

NA SS Care Limited

Hadley House Nursing Home

Inspection report

24-26 Jersey Avenue
Stanmore
Middlesex
HA7 2JQ

Tel: 02089077047

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook this unannounced inspection on 17 March 2016. Hadley House Nursing Home is registered to provide personal care and accommodation for a maximum of 14 people, some of whom may have dementia or mental health needs. At this inspection there were 14 people living in the home.

At our last focused inspection on 10 December 2015 the service met all the regulations we looked at.

The home has a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

People informed us that they were satisfied with the care and services provided. They had been treated with respect and dignity and felt safe living in the home. There was a safeguarding adults policy and suitable arrangements for safeguarding people. Care workers were caring and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them had been assessed and care workers provided with guidance on minimising identified risks.

Care workers prepared appropriate and up to date care plans which involved people and their representatives. Personal emergency and evacuation plans were prepared for people and these were seen in the care records. People's healthcare needs were closely monitored and arrangements made for them to be attended to. There was evidence that people had access to community healthcare professionals and specialist hospital services. This was confirmed by people and their relatives.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Residents' meetings had been held for people and the minutes were available for inspection. The home had an activities programme we saw people being encouraged to participate in social activities.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. During this inspection we found that the home had followed appropriate procedures for complying with the Deprivation of Liberty Safeguards (DoLS) when needed.

There were suitable arrangements for the provision of meals to ensure that people's dietary needs and cultural preferences were met. People were satisfied with the meals prepared. Special diets and alternative meals were available for people. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. Audit arrangements were in place and people and their relatives confirmed that people had been given their medication.

Staff had been carefully recruited and provided with induction and training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their manager. There were enough staff to meet people's needs. Staff were knowledgeable and enthusiastic about their work. Teamwork and communication within the home was good.

People and their representatives expressed confidence in the management of the service. The results of the last satisfaction survey and feedback from people indicated that they were satisfied with the care and services provided. Staff were aware of the values and aims of the service and this included treating people with respect and dignity and promoting their independence.

The premises were clean and tidy. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, drills, training and a fire equipment contract.

There was a complaints procedure. Complaints made had been promptly responded to. Audits and checks of the service had been carried out by the registered manager and senior staff in the home. These included checks on care documentation, medicines administration and health and safety checks of premises.

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. Staff had received training and knew how to recognise and report any concerns or allegation of abuse. Risk assessments were in place and staff provided with guidance on minimising potential risks to people. There were suitable arrangements for the safe administration of medicines.

Staff were carefully recruited. There were sufficient staff to meet people's needs. The home was clean and infection control measures were in place. There was a record of essential inspections and maintenance carried out.

Is the service effective?

Good ●

People's healthcare needs had been monitored and attended to. They had access to healthcare services and the service worked with healthcare professionals to effect improvement in people's health. People's nutritional needs were met.

Care workers were well trained and supported to do their work. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring. People and their relatives told us that care workers treated people with respect and dignity. People's privacy were protected. Care workers were able to form positive relationships with people and they were responsive to their needs.

Residents meetings and care reviews had been held. People and their representatives, were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices. Care workers had a good understanding of the care to be provided for people.

There was an activities programme and people were encouraged

to participate in activities. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

People and their relatives expressed confidence in the management of the service. The results of the last satisfaction survey and feedback from people indicated that there was a high level of satisfaction with the care and services provided. Staff worked well as a team and they informed us that they were well managed.

Audits and checks of the service had been carried out by the registered manager and senior care workers. This included medicines administration and health and safety checks.

Hadley House Nursing 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 checked 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.

The inspection took place on 17 March 2016 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. Prior to the inspection the provider completed and returned to us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were fourteen people living in the home. Some people did not provide us with any feedback because of their dementia. However, six people we spoke with were able to tell us about their experiences. We also spoke with three relatives and a visitor to the home. We spoke with the registered manager, four care workers and the chef. We observed care and support in communal areas and also looked at the kitchen, garden and people's bedrooms. We obtained feedback from three social and healthcare professionals.

We reviewed a range of records about people's care and how the home was managed. These included the care records for five people living there, four recent staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

Some people with dementia did not express their views to us. Others were able to speak with us and they stated that they felt safe in the home and were satisfied with the care provided. One person said, "I do feel safe. I have been given my medicine." A second person said, "The staff have looked after me very well. They are very hygienic. A relative stated, "My relative could not be in a safer place. They are very caring towards my relative." A visitor said, "The residents are well treated. I have no concerns. The home is usually clean and tidy."

