Kay Care Services Ltd

Haydon View Residential Home

Inspection report

North Bank
Haydon Bridge
Hexham
Northumberland
NE47 6LA

Tel: 01434684465

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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

Haydon View Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Haydon View Residential Home accommodates 27 people in one adapted building. At the time of our inspection, 19 people received care from the service, some of whom were living with dementia.

This inspection took place on 17 November 2017. The inspection was unannounced.

The last inspection we carried out at this service was in August 2015 when we rated the service 'Good', and found the provider was meeting all of the regulations. At this inspection, we found the provider had maintained a rating of 'Good'.

A registered manager was in place. 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 we spoke with were relaxed in the home, and at ease with staff. People told us they felt safe living at the home. Staff had all undertaken training in spotting any signs of safeguarding concerns, and in discussions with us were able to describe appropriate steps they would follow if any arose. Prompt referrals had been made to the local authority safeguarding team when necessary.

Risks were well managed. Care records contained assessments of risks such as falling, choking or developing malnutrition. Mitigating actions were highlighted to staff to reduce any known risks. Some areas of the upper floor were sloping and we considered more could be done to reduce the risk of people tripping. The registered manager assured us this would be addressed. Accidents and incidents were well monitored.

People and staff told us there were enough staff to operate the home safely and to meet people's needs. Staff were had time to sit and talk with people as well as carrying out their tasks. Robust recruitment procedures had been maintained, and recruitment included checking prospective staff employment details with the Disclosure and Barring Service (DBS) which would highlight any known reasons why staff should not work with vulnerable people.

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Staff received appropriate training so they had the skills and knowledge to meet the needs of the people they supported. Training was monitored to ensure it stayed up to date. Staff met regularly with their supervisors to discuss their role and personal development.

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

The principles of the Mental Capacity Act 2005 (MCA) were embedded in care records, and staff had a good understanding of the process to follow if they had any concerns over people's capacity to make decisions. Where people's liberty had been restricted for their own safety, the registered manager had applied for authorisation through the Deprivation of Liberty Safeguards (DoLS).

People spoke positively about the food on offer, and during our observations, we saw people enjoyed their meals. Some adaptations had been made to the environment to enable people living with dementia to move around the home as independently as possible. The provider told us they were researching best practice in dementia care and had plans to incorporate more adaptations to make the home as dementia friendly as possible.

People were supported to access health professionals and to have their healthcare needs met. A district nurse we spoke with told us the home worked well with them.

Staff were warm, friendly and knew people and their needs well. During the inspection, we saw staff responded to people's distress kindly, using touch to reassure them. People and relatives told us staff were caring and treated people with dignity and respect.

Care records continued to be personal; they included photographs and information about what was important to the person being supported. People's care records evidenced that the service sought to promote people's independence, and we observed that people were supported to do as much as they could for themselves.

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People told us their needs were met by staff at the home. People's needs were assessed and plans of care were devised to meet those needs. Care records were specific and easy to follow. Staff we spoke with talked knowledgably about how they supported people, and these conversations reflected the information we had read in people's care records.

There was a program of activities on offer in the home. People were included in planning events, activities and trips out of the home. People's feedback was sought and acted on. There were regular 'residents meetings', and the results of the annual satisfaction survey had been very positive. One complaint had been made in the year prior to our visit. The provider's complaints policy had been followed, and the complaint had been investigated.

Since our last inspection, there had been changes to the management team. A new registered manager had been employed, and the previous registered manager had taken a newly created position as deputy manager. Staff were positive about the additional management resources and told us the new structure was working well. People and their relatives told us the home was well run.

Feedback from staff and visiting professionals was valued. Staff were asked to share their views on the home during regular staff meetings and through an annual staff survey. Health professionals had been asked to provide feedback on the quality of the service provided. There was evidence that actions had been taken to make improvements where possible.

A range of audits were carried out to assess and monitor the quality of the service. The quality monitoring system included regular checks by both the registered manager and the provider. It was evident that areas for improvement had been highlighted and improvement actions taken.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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

This inspection took place on 17 November 2017 and was unannounced. It was carried out by one inspector.

Before the inspection, we considered the information we held about the service. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We reviewed the 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.

We reviewed information we had received from third parties. We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch. We used the information that they provided us with to inform the planning of this inspection.

During the inspection, we spoke with four people who used the service and three people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Throughout the inspection, we spent time in the communal areas of the home observing how staff interacted with people and supported them. With consent, we looked in two people's bedrooms. We spoke with a district nurse and discussed their views on the service which was provided at the home.

We spoke with the registered manager, deputy manager and three care workers. We reviewed three people's

care records including their medicines administration records. We looked at two staff personnel files, in addition to a range of records in relation to the safety and management of the service.

Good

Is the service safe?

