Haddon Court Limited

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Inspection report

8-14 Haddon Road
Blackpool
Lancashire
FY2 9AH

Tel: 01253353359

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Haddon Court provides accommodation and personal care for 33 older people who may be living with a dementia. At the time of our inspection, the service was supporting 27 people. The home is situated close to the promenade and transport routes. Accommodation is provided on three levels and all bedrooms provide single occupancy.

People's experience of using this service and what we found
The management team were in the process of further developing strategies and information to better guide staff to manage and maintain each person's safety.

We have made a recommendation about the assessment and monitoring of risks to people receiving care.

People felt safe and the provider had systems to protect them against the risk of abuse. There were enough staff deployed to meet people's needs and staff continued to be recruited safely.

The new manager and provider are further developing a programme of continuous learning to better monitor the environment and care delivery. They are also looking to increase opportunities to gain feedback from people and their relatives.

We have made a recommendation about the auditing systems and engagement with people and their relatives.

The provider and manager had fostered a culture that was person-centred. A staff member told us, "It's a lovely home. We are all like family." We received positive feedback about the manager and how they were receptive to feedback. The service worked with outside agencies to maintain and enhance people's health and wellbeing.

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

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

Rating at last inspection
The last rating for this service was good (published 30 April October 2019).

Why we inspected
The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action

should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of choking. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

We carried out a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haddon Court Limited on our website at www.cqc.org.uk.

Recommendations
We have made a recommendation about the assessment and monitoring of risks to people receiving care.

We have made a recommendation about the auditing systems and engagement with people and their relatives.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Haddon Court Limited

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors.

Service and service type
Haddon Court is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There was a manager in post who had not yet applied to register with CQC.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During our visit to the home, we spoke with 2 people who used the service and 2 people's relatives. We also spoke with 8 staff, including the manager, care staff and senior management. Following the inspection visit, we spoke with 3 people's relatives and 2 professionals to gain their feedback about the service.

We looked around each area of the home to make sure It was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed 8 people's care documentation and multiple medicines administration records, along with associated medicines documentation.

We reviewed a range of records related to the management of the service, including safety certificates and quality assurance systems.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing risk, safety monitoring and management

● The provider had recently found shortfalls in their risk management process and implemented new measures to address this, which will take time to embed. Additionally, they had introduced a digital care planning and risk assessment programme. The management team were in the process of further developing strategies and information to better guide staff to maintain each person's needs.

We recommend the provider considers current guidance and continues to improve their practice related to assessing and monitoring risk.

● Staff assessed risks, planned care accordingly and records showed people were receiving the care they needed. The management team also provided us with an example care plan that had been reviewed, to demonstrate their ongoing improvements to risk management.
● The inspection was prompted by notification of a choking related incident. During our inspection we found no concerns in relation to the management of safe eating and drinking.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● People were protected against the risk of abuse. Staff received training to understand what abuse was, how to recognise it and steps to take to keep people safe. The provider had policies and procedures to support staff to keep people safe. One person told us, "Yes, I feel safe."
● The provider had a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the manager reviewed on a regular basis to identify any trends, themes and areas for improvement. They shared any lessons learned with the staff team and took action to reduce the risk of similar incidents happening again and improve the safety of the service. However, we found staff did not always flag these events for review by the manager. This meant some incidents were not investigated and analysed for any learning.
● The provider took action to address the issue with accidents and incident review immediately. They carried out further training with staff and told us they would monitor care records each day for any events that had not been flagged by staff.

Preventing and controlling infection

● The manager had measures to protect people from the spread of infection and there was a good level of cleanliness throughout the home. Staff were well trained and understood their responsibility for maintaining good standards in infection control. The provider assured us they were attending to areas in need of attention, such as chipped paintwork.

Using medicines safely

● Medicines were managed safely and properly. We observed staff followed safe processes during the inspection and administering medicines in a person-centred way. Staff received training and confirmed their competency to administer medicines had been assessed.

Staffing and recruitment

● The provider took a systematic approach to ensure staffing levels met people's needs safely. The manager used information about people and their needs to determine how many staff were required to be on duty at any time. Feedback we received from people and staff indicated they felt there were enough staff on duty.

● The provider continued to operate safe systems for recruitment of staff.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and manager used a range of systems to assess, monitor and improve the service. They recently found shortfalls in their auditing process and implemented new measures to address this. This will take time to embed.
- The new manager and provider are further developing a programme of continuous learning. This will then enable the team to better monitor the environment and care delivery. This includes environmental safety, risk management, care planning and infection control.

We recommend the provider considers current guidance and continues to improve their auditing systems.

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

- The manager and provider engaged with people and their relatives through day to day contact. Relatives we spoke with told us the manager was receptive to and acted on feedback they provided. Since the manager started in post around May 2023, they had not held a residents and relatives meeting, but told us they were looking at how best to do this. The provider had not used satisfaction surveys recently, to gain feedback about people's experiences of using the service.

We recommend the provider reviews their processes for engaging with people and others acting on their behalf.

- The manager engaged with staff through day to day contact and regular staff meetings. Staff told us the meetings were useful, because they were a good method of sharing information and providing feedback.

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

- The provider and manager had created a culture that was open, inclusive and put people at the centre of the care and support they received. People we spoke with told us they were happy living at the home. We received positive feedback about the service and the staff team from each person and relative we spoke with. One person said, "The staff are lovely. I have a good relationship with the girls [staff]. I do like it here." One person's relative told us, "It's really good. She enjoys it. They know the individuals – what works and what doesn't."

● The staff team worked well together to achieve good outcomes for people. Staff we spoke with told us about how they worked as team to ensure people received care that met their needs. Staff felt well supported by the registered manager. One staff member told us, "It's a nice place to work." Another said, "[Manager] is lovely. I can go to her with any problems. She's approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

Working in partnership with others

● The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.