

Bupa Care Homes (CFChomes) Limited

Hadley Lawns Care Home

Inspection report

Kitts End Road
Hadley Highstone
Barnet
Hertfordshire
EN5 4QE

Tel: 02084490324

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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

Hadley Lawns care home provides accommodation, nursing and personal care for up to 44 older people. The ground floor supports people with residential care needs and the first floor supports people who also have nursing needs. At the time of our inspection there was 38 people using the service.

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

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were enough staff to meet people's needs and recruitment processes and procedures were robust.

Medicines were managed safely. The service was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

Staff received training and supervision for them to perform in their role. People's nutrition and health were supported and promoted. 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.

Staff knew people well and care plans were detailed and provided staff with clear guidance on how to meet people's needs. Staff respected people's privacy and dignity and encouraged people to remain independent. People and relatives could express their views about the running of the home.

People received personalised care and support which met their needs and reflected their preferences. People benefited from a variety of activities, events and trips out that were available to reduce social isolation, give meaning and purpose and enhance their wellbeing.

The service was well led. People, staff and relatives spoke positively about the clinical services manager and the provider. There was a positive culture throughout the service which focused on providing care that was personalised. The management team used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

More information is in the full report.

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

Rating at last inspection: The last rating for this service was good (report published March 2017). The service remains good.

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 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.

Hadley Lawns 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialise advisor nurse 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

Hadley Lawns 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.

At the time of our inspection the service had a new manager who was in the process of being registered with the Care Quality Commission.

Notice of inspection

We carried out the inspection visits on 13 September and 1 October 2019. It was announced.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications, safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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.

During our inspection we spoke with the clinical services manager (who had been acting as manager), a nurse, five health care assistants and the activities co-ordinator. We also spoke to five people who used the

service and seven relatives. We looked at eight care records and three staff files; we looked at various documents relating to the management of the service which included medical records, training data and quality assurance records.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. One person said, "I feel safe and looked after. I've been here a good while."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and were able to identify how people may be at risk of harm or abuse and what they could do to protect them. A staff member told us, "It is our duty to protect people from any kind of abuse and I know how to whistle blow."
- The manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. Risk assessments covered preventing falls, moving and handling, nutrition, skin integrity and weight assessments.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was always available to ensure continuous safety.
- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency.

Staffing and recruitment

- There was enough competent staff on duty. Staff had the right mix of skills to make sure practice was safe and they could respond to unforeseen events.
- On the day of our visit, when people needed assistance staff responded promptly
- Staff files showed that the relevant checks had taken place before a staff member commenced their employment. There was an in-date Disclosure and Barring Service certificate [DBS] on each record we looked at.

Using medicines safely

- The home had safe arrangements for the storing, ordering and disposal of medicines. The staff responsible for the administration of medicines were all trained and had had their competency assessed regularly.
- Medicine Administration Records (MARs) were completed and audited appropriately.
- The service's pharmacy provider had recently carried out an audit of medicines and no concerns had been identified.
- There were instructions for staff about giving medicines to people as and when they were needed; which ensured people had prescribed access to pain relief or laxatives, with suitable spaced doses.

Preventing and controlling infection

- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment such as gloves and aprons where needed and the service was clean.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of re-occurrence.

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

- People's needs had been assessed prior to them moving into home and their needs continued to be assessed as and when needed. These assessments considered any protected characteristics under the Equality Act, such as religious needs. Assessments of people's needs were detailed and identified the areas in which the person required support.
- The service used nationally recognised assessment tools, such as the Malnutrition Universal Screening Tool (MUST) and a Waterlow assessment. A Waterlow assessment is a tool used to assess people's risk of pressure damage. This meant assessment tools were evidence based.

Staff support: induction, training, skills and experience

- An Induction programme was in place and all care staff completed their Care Certificate during their induction period. One staff member told us, "We do lots of training, it's very good." A nurse said, "We have clinical updates as part of our training."
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision meetings took place regularly, as well as staff meetings, where staff could discuss any concerns and share ideas.

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

- People told us they really enjoyed the food at the service and were offered choices. One person said, "Very nice lunch. Very good food here." Another person said, "I am interested in food! It depends. It can be wonderful. It varies."
- Care plans included information about people's dietary needs and their likes and dislikes or any specific aids people needed to support them to eat and drink independently.
- We observed over the lunchtime period people were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Meals were served in a dignified and interactive manner.

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

- Staff supported people to see external healthcare professionals regularly such as physiotherapists, GPs and speech and language therapists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.