Our findings

At this inspection people continued to tell us that they felt safe at Haydon View. One person said, "Moving here from home has taken some getting used to. There are things that I miss, but there are many benefits. There is always someone popping in to check on me. I'm safer living here."

Staff confidently described the appropriate steps they would follow if they had any concerns over people's safety or welfare. All staff had undertaken safeguarding training. Records showed the registered manager had liaised with the local authority team where necessary. Staff told us the home was safe. One staff member said, "It's lovely, I would recommend it anyone."

Known risks had been assessed and where possible mitigated. Detailed information had been provided for staff about how to deliver care in a way which minimised risks to people. One relative told us their family member had fallen over 'a couple of times' during the night. They said, "It was always in the middle of the night when [relative] needed the toilet. Straight away they put a pressure pad (equipment which can be placed near a person's bed which will alert staff if the person stands on it) in so staff will come in straight away. They set it up every night. They've had no falls since."

We noted that in some areas of the home, the floor sloped and we considered that the signage was not adequate to minimise the risks of people falling over. The registered manager explained this risk had been assessed and that people were usually assisted by staff when walking in these areas, but advised us they would look into improving the signage.

Safety checks were carried out regularly by maintenance staff and external contractors, to ensure the premises and equipment used were safe. At our last inspection, records relating to the most recent electrical installations test were unavailable. At this inspection, we were able to confirm these tests had been carried out, and that the electrical installations were deemed to be satisfactory.

The provider had continued to complete their renovation plan. We found a number of areas had been redecorated since our last inspection. One relative said, "When you first walk in it mightn't be what you expect. Some of it is old fashioned and could do with sprucing up. But once you get in, the care [my relative] receives makes up for that." The registered manager told us improvement work to the décor was on-going.

Accidents and incidents were well monitored and analysed by the registered manager. Preventative action based on lessons learned had been put into place to reduce further incidents where possible. Plans were in place in the case of an emergency. People had individualised personal evacuation plans and evacuation plans for the home were displayed in corridors for staff.

People, relatives and staff told us there were sufficient staff to meet people's needs and throughout our inspection, we noted that there was a good staff presence. Staff were available within the communal areas and responded quickly to call bells and requests for assistance.

Robust recruitment policies continued to be followed. Details of references, employment history and evidence that Disclosure and Barring Service (DBS) checks had been carried out were available in both of the staff records we viewed. DBS check a list of people who are barred from working with vulnerable people, and employers obtain this data to ensure candidates are suitable for the role.

Processes were in place to assess risk in any instances where prospective employees or staff members had a criminal record or were subject to negative references. Risk assessment documentation included taking into account the timeframes and nature of any offenses and some suggested potential mitigating actions to ensure staff had the right character to work in the home, such as increased supervision.

Medicines were administered by trained staff, whose competency was checked annually. Medicines records were well maintained; during observations, we saw medicines administered in line with best practice. Medicines were safely stored and disposed of.

The home was clean and free from any unpleasant odours. One relative said, "The home is always clean." Measures were in place, such as the use of personal protective equipment to minimise the risk of spreading infection.

Good

Is the service effective?

Our findings

People and their relatives told us staff knew how to care for them and how to meet their needs. One relative said, "The staff are excellent." The high level of completion of staff training which we found at our last inspection had been maintained. One staff member said, "I'm all up to date in training. Some of it is face to face, and some other bits we do online." All staff received a set program of training considered essential to their role. Staff had also received training based on the individual needs of people who used the service, such as diabetes care, and had opportunities to access training based on their interests and career progression goals.

Staff told us they received regular opportunities to discuss their development. Records confirmed that supervision sessions continued to be scheduled for every two months, and appraisals of staff performance were held annually. Supervision sessions are meetings which provide staff with the opportunity to reflect on their roles and the people they support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager and staff had a good understanding of the MCA. Where decisions had been made in people's 'best interests' a multi-disciplinary team had been involved and records provided clear guidance for staff that any assessments of capacity were 'decision specific'. For example, one person's records stated they had been assessed as not having the capacity to leave the home alone as they would be unable to keep themselves safe, however, the care plans stressed to staff that they should be involved in other decisions about their care. One stated, "Staff are to offer choices in relation to dietary, fluid and clothing choices in order to promote a sense of independence and dignity."

The provider acted in accordance with DoLS. Timely applications had been made to the local authority to grant authorisation where necessary. The registered manager kept a record of all DoLS applications to ensure authorisation was reapplied for in due course.

At our last inspection, people had been complimentary about the food on offer at the home, and the feedback remained positive during this inspection. People's comments over lunch included, "That was lovely. Thank you" and 'Very good'. People enjoyed their lunch and some accepted the second portions they were offered. The cook was knowledgeable about people's nutritional needs.

