Leicestershire County Care Limited

Hadrian House

Inspection report

Garden Street
Thurmaston
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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

Hadrian House 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.

Hadrian House is a care home for a maximum of 43 people with a range of care needs, including needs associated with ageing, dementia, sensory impairment and physical disabilities. The service is in Thurmaston, Leicestershire. The building has two floors. All bedrooms are single rooms. There are many communal lounges within the home and one large dining room (although people can eat in smaller rooms if they wish). At the time of our inspection visit, 40 people lived in the home.

At our last inspection we rated the service as 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to be safe. There were enough staff on duty to meet people's needs; and checks had been made on staff before working for the service to make sure they were safe to work with people. Staff understood how to safeguard people from harm and knew the risks to people's health and wellbeing. People received their medicines as prescribed. The home was clean and tidy and staff understood infection control practice. Premises were well-maintained.

The service continued to be effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The principles of the Mental Capacity Act (MCA) were followed. Staff received training to support them work effectively with people who lived at the home. People had access to different health and social care professionals when required, and good relationships had been formed between the service and those professionals. People received food they enjoyed, and choices with each meal.

The service continued to be caring. People received care from staff who were kind, treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. The service supported people to maintain and develop relationships with their family.

The service continued to be responsive. People's needs were assessed and staff were responsive in ensuring their needs were met. The appointment of a new activity co-ordinator had improved the range of activities available to people. The small number of complaints had been responded to well. The service ensured people's end of life care needs were met.

The service continued to be well-led. Management acknowledged there had been a period since our last

visit where standards in the home had dropped, however the new registered manager and the provider had worked hard to ensure the home returned to providing a good quality of service. They provided good support to the staff group, and to people who lived at the home. Checks were made to ensure the service met its obligations to provide safe accommodation to people and to deliver care and support which met people's individual needs.

Further information is in the detailed findings below

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**

Hadrian House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. It took place on 21 January 2019 and was unannounced.

One inspector, a trainee inspector and an expert-by-experience undertook this inspection. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service.

Before our inspection visit we contacted the local authority. They had no information of concern about the service. We also looked at information we had received from people who shared their experience; and from notifications of events we had received from the provider.

During our inspection visit we spoke with the registered manager, the regional manager, an assistant chef, a team leader, two care staff, the administrator and the activity worker. We also spoke with seven people, and two relatives. We checked four people's care records, and a sample of medication records and health and safety records. After our visit, the registered manager sent us copies of management audits, medicine audits, as well as staff and resident meeting records.

Good

Is the service safe?

Our findings

People and staff told us they thought the service was safe. One relative said, "I feel my parents are safe as there is good management."

Since our last inspection visit in June 2016 there was a period where there were staff performance issues at the home. The registered manager, who was new to the service at this time, addressed the issues but this meant some staff left the service and meant there were several vacancies in the home. We were told by the registered manager they had learned lessons from this period.

To keep the people safe at the time of higher than usual staff vacancies, the service had used agency staff to cover the staff rota. At the time of this inspection, we found all vacancies had been recruited to and the service no longer needed to use agency staff on a regular basis. We saw enough staff on duty to meet people's needs, and staff confirmed to us they felt there were sufficient staff on duty to support people's care. One person told us, "I feel safe because there is always someone around." A relative said they felt their relations were safe in the home because, "There is always someone there to look after them."

Staff newly recruited to the service, had undertaken pre-employment checks including criminal record bureau checks and reference checks. This reduced the risk of the provider recruiting staff unsuitable to work in care.

Staff had a good understanding of safeguarding. We asked them various safeguarding scenarios and they knew how to respond to each one asked. Where concerns had been raised about people's safety, the registered manager had notified the appropriate authorities, and action had been taken to investigate concerns. A person told us, "I have never heard a member of staff raise their voice to other staff or to residents."

Staff understood the risks associated with people's health and care needs. Care records provided detailed information about each person's risks and gave guidance to staff about how to reduce such risks. For example, if a person was at risk of choking, staff had guidance about the way the person's food needed to be prepared.

