

We saw that there was a record of people who required special diets because of their religious beliefs or medical conditions and the head chef was fully aware of this. People's care plans included such information.

During the inspection we observed people having their lunch, which was unhurried. The atmosphere during lunch was relaxed and people appeared to be enjoying their meal. We saw that the food was freshly prepared and

looked appetising. The kitchen was clean and we noted that there were sufficient quantities of food available. Further, we checked a sample of food stored in the kitchen and saw they were all within their expiry date. Food that had been opened was appropriately labelled with the date they were opened so that staff were able to ensure food was suitable for consumption.

People's weights were recorded monthly or more frequently if people were at risk. This enabled the service to monitor people's health and nutritional intake. Where people had a low appetite and were at risk of weight loss, staff completed a detailed record of their food intake so that they could monitor people's nutrition and ensure that they were eating sufficient quantities of food. Where people had a low body mass index, they were referred to the GP and the registered manager confirmed this.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly.

Is the service caring?

Our findings

One person told us, “The carers are lovely. They listen and give choices.” One relative said, “Staff are good. They take care of people well.” Another relative told us, “Staff are friendly, welcoming and prompt.” People and relatives spoke positively about the care and support people received at the home and no concerns were raised.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness, patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted.

Staff understood that people’s diversity was important and something that needed to be upheld and valued. Care

plans took account of peoples’ diverse needs in terms of their culture, religion and gender to ensure that these needs were respected. Such information was clearly detailed in people’s care plan.

We saw people being treated with respect and dignity. We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills and daily skills. Care plans set out how people should be supported to promote their independence and we observed staff following these during the inspection. Care plans were individualised and reflected people’s wishes. Staff were aware of the importance of providing person centred care.

We observed staff respecting people’s privacy through knocking on people’s bedroom doors before entering and by asking about any care needs in a quiet manner and without being overheard by anyone else. Staff were able to give us examples of how they maintained people’s dignity and privacy in relation to personal care.

Is the service responsive?

Our findings

People told us they received care, support and treatment when they required it. They said staff listened to them and responded to their needs. One person said, “My needs are met here.” All people and relatives we spoke with told us that they felt able to raise concerns and issues with management if they needed to. One relative said, “I would feel able to complain. I know there is a procedure.”

Our inspection on 2 and 6 May 2014 found that there were shortfalls in some care records where people’s changing needs was not documented in care plans. During our inspection on 18 May 2015 we looked at a sample of six care plans and found that people’s changing needs had been documented. Further, care plans were reviewed and updated accordingly. There was evidence that the home reviewed care plans monthly.

During our inspection on 2 and 6 May 2014 there was a lack of individual guidance for staff in care plans to enable them to support people. However we noted that since our inspection, the service had addressed this. Care plans contained detailed information that enabled staff to meet people’s needs. Care plans provided staff with guidance on how to care and support people for example with challenging behaviour and mobility difficulties. Care plans contained details of personal preferences and routines and focused on individual needs.

Our inspection on 2 and 6 May 2014 found that some care plans did not include all relevant information and were not accurate. For example fluid charts were not being completed for one person. During our inspection on 18 May 2015, we spoke with the registered manager and area manager about the changes they had made to care plans following the inspection in May 2014. They explained that they had introduced a further system of recording information about people’s care which involved putting a file in each person’s room that recorded daily records such as fluid charts, food intake, charts, repositioning charts and bed rails safety record. The registered manager explained that by keeping this file in people’s room it enabled staff to update them daily and ensured that they had easy access to such information. We looked at three of these files and saw that they contained relevant information, were accurate and up to date. There was sufficient evidence to confirm that the service had addressed the issues raised with care plans at our inspection in May 2014.

There was evidence that people were involved in completing their care support plan and these were person centred. We saw that care plans had been signed by people to show that they had agreed to the care they received.

Staff responded promptly when people’s needs had changed. Staff told us that they were made aware of changes at handover meetings and team meetings so they were given the information they needed to know to provide appropriate support. When changes occurred, care plans were reviewed and changed accordingly.

We looked at the activities timetable which included a variety of activities such as music therapy, dominos, scrabble and reminiscence. During the day of our inspection we saw that there was music therapy and an afternoon film. The registered manager explained to us that an activities coordinator had recently been appointed who was responsible for planning and arranging activities for people. One person told us, “We have activities. It is amazing.” Another relative said, “I don’t like doing activities but I can go if I want to.”

People we spoke with and relatives told us that there were generally sufficient activities available and had no complaints. We saw evidence that the service kept a record of the activities people got involved with and we saw that these were completed accurately and consistently.

The home had guidance on the duty of candour and staff were aware of the need to inform people and their representatives if a mistake had been made and people who used to service had been disadvantaged because of a mistake made by the service.

There were systems in place to ensure the service sought people’s views about the care provided at the home. There was a suggestions box so that people could leave their feedback and comments. Further, we saw evidence that there were resident’s meetings so that people could raise any queries and issues. The service had carried out a satisfaction survey in September 2014 and we saw evidence that the results of the survey had been analysed. The feedback received was positive. However, it was evident that there had been a low response rate for the completion of the survey. Therefore the results of the survey did not reflect the opinions of a significant proportion of people who used the service. The registered

Is the service responsive?

manager acknowledged this issue and explained that the next survey was to be carried out in August 2015 and that the service would aim to get responses from more people who used the service.

The home had a complaints procedure. This procedure was included in the service user guide. Relatives we spoke with knew who to complain to if they were dissatisfied with any aspect of their relatives' care. One person we spoke with

stated that following a complaint made previously, improvements had been made in respect of the food provided at the home. We examined the complaints records and saw that these had been recorded and had been promptly responded to. Staff knew that complaints need to be recorded and brought to the attention of the registered manager.

Is the service well-led?

Our findings

People told us that they found the registered manager approachable and understanding. One person told us, “The manager is very helpful. She is there for residents. She is very nice and straightforward.” Another person said, “The manager is perfect, brilliant and I talk to her every day. She listens to me. One relative said, “I am very happy with the management. They know my relative very well and they look after her.” Staff spoke positively about working at the home. Care professionals we spoke with spoke positively about the registered manager and management within the home.

Staff also told us that morale within the home was good. One member of staff said, “The team work really well together.” Staff said there was a good staff team and they worked well together. They informed us that the registered manager and management were approachable and they could discuss problems and care issues with them. The registered manager and care staff were aware of their roles and responsibilities.

Staff told us they were informed of any changes occurring within the home through regular staff meetings, which meant they received up to date information and were kept well informed of developments. We saw evidence to confirm that there were regular staff meetings.

During our inspection on 2 and 6 May 2014 we found that resident’s meetings had failed to happen. During our inspection on 18 May 2015, we saw evidence that meetings had been held for people who used the service and their

representatives. The minutes of the meeting indicated that there had been discussion and feedback received from people regarding the meals provided and the staffing arrangements.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. In addition, the service received a weekly bulletin from the chief executive updating of development within the organisation.

The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that regular audits and checks had been carried out by the registered manager and area manager in areas such as cleanliness of the premises, call bells, care of people, care documentation and health and safety.

The home had a record of compliments received. One relative wrote, “Your carer is very much in our thoughts and we are so very grateful not just for the carer’s unending love and comfort to our relative but also for the way the carer always made us feel welcomed.” Another relative wrote, “Thank you, thank you, thank you for the loving kindness you bestowed on our relative in the last year of her life. I don’t believe we can she can received better care anywhere else.”

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.