Adaptations had been made to the building to aid people living with dementia to move around the home as independently as possible, including using contrasting colours on handrails and toilet doors. Since our last inspection, the occupancy of the home had risen, and more people who used the service were living with dementia. The registered manager told us they had been researching best practice and innovation in dementia care, including recent attendance at an adult social care national conference. They told us they had recently submitted a proposal to the provider for a special interactive projector designed for people with dementia, which provides stimulation and opportunities for engagement through games and tasks.

Staff continued to support people with their healthcare needs. Care records showed staff had made referrals and arranged appointments with GPs, opticians, podiatrists, dentists and specialists. Where healthcare professionals had provided advice about how to support people, this had been incorporated into people's care records. One relative said, "[My relative] has lots of appointments for their eyes. The home always arrange transport, and the staff will go if we can't attend." A district nurse commented, "The home manage well. They will get in touch if people's needs change." The provider had sent out a survey to healthcare professionals in June 2017, feedback from a GP who visited the home included, "It is always a pleasure to visit this excellent home…There is always good care of the residents when I have been to visit."

Good

Is the service caring?

Our findings

People we spoke with told us staff were friendly, kind and caring. One person said, "The staff are very good. It is a difficult job they have. But they always greet everyone with a smile." Another person said, "Staff are very kind. They do what they can to make you comfortable." Relatives also spoke warmly about the home and the staff. One relative said, "They are really well looked after. The main thing for us that [my relative] is dead happy here. We weren't sure how they'd get on as they'd lived at home before coming here. The staff were just brilliant, so welcoming and genuinely doing what they could. I can tell in [my relative's] body language that they are really happy here now."

During our inspection, we spent time in the communal areas and observed the lunchtime meal. Throughout the inspection, we saw staff were attentive and constantly talked with people, asking if people needed any support and checking on their welfare. During lunch, we saw one person got upset and was asking for their relative. Staff were caring in their response, using touch to reassure them by holding their hand. One member of staff gave the person a kiss on the cheek which we saw had a calming effect. Over lunchtime staff offered people meal choices in a warm way, showing their knowledge of people's personalities. For example, one person had not eaten much of their meal. A staff member offered them other choices saying, "Ah [person's name] you haven't had much. Is there anything else you would like?" When the person requested soup. the staff member replied, "A bit of soup? Coming right up. [Person's name] dear what flavour soup would you like?" We noticed the use of the person's name and terms of endearment had a positive effect on the person. We saw examples of caring interactions throughout the inspection.

In discussions with us, staff were consistently positive about the home, and displayed pride in working there. One staff member said, "Its lovely here, I would recommend it to anyone. We've got a good reputation." Another said, "We are a nice friendly home. With it being small it's a nice atmosphere and means we get to know everyone really well." A third staff member said, "I think the standard of care here is good. Staff genuinely care and it's a nice team."

Care records continued to be personal, and evidenced that people and their relatives had been involved when their care was planned. Care records included detailed information about people's preferences, hobbies, previous jobs and their families. For example, one person's record said, "I like my facial moisturiser, foundation, face powder and lipstick applied each morning and then topped up accordingly throughout the day." We met with this person and saw they were very well presented, with their makeup applied. Care records utilised photographs, including pictures of people when they were younger and with various members of their family as well as up to date photographs from when people were taking part in activities or had gone on outings.

People's independence was promoted. Care plans showed people were encouraged to do things themselves when they were able. One person's care plan stated, "I can wash and dry my own hands and face when I am prompted. People's privacy and dignity was respected. We saw staff were polite and respectful toward people, and they knocked on bedroom doors and waited to be invited in before entering.

Information continued to be available to people about how the service operated and what people should expect. People had been given a service user guide which explained staff roles, activities on offer and how people could make a complaint if they needed to. Information was also displayed around the home about upcoming events, the daily menu, and how people could access an advocate if they needed one. An advocate is an independent person who can support people with decisions about their care. The manager told us that no one was currently using an advocate.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, "The staff work very hard to look after you they are meant to. They communicate with you very well. They pop in to see me often to check one thing or the other." One person's relative said, "It is a relief now [my relative] is in here and settled. They are being properly looked after."

People's needs were assessed when they began using the service, and then reassessed at regular intervals or when their needs changed, to ensure the care they received remained appropriate. We reviewed three people's care plans and spoke with four staff. Assessments and plans of care were very detailed, and included step-by-step instructions of how to deliver care to promote consistency of care. Each person's care records continued to include a 'one page profile' which described the support people needed, their preferred daily routine, how they communicated and the activities they enjoyed. This overview meant staff had easy access to information which was important to people.

Steps had been taken to provide people with compassionate care at the end of their lives. Care records included an end of life care plan. People were asked to consider how they would like to be cared for, such as whether they would want to stay at the home or go into a hospital. We saw from training records that all staff had attended training on end of life care awareness. Some staff told us they had also recently undertaken some more in-depth end of life training by distance learning over a 12 week period. The training included knowledge checks and reflective practice.