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

- People were complimentary about the environment they lived in. One person said, "Look at my room, it's lovely! I have all my own things in here."
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were pleasant garden and patio areas which people, who were able to, could access independently. One person said, "Beautiful gardens I go out as much as I can."
- There was a suitable range of equipment and adaptations to support the needs of people using the service.
- A refurbishment program was underway.

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

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. 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.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law.
- We observed that staff asked for people's consent before they provided any support.

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

- People told us they had friendly relationships with staff and staff were caring in their approach. Comments included, "Oh, the kindness of the people looking after us. Very nice" and "I like the staff. They're good. Decent people. They do anything for me. We're very lucky." One relative told us, "It's their attitude – very caring. For example, a regular carer who never rushes her, takes her time, gives mum confidence. They have formed quite a relationship."
- During the inspection every member of staff took time to talk to people and us. • Staff told us they enjoyed spending time with the people they supported and knew what was important to them and how to offer people comfort and reassurance. One staff member said, "We want them to be happy and content."
- People's care records contained information about people's background, history, what was important to them and their choices and preferences.
- People were supported to establish and maintain relationships with their families and friends. One person said, "I can have visitors at any time."

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

- People confirmed they had been involved in making decisions about their care and support. A relative told us, "We feel there is a good level of care. They keep us informed."
- Care records clearly reflected the full involvement of the person and how they were supported to make decisions about their care. For example, one care plan recorded, 'I don't like to wear jewellery or accessories and would like a female carer.'
- People's religious and cultural needs were recorded and respected. The activities coordinator told us, "If there are special functions for anyone's religions, we try to celebrate them."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt the staff respected their privacy, such as knocking on their bedroom doors.
- The service promoted independence. A member of staff told us "it important to let people do as much as they can by themselves."
- We observed staff communication with all residents was warm and friendly.

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 services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- We found people at the service received individualised care from a staff team who showed a good knowledge of their needs. A staff member said, "People are individual, and they should be treated that way."
- People had detailed, personalised care plans. Their needs, abilities, life history, and preferences were documented.
- People needs, routines and personalities were well known. The clinical services manager and staff also gave us examples of meaningful activities that were provided to people. One example was about a person who was a fan of a London football club. The service had arranged that a member of the club visit the home to meet the person.

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.

- People's communication needs were recorded in their care records.

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.

- People benefitted from a variety of activities and events that were available across the service and made accessible to all.
- The manager and activity organiser developed individual activity plans with people about what they wanted to do and how they preferred to spend their day.
- Activities available included arts and crafts, flower arranging and visits from entertainers.
- Comments from people included, "I like the things they do. I go on all the outings and join in every activity if I can" and "I'll do the activities, depending on what place I'm at. I went to Southend. Flower arranging is my favourite activity."
- People were supported to maintain contact with their friends and family and friendships had developed within the service. Visitors said they were made to feel welcome. A person told us, "They helped me to see my friend. I wouldn't have been able to without them."

Improving care quality in response to complaints or concerns

- The service had received no complaints recently from people or relatives. We saw evidence of older complaints that had been dealt with promptly and appropriately.
- A relative told us, "Not a complaint, ever, in two years. We occasionally make an observation, like she had a cough, and they are on it straight away. Just mention something and they deal with it."

End of life care and support

- People received a good standard of care at the end of their lives. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded. Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms were available in some people's care plans where they did not want to be resuscitated.

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 good. At this inspection this key question has now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and relatives told us that the managers at the service were visible and known to them and approachable. A relative told us, "We looked at many care homes. We are thrilled with it. We love it. We know the staff, and we know the manager. We've been to relatives' meetings with the previous manager. I would recommend it, most definitely."
- Staff were fully aware of their responsibility to provide a quality, person-centred service.
- There was a strong and clear leadership at the service. Staff felt very well supported by the management team. There was a clear vision on what the service wanted to achieve for the people who lived there.
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "It's a well-run lovely home, the manager is very approachable and fair."
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- Staff were happy and proud to be working at the service and motivation was high. We saw that a number of staff had worked for the service for many years which promoted consistency and continuity of care.
- We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people's nutrition, medicines, staff records, care plans, health and safety and accidents and incidents. We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that had been completed on either a daily, weekly, monthly or quarterly basis.

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider sent surveys to people and stakeholders in October 2018. The results were positive.

Continuous learning and improving care

- The management team kept themselves updated with new initiatives and guidance by attending regular 'provider forums' organised by the local authority and at, managers' meetings organised by the regional manager at the providers head office.
- Monthly staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included health and safety, training and development, and activities. We saw that staff used this opportunity to share best practice.

Working in partnership with others

- The service worked with social workers, dieticians, GPs and occupational therapists to ensure relevant information is passed on and there was continuity of care.