

Grange Healthcare Ltd

Haydock Nursing and Residential Care Home

Inspection report

Pleckgate Road
Ramsgreave
Blackburn
Lancashire
BB1 8QW

Tel: 01254245115

Website: www.haydocknursinghome.co.uk

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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

About the service

Haydock Nursing and Residential Care Home is a residential care home providing personal and nursing care to 50 older people, including people living with a dementia and mental ill health. At the time of the inspection, there were 45 people living in the home.

The home is purpose built two storey building. There was a separate specialised unit for people living with dementia.

People's experience of using this service and what we found

Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Relatives had no concerns and were fully confident their family members were safe, and people told us they felt safe and were happy with the service they received. Recruitment processes had improved and ensured new staff were suitable. There were enough numbers of staff to meet people's needs and to ensure their safety. The management of people's medicines had improved, and people received their medicines when they needed from staff who had been trained and had their competency checked. Risk assessments included positive risk taking to optimise people's independence and receive support with minimum risk to themselves or others. The home was clean and free from hazards.

People's needs were thoroughly assessed in line with good practice guidance which ensured positive outcomes. Throughout the inspection, there was evidence of how management and staff supported people to have a good quality of life. People's health needs were identified and closely monitored. People enjoyed the meals and where appropriate, were supported and encouraged with eating and drinking. Specialists were involved when people were nutritionally at risk. Induction, ongoing training and support for staff was thorough and kept their skills up to date which had a positive impact on people's health and well-being. 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.

Management and staff had developed friendly, caring and respectful relationships with people and their families. People were treated as individuals which helped protect their dignity; their equality and diversity was respected by a caring staff team. Staff understood the importance of giving people their time and knew the importance of encouraging people to maintain their independence. People consistently described staff as kind, friendly and caring.

Management and staff worked hard to understand and respond to people's needs and preferences. People's care was tailored to their needs, routines and preferences and staff knew people well. People were actively involved in the local community and had access to a broad range of meaningful activities which improved their quality of life, developed their self-confidence and their self-esteem. Activities were adapted to each

person's needs to support social inclusion and promote choice whilst considering their preferences. People did not have any complaints about the service but were confident to raise any issues and were confident they would be listened to.

The service was well led by a committed and skilled management team who led by example. They used effective checks and audits of care to provide high-quality, person-centred care. There was an ongoing plan of development for the service and communication was good. Without exception, people spoke highly about the service provided and told us they would not hesitate to recommend the home. Staff felt valued and enjoyed working at the home. People's views and opinions of the service were sought and acted on.

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 requires improvement (published 01 March 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Haydock Nursing and Residential Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Haydock Nursing and Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We checked the information we held about the service and the provider and included this in our inspection plan. We considered the previous inspection report and obtained the views of the local commissioning teams and Healthwatch Lancashire. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. We reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with seven people living in the home, seven visitors, the registered manager, two registered nurses, two care staff, two welfare coordinators and the quality assurance officer.

We had a tour of the premises and looked at a range of documents and written records including four people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates, policies and procedures and records relating to the auditing and monitoring of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, and at the inspection of 11 July 2018, the provider had failed to follow safe recruitment processes. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had safe recruitment systems and processes. The registered manager completed relevant pre-employment checks to make sure staff had the right skills and character to work with vulnerable people.
- People received prompt care and support. There were enough suitably skilled staff to meet people's needs. People confirmed there were enough staff. A relative said, "They never leave anyone on their own."

Using medicines safely

At our last inspection, the provider had failed to manage people's medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. Nursing staff were suitably trained to administer medicines and checks on their practice had been carried out.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured people were protected from the risk of abuse. Staff had access to appropriate training and understood how to raise any concerns about poor practice. People confirmed they were safe. One relative said, "I don't ever worry about [family member] as I know she is safe and well cared for."
- The registered manager and staff were clear about when to report incidents and safeguarding concerns. Staff were confident the registered manager would act quickly to keep people safe if they reported any concerns.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed risks to people's health, safety and wellbeing. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.
- Equipment had been serviced and maintained in accordance with manufacturers recommendations. A

range of internal checks had been carried out, to ensure they were fit for use and clean.

Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were clean and fresh smelling.
- Staff followed safe infection control practices, by wearing gloves and aprons when providing personal care. Hand sanitiser and hand washing instructions were available for use by staff and by visitors.

Learning lessons when things go wrong

- The provider promoted an open culture in relation to accidents, incidents and near misses. Lessons learned were discussed at management and staff meetings. The registered manager reviewed all incidents and accidents to ensure appropriate actions were taken and to determine whether there were any trends or patterns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and staff completed thorough assessments before people received a service, to make sure their needs could be met. This resulted in positive outcomes and supported a good quality of life. Information was also gathered from health and social care professionals, people and family members.
- Management and staff followed recognised guidance from other organisations including the mental health team and the Alzheimer's society; this guidance was embedded in day to day practice and actions taken by staff had improved people's quality of life in areas such as behavioural management.
- Management and staff considered people's protected characteristics such as culture, disability, age, religion and belief. Policies and the initial care assessment supported the principles of equality and diversity.
- Technology was used to enhance people's care and support. This included the use of iPad, skype calls to relatives, scent diffusers, moving equipment, sensor mats and audio libraries.

Staff support: induction, training, skills and experience

- All staff received a wide range of appropriate training, supervision and support to give them the necessary skills and knowledge to support people properly. They also received accredited training that was specific to people's specialised needs. New staff completed an in-depth induction training programme to make sure they were confident, safe and competent in their role.
- The registered manager had developed close links with schools and training providers to provide varied learning programmes. Relatives were confident staff had the skills and knowledge to support people.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager and staff made sure people's nutritional needs and dietary preferences were met. Special diets were catered for including diets relating to health, cultural and weight related issues. A relative said, "The chef took time to find out what food [family member] liked and didn't like."
- People told us they enjoyed the meals and the meal time experience. They confirmed they were offered choices and were provided with meals, snacks and drinks throughout the day. People said, "The meals are good" and "There is always a very good choice."
- Staff monitored people's nutritional needs closely and sought appropriate and prompt advice from other health professionals when needed. Staff supported people with their meals in a dignified, encouraging and patient way.

Adapting service, design, decoration to meet people's needs

- The registered manager and staff had created a safe, comfortable and homely environment, where people

were supported and encouraged to move about freely. There was appropriate signage around the home to help people living with dementia to find different rooms, facilities and to orientate themselves in their home.

- The provider continued to improve the environment and décor in line with people's choices and good practice guidance for supporting people living with dementia. There were tactile items, soft toys and reminiscence items available in different areas to provide interest and engagement for people living with dementia.
- People were happy with their bedrooms and with the communal areas. Some had personalised their bedrooms with their own furniture, pictures and ornaments. Bathrooms and toilets were very well equipped.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff provided people with appropriate support to meet their healthcare needs. Staff worked with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager understood when an application for a DoLS authorisation should be made. They worked with the local authority and with people's authorised representatives to ensure, where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interests.
- Staff received training and demonstrated an awareness of the MCA. They supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible. Staff asked for people's consent before providing care and respected their decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people well and treated them with patience, care and kindness; people confirmed this. We observed appropriate humour and warmth from staff towards people. Conversations were friendly and there was a lot of laughter and banter in the home.
- People liked the staff at the home and good relationships had developed. People commented, "The care they give is really good and they really do seem to care" and "I don't think they could help me anymore or any better than they do." They referred to staff as caring, helpful, attentive and friendly.
- Staff knew about people's preferences and diverse needs and respected what was important to them. Staff were aware of and respected people's religious, cultural and social needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in decisions about their care. We observed staff encouraging people to express their views and make every day decisions when they could, such as what they had to eat and where they spent their time. People and relatives were asked for their views in satisfaction surveys and in meetings. The results of the survey were positive.
- People's choices were respected. People chose where to spend their time and if they wanted to be on their own or with other people. People's care needs had been discussed with them or where appropriate, their relatives or representatives. This meant staff knew how people wanted to be supported.
- The registered manager ensured information about local advocacy services was displayed. These services can be used to support people when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family.
- The registered manager worked closely with people's relatives or representatives to ensure their views were listened to and decisions were taken in their best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with the utmost respect. They were attentive to their physical appearance and supported people to do what they would like to do. People were encouraged to be as independent as they could be.
- Staff respected people's personal space and privacy. We saw them using people's preferred names and knocking on doors asking permission to enter people's rooms. Doors to bedrooms and toilets were kept closed when people were receiving personal care.
- The registered manager and staff ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support centred around their choices and preferences. One person said, "I am happier living here than at home." A relative said, "It is perfection here, fantastic and everything is spot on."
- The registered manager and staff understood people's needs well and encouraged them to make decisions and live the life they chose. Staff supported people on an individual basis whilst promoting equality and diversity and respecting individual differences and choices.
- Staff reviewed people's care plans regularly and updated them when people's needs changed. Some people were involved in this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs and reviewed them regularly. People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people and repeating information when necessary.
- Alternative formats were used to ensure people's access to information. Easy read, iPads, visual cards, pictures and photographs and the use of different coloured backgrounds were used. An audio library was available and the complaints procedure was available as a recorded procedure