Medicines were managed safely. One person said, "They never forget my medication," and another told us, "My medication is always on time." We checked a sample of medication administration records and medicine plans. These were mostly correct. Where discrepancies were found in recording, this was addressed with the manager and staff at the time of our inspection.

We observed staff administer medicines to people and saw they did this at the person's own pace, ensuring medicines were swallowed by the person before being signed off in the medicine record as taken. We also saw a person ask if they could take their medicine later, and the staff member explained why this was not possible and explained to the person the risk of another person taking them by accident. Medicines were audited monthly we saw actions identified and acted on when required.

The environment was safe for people to live in. The sample of health and safety checks looked at demonstrated that maintenance, water, gas and electric systems were checked and any repairs or faults identified were quickly dealt with. The service used equipment to support people's safety. For example, pressure mats were used for people at risk of falls. These mats set off an alarm when people stood on them (put pressure on them) and this alerted staff the person was moving and needed monitoring. Two relatives told us pressure mats were being used in their relation's rooms to alert staff when they moved out of bed.

All areas of the home were clean and tidy. A relative told us, "The place is very clean. The cleaners are always cleaning." Staff understood the importance of wearing protective clothing such as disposable aprons and gloves when providing personal care to reduce the risks of transferring infection from one person to another.

Good

Is the service effective?

Our findings

People and their relatives thought staff had received training to give them the right skills and knowledge to support people who lived in the home. All staff were provided with training considered essential to meet people's needs. This included moving and transferring people safely, safeguarding people from harm, and food hygiene. They had also undertaken qualifications in health and social care to provide them with further skills and knowledge in caring for people. Staff received further support from senior staff with planned for supervision sessions and informal support from the management team.

Staff had the skills and knowledge to provide effective care to people. New staff had or were undertaking the Care Certificate. This is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff at Hadrian House understood the importance of ensuring people made their own decisions or were given support where necessary in their best interest.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We found those who had restrictions in relation to their care, had those restrictions either authorised, or were awaiting authorisation from the local authority safeguarding team

People received healthcare when required. During our visit we spoke with a visiting GP from one of the surgeries people at the home used. They told us they visited the service at least once a week, or more if required. They told us the service contacted them as soon as they had any concerns related to people's healthcare. One person told us, "The doctor here picked up that [person] had gallstones, their own doctor and the hospital did not pick that up." Another person told us, "The chiropodist, opticians, and physiotherapist come in and we have a hairdressing salon." Records confirmed that other healthcare needs were also addressed.

Staff and people told us the food provided by the chef was really enjoyed. The chef and her team had a good understanding of people's dietary needs and requirements. This included a gluten free diet, and foods requiring pureeing to support the person to eat safely. One person said, "The food is very good. My food has to be gluten free and they always do something nice for me." Another said, "We have a choice of meals, we have enough, and lots to drink"

The home was spacious with wide corridors and large and small communal lounge areas to suit the differing needs of people who lived there. Whilst there was sufficient furniture to meet people's needs, some looked a

bit worn, and the décor in some areas of the home was a bit 'tired'. The registered manager told us the provider was planning to re-decorate parts of the home. We saw this had been identified in the last health and safety audit conducted in the home. People's bedrooms were nicely personalised and met their individual needs, and in the larger communal lounge, people were using armchairs they had brought from their home.

Good

Is the service caring?

Our findings

People and their relatives spoke of the staff team as being kind and caring. One relative told us, "I have seen residents upset at times and they (staff) have been very kind. The staff work closely with residents and reassure them if upset or worried." Another said, "The staff are very caring, I come every day and I observe and listen. They treat them all as individuals."

Care records told us what people could do on their own, and what support they needed. Staff also knew what people's needs were, when to offer support and when to enable the person their independence. One person told us, "I do what I can myself when it comes to doing personal care and they assist me and do the rest."

During our visit we saw people being treated with dignity and respect. For example, we saw a person who had not noticed their skirt was not back in the correct position after using the bathroom. A member of staff saw this, walked over to them and quickly and discreetly pulled the skirt down so the person's dignity remained intact. Staff told us they made sure doors and curtains were closed when undertaking personal care to again, ensure people's dignity. A person told us, "They always take time to do my personal care, they treat me with respect and speak to me when doing it."