We observed that people were cleanly dressed and appeared well cared for. Care workers were constantly present and attentive towards people. People were able to approach care workers and moved about freely in the home and in the garden.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The policy still had reference to informing the previous regulator (Commission for Social Care Inspection instead of the Care Quality Commission. The registered manager stated that this would be updated.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with pressure sores, falls, moving and handling and deterioration in mental health. Personal emergency and evacuation plans were prepared for people and these were seen in the care records.

We discussed staffing levels with the registered manager. On the day of inspection there was a total of fourteen people who used the service. The staffing levels consisted of the registered manager, a registered nurse and three care workers during the morning. On the afternoon shift there were two care workers in addition to the registered manager, a registered nurse. In addition there was a domestic staff and a chef.

People, their relatives and a visitor informed us that there were sufficient care workers and they were satisfied with the care provided for people. One relative stated that whenever they visited there was always care workers around. They stated that care workers ensured that the needs of people were met. Care workers we spoke with told us that on the whole the staffing levels were adequate for them to attend to their duties. The registered manager stated that additional staff would be provided when needed and she would review the staffing levels.

We examined a sample of four records of care workers. We noted that care workers had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to care workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers

were suitable to care for people. Nursing staff had up to date personal identification numbers (PIN).

The arrangements for the recording, storage, administration and disposal of medicines were checked. They were satisfactory. The temperature of the fridge and room where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were disposed of. The home had a system for auditing medicines. This was carried out by the registered manager and senior care workers. There was a policy and procedure for the administration of medicines. There were no gaps in the ten medicines administration charts (MAR) examined. If people were allergic to certain medication, these had been recorded. People and relatives we spoke with told us that people had been given their medicines.

The home had a current certificate of insurance. There was a record of essential maintenance carried out. These included safety inspections of the hoist, portable appliances and electrical installations. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried. We noted that several of the care workers had received fire marshal training which meant that they had in depth knowledge of fire safety. The premises were clean and no unpleasant odour was noted. There was an infection control policy. Care workers and the registered manager were aware of the importance observing hygienic practices.

Is the service effective?

Our findings

The service was effective. People who used the service were supported by care workers who were knowledgeable and understood their care needs.

People and their relatives informed us that staff were capable and they were satisfied with the care provided. A person who used the service said, "They take good care of me. I have been to my hospital appointment and seen my consultant. They have given me my medicine." Another person stated, "The food here is alright." A third person said, "They know their job. The night staff do check on me at night." A relative stated, "The healthcare needs of my relative have been attended to. They contact me if there are any issues. A second relative stated, "The staff are professional. And know what needs to be done. They ask for my consent when needed."

People's healthcare needs were closely monitored by staff. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of mental health problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP. The registered manager informed us that none of the people who used the service had any pressure sores.

Some people in the home had diabetes. We discussed their care with the registered manager and care workers. They were knowledgeable regarding the particular needs of people and the need for people to have sugar free food. People's blood sugar levels had been monitored and recorded. There was evidence that appropriate medicines had been administered to them.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on meeting the dietary needs of people. We noted that the menu was varied and balanced. We observed people eating their lunch. The meals were presented attractively and one person who wanted an alternative meal had this meal. People told us they were satisfied with their lunch. Monthly weights of people were recorded. Care workers were aware of action to take if there were significant variations in people's weight. They stated that they would report it to their manager and if necessary, they would also report it to people's doctor.

Care workers were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included mental health awareness, equality and diversity, moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role.

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. The registered manager informed us that new staff had now been enrolled on the Care Certificate. We saw documented evidence of this. Care workers said they worked well as a team and received the support they needed. The registered manager and deputy manager carried out

supervision and annual appraisals of care workers. Care workers we spoke with confirmed that this took place and we saw evidence of this in the care workers records. They informed us that communication was good and their manager was approachable.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. Mental capacity assessments had been carried out. The registered manager informed us that people living in the home had relatives or representatives who advocated for them. The registered manager and care workers were aware of the need for best interest decisions to be made and recorded when necessary. Evidence of this was seen by us. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment. They stated that they asked people for their consent or agreement prior to providing care or entering their bedrooms. This was confirmed by people we spoke with. One person said, "They do ask me for consent. They also explain what they are doing." We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. When people's liberty needed to be restricted to ensure their safety, the registered manager had submitted the application forms to the relevant authorities. We saw DoLS authorisations for people in the home. Care workers had received the relevant MCA and DoLS training.

Is the service caring?

Our findings

People who used the service told us that staff were helpful and caring. One person said, "They are very nice people. They do the job properly." A second person said, "I can talk to the staff. They show respect for me. They are very kind to me." A third person stated, "They understand my religion and culture. They food here is very good." A relative said, "I am very, very happy. I am 200% satisfied. My relative is very well looked after." The staff are supportive. When I was ill, they were very supportive."