Each person was allocated a 'key worker' who oversaw their care. Whilst all staff provided care, their key worker was responsible for ensuring their needs were reflected within care records. Staff were very knowledgeable about people's needs and the way that care should be delivered. During our discussions, they were able to clearly explain how they supported people, which mirrored the information recorded in people's care records. One member of staff said, "We know people well. We know what people need and the staff are proactive. No one is sitting wet (meaning without changing continence products). I really like that. We are a good team and we all have the same standards and expectations. Which is good care."

The home employed a part time activities coordinator responsible for arranging trips out of the home, entertainers visiting the home and hosting events such as quizzes and baking sessions. During our visit, we saw staff playing games with people such as dominoes. □

People were encouraged to share their experiences of the service at regular meetings held within the home. Satisfaction surveys had been sent to people who used the service in June 2017, overall the feedback was very positive. We noted some people had highlighted areas for improvement with the menu and decoration of the building. These findings, and the steps taken for improvement such as further redecoration and updated menus were discussed during 'residents meetings' and in the home's newsletter which was distributed to people who used the service and relatives.

People who used the service had been provided with information about how to make a complaint if they

needed to. One complaint had been made within the 12 months prior to our inspection. We saw the provider's complaints process had been followed. The registered manager contacted the person making the complaint, outlined the steps they would take to investigate, and then contacted them again once the investigation was complete. We saw the complainant had been satisfied with the response and action taken. Five formal compliments had been logged in the previous 12 months. These included a thank you to the home and the staff which had been placed in the local newspaper.

Good

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was present during our inspection and helped us with our requests related to the inspection. The manager had formally registered with the Care Quality Commission shortly before our inspection in November 2017. The registered manager had worked in adult social care for 20 years, and had achieved a Level 5 diploma in leadership and management, in addition to health and social care qualifications. The previous registered manager continued to work in the home as a deputy manager.

People, their relatives and staff spoke very positively about the management team. One person said, "[Registered manager] is very friendly. I can pop in to talk to her if I needed to, but she will often be in the lounge and will say hello." A relative said, "I do think it's well run. We've been so happy with everything, that it must be working well behind the scenes too."

At our last inspection, staff had told us the registered manager was supportive and promoted an open culture. At this inspection staff confirmed, they felt this was still the case. One staff member said, "There is a pretty good management team. There is the deputy and (registered) manager so there is always someone at hand if you need to speak to someone. It's been better since [registered manager] came. [Deputy manager] can now focus more on making improvements to the paperwork and helping us with writing care plans. There is more management time. [Registered manager] is making lots of cosmetic improvements so is seems to be working really well." Another staff member said, "The home runs really smoothly. [Registered manager] and [deputy manager] are open to our suggestions. There is a focus on making the home even better than it is."

Staff meetings were held every two months, and staff had been asked to complete a survey about their views on the service. The results of the survey were still being analysed, but the registered manager told us this would be discussed at staff meetings, shared with the provider, and if any area for improvement were highlighted, then an action plan created to address them.

At our last inspection, the previous registered manager had told us the aim of the home was to create "a small homely environment." We discussed this with the new registered manager who advised us this was still the case, but there was now more of a clear focus on research, best practice and continued improvement within the home. They told us they were working towards this by attending conferences, subscribing to relevant publications, engaging the staff through staff meetings, and consulting with people who used the service about any changes they would like to see.

Health professionals who visited the home, including GPs, opticians, a dentist, district nurses and and the community matron had been contacted in June 2017 to ask for their feedback about the service and how it was operated. All feedback received had been positive.

A range of audits continued to be carried out to assess and monitor the quality of the service provided. Care records were reviewed regularly to ensure they were up to date, that record keeping was up to standard, and

to ensure records were an accurate description of the care people received. Medicines were checked monthly to monitor if stocks remaining tallied with medicines record. Other audits included checking the kitchen, maintenance and health and safety. Where areas for improvement were highlighted, these had been addressed.

Since our last inspection there had been considerable change made to the structure of the provider's organisation. The registered manager told us the provider was very supportive and visited the home regularly. We viewed records of their visits and could see they were providing additional quality assurance by monitoring the appearance of the home, standard of paperwork, health and safety, in addition to regularly reviewing key information such as the number of accidents which had occurred, any safeguarding incidents or complaints made. The registered manager received comprehensive feedback regarding the provider visits, and it was evident within records that improvement actions had been carried out after provider visits.

The registered manager told us the home worked hard to maintain links with the local community. A relatives' newsletter was regularly sent out with updates on decoration and the planned entertainment schedule. People from Haydon Bridge, the village where the home was based were invited to annual events, and the home had links with nearby churches.