We saw many people had keys to their rooms. This promoted people's privacy. One person told us, "I have a key to my own room, it stops others from wandering in."

Visitors were made welcome in the home. During our visit we saw visitors staying for both shorter and longer periods of time with their relations.

The registered manager and staff understood the importance of confidentiality, and records were kept in a safe and secure place.

Good

Is the service responsive?

Our findings

People received care tailored to their individual needs. Care plans reflected people's interests, likes and dislikes. Staff knew people's needs well.

A new activity co-ordinator had started work in the home after a period where few activities or interests had been supported. We were told by management, this addition to the staff group had significantly improved the range and scope of activities available. On the day of our visit the activity co-ordinator engaged people with a quiz in the morning and with craft work in the afternoon. People and relatives spoke well of the activities co-ordinator. One relative said, "I was told that things have been great here since they got this activities coordinator."

The new activity co-ordinator had set up a shop in the home to provide people with opportunities to buy items such as cards, sweets and toiletries. This was open to people every afternoon during the week.

As well as the large communal lounge which had a large television in it; there were smaller lounges which people used. Some people used a smaller lounge because it was more conducive to their needs, to meet with relatives, and because they preferred listening to music or being quiet.

People received information to support them understand and communicate their needs. The Registered Manager was aware of the Accessible Information Standard (from August 2016 all organisations that provide adult social care are legally required to follow this), and they had ensured people understood information made available to them.

People told us they felt able to inform staff or the manager if they had any concerns or issues which required addressing. One person said, "I had to complain in the past, but they addressed it and I was satisfied." Another said, "The staff and manager are approachable" The service had received two written complaints in the last year. One had been addressed to the satisfaction of the person who made the complaint. The other, had recently been sent to the service, and the area manager was at the home on the day of our visit to investigate the complaint in accordance with the provider's complaints policy.

People's preferences and choices for their end of life care were recorded in their care plan. When healthcare professionals had identified the person was moving towards the end of life, action was taken to ensure the person's end of life needs were met. For example, medicines for pain relief were prescribed and ready to administer in anticipation of their requirement for further pain relief.

Good

Is the service well-led?

Our findings

There was a registered manager. 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. The previous registered manager had left the service and this was the first inspection with the new registered manager in place.

People and relatives told us that during the period when the previous registered manager had left, and interim management arrangements were in place, there had been a dip in the quality of service provided to people. Staff had not received the right management direction to provide safe and effective care. In March 2018, the current registered manager started at the service. Since then, and with the support of the provider; the registered manager had set the standard of care expected at the service, and supported staff to achieve this standard.

People and relatives told us they thought the service had improved since the current registered manager had started work at Hadrian House. On relative told us, "At one time I was going to move my mum from this home but there has been a remarkable change due to the manager, I am now happy that mum is here."

People who lived at the home felt safe approaching the manager and care workers. We saw people come into the manager's office to tell them their views about things, and people sit and talk to staff in the care worker's office.

Staff were very positive about the impact the registered manager had on them and on the home. One member of staff said, "I can talk to her, she is really nice and she understands. She has made some good changes to the home. The whole care team get on a lot better. Some of the staff here before weren't up to standard. She brought us back [to standard]. We pass on information, share the work load – working as a team." Another said, "When I first started it was a different manager. I think [registered manager] is brilliant – she has always helped me out, very supportive. She notices if there are any problems at home. I think she is a great manager."

Staff and residents' meetings were held regularly. We looked at the minutes of recent meetings. These demonstrated both staff and people fully participated in the meetings.

Care records had been reviewed and updated to ensure there was a written and accurate record of people's changing needs; and the provider's quality assurance audits had been carried out and action taken when appropriate. The PIR we were sent prior to this inspection visit mirrored what we saw on the day of our visit.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided. We spoke with a visiting GP on the day of our inspection visit. They told us each time they visited the registered manager or senior care worker was always in attendance. They said, "Given this is not a nursing home, these

people are cared to the highest level. I think they are doing a fantastic job."

The provider ensured they met their legal requirements. They had displayed the latest CQC inspection report rating at the home and on their website; they had notified us of events which happened in the home; and they had sent us a Provider Information Return when requested.