We saw people approach care workers and the registered manager and engaged them in conversation. One person was anxious about a particular matter. The registered manager promptly contacted the appropriate professional for guidance and also provided this person with reassurance. This person later appeared relaxed. We observed other respectful and pleasant interactions between care workers and people who used the service.

Care workers had a good understanding of the importance of treating people as individuals and respecting their dignity. The service had arrangements for protecting the privacy of people. We saw that there were signs reminding people to knock on doors before entering bedrooms. We saw care workers knocked on people's bedroom doors and waited for the person to respond before entering. However, one person stated that sometimes care workers do not wait for an answer before entering their bedroom. The registered manager stated that she would remind staff to wait for an answer before entering bedrooms.

People were supported to maintain relationships with family and friends. Relative told us that both they and people were well treated and people had made progress while at the home. People told us they had been able to keep in touch with their relatives and care workers communicated with them and kept them informed of progress.

Meetings had been held where people could express their views and be informed of any changes affecting the running of the home. We saw the minutes of the last meeting. We noted that some people were happy with the having a takeaway meal. Information was also provided regarding fire safety. We saw detailed information in people's care plans about their life history and their interests. Staff could provide us with information regarding people's background, interests and needs. This ensured that care workers were able to understand and interact with people.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Staff we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. Staff informed us that they had received training on equality and diversity and they were informed during their induction to treat all people with respect and dignity.

The registered manager informed us that one person had specially requested to visit a particular hairdresser who understood his religious and cultural needs. This had been arranged for them. She further stated that she had arranged for other people to attend their places of worship when they wanted to.

Each person had their own bedroom. The bedroom we saw were clean, well-furnished and had been personalised with people's own ornaments and belongings according to their preference.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and staff were responsive. One person said, "I know who to complaint to but I have no complaints. I am happy here." Another person said, "I only have to say the word and they look into it. They have looked after me very well. I was in a poor state before I came to the home. I feel better now." A third person said, "I am very well. Coming to the home has helped me. I am a lot better."

Care workers provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been carefully assessed before they moved into the home. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person.

One person's care plan showed that they had at times exhibited antisocial behaviour because of the mental health condition. We discussed this with the registered manager and care workers. They were aware of action to take to care for this person and to calm them. The care records contained guidance on how to care for this person's needs and respond to their behaviour. Reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress. People's relatives confirmed that they had been involved in these reviews.

There was a programme of activities. These included music sessions, bingo, simple exercises, board games, walks around the neighbourhood and outings to shops. On the day of inspection we noted that care workers encouraged people to join in a bingo session and a discussion session. One person stated that they were involved in gardening and they enjoyed seeing the plants grow bigger. Activities that people had engaged in were recorded in their activities book.

The home had a complaints procedure. It was prominently displayed on the noticeboard of the home and in the bedrooms of people. People informed us that they knew how to complain but they had not needed to complain as they were satisfied with the care given. Care workers knew they needed to report all complaints to the registered manager so that they can be documented and followed up. We noted that no complaint had been reported since the last comprehensive inspection in 2014. The registered manager stated that no complaints had been received.

Is the service well-led?

Our findings

People who used the service, their relatives and a visitor expressed confidence in the management of the home. One person said, "I have been here many years. They have looked after me well. Life has got better." Another person stated, "There is good management. They treat us like their own family." One relative wrote, "Thank you for the excellent care you have provided over the past years for my relative." Another relative wrote, "You care for them as individual people." A third relative said, "The home is well managed. I am very pleased with the way my relative is looked after." A visitor stated, "The home is well managed. Everything seems alright."

Care workers stated that they were well managed and their manager was approachable. We observed that care workers worked well together and went about their duties calmly and in an orderly manner. There was a clear management structure. The registered manager was supported by a deputy manager who was a nurse. The rota indicated that there was always a nurse on duty who took charge when the managers were not on duty. Communication among the care workers was good. There was a daily handover of information and a communication book for staff. Monthly staff meetings were held and we noted that staff had been updated regarding management and care issues. Staff were aware of the values and aims of the service and this included treating people with respect and dignity and ensuring that people were well cared for and protected from harm.

Care documentation contained essential information such as updates on people's health and details of care reviews. These were up to date. There was a record of visits made to people by social and healthcare professionals. There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety.

Audits and checks of the service had been carried out by managers and senior care workers. These included regular checks on cleanliness, medicines, hot water and maintenance of the home. At the inspection we saw evidence that monthly audits had been carried out. The home had a record of compliments received. There was an annual satisfaction survey of the service and care provided. The latest survey indicated that there was a high level of satisfaction with the care provided and the conduct of care workers and the registered manager. The home had an action plan following deficiencies we had previously identified and had taken action to prevent further re-occurrence. This included ensuring that all substances hazardous to health were kept locked away.