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow their interests and take part in a range of activities. Activities were tailored to people's needs, choices and preferences; people were happy with the activities available. We observed people actively involved in games, gardening, coffee morning, watching TV, colouring and talking with staff and visitors. People had also visited local pubs, churches and clubs. One staff said, "I try to make a little difference to their lives."
- Staff encouraged people to maintain relationships that were important to them. Visitors felt welcomed.

Improving care quality in response to complaints or concerns

- The provider had processes to investigate and respond to people's complaints and concerns. People had no complaints about the service they received but knew how to complain or raise concerns if they were unhappy

- People and their relatives received information on how to make a complaint and had access to alternative formats such as easy read, braille, other languages and use of a recorded procedure; this helped people to easily understand the process. People were encouraged to discuss any concerns during review meetings, during day to day discussions with staff and management and as part of the annual survey.

End of life care and support

- Staff recorded people's end of life care wishes and understood what was important to them. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when needed. One relative commented, "Thanks you for the care and love you showed [family member]. Her time with you was dignified and peaceful."

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 the last inspection this key question was rated as requires improvement with no breach of regulation. At this inspection, this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they were happy with the service and were consistently complimentary about the management staff and care and support. Relatives said, "I couldn't recommend it highly enough" and "They go above and beyond, in fact I would be happy to live here."
- The provider and registered manager were committed to providing people with positive outcomes. Management and staff knew people very well and encouraged people to make decisions about their care and support.
- Staff were committed to providing high standards of care and support. They enjoyed working at the service and felt valued and supported.
- The registered manager was visible around the service and was known to people. People described him as helpful and 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 and registered manager understood their duty of candour responsibilities. Good and trusting relationships had been developed between management, staff and people using the service and their family members.
- The provider was aware of their responsibility to be open and honest when something had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had effective systems to check the quality of the service and to monitor staff practice. Action had been taken to address any shortfalls and there was clear evidence improvement had taken place. Audits were also carried out by local commissioners; there were no concerns raised.
- The management team ensured records were accessible and organised.
- Staff understood their individual responsibilities and contributions to service delivery. They had access to a set of policies and procedures, a staff handbook, contracts of employment and job descriptions.

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

- The registered manager regularly sought feedback from people, visitors and staff to ensure they were happy with the service and to ensure their diverse needs were met. A recent survey indicated people were

very satisfied with the service provided; there was good evidence people were listened to and improvements made.

- The provider had effective communication systems to ensure people, relatives and staff were kept up to date with any changes in the home.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning and development. Staff training, supervision sessions and meetings were used to ensure learning and improvements took place. Staff also attended training provided by the local commissioners to expand and update their knowledge.
- The registered manager and staff had close links and good working relationships with a variety of professionals to enable effective, coordinated care and support for people.
- The registered manager worked in partnership with other agencies, including the local commissioners who conducted their own reviews of the service. The registered manager attended local forums and had links with other registered managers to keep up to date and to help improve the service.