Bupa Care Homes (CFC Homes) Limited

Hadley Lawns Residential and Nursing Home

Inspection report

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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

Overall summary

This inspection took place on 29 and 31 October 2014 and was unannounced. At our last inspection in November 2013 the service had met all the regulations we looked at. Hadley Lawns Residential and Nursing Home provides accommodation, nursing and personal care for up to 44 older people, some of whom have dementia. The ground floor supports people with residential care needs and the first floor supports people who also have nursing needs. On the day of our visit there were 37 people living in the home.

There was a registered manager in post but they were away during our inspection. 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 and associated Regulations about how the service is run.

We were assisted throughout the two days of the inspection by the deputy manager and the regional quality manager.

Summary of findings

People were positive about the service and the staff who supported them. One person told us, “Most staff are very caring here.” We saw people being treated with warmth and kindness. Staff were aware of people’s individual needs and how they were to meet these needs. Relatives we spoke with were also positive about the service, staff and management. One relative told us, “This home is marvellous, I love it, I’m absolutely confident that they take care of my mum when I’m away.”

People who needed assistance to eat and drink were well supported at lunchtime and were encouraged to make choices about what they ate and drank. The care staff we spoke with demonstrated a good knowledge of people’s care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider’s safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and many of the staff we spoke with had worked in the home for a number of years. One member of staff told us that morale had improved since the new manager had been in post. “Things are so much better; we work better as a team.” Staff said they felt valued and included in decisions about people’s care.

The registered manager had been in place since January 2014. She provided good leadership and people using the service, relatives and staff told us the manager promoted very high standards of care. One person told us “The manager is good,” and “She does listen to what you have to say and has made changes.” Comments from relatives included “The manager has made changes since she has been here and things are better.” and “The manager seemed to have improved standards.”

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff received appropriate training and professional development

People were able to make choices. Where they lacked the capacity to do so decisions were made in line with the Mental Capacity Act 2005. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). There were no DoLS authorisations currently in place; however the registered manager knew the correct procedures to follow to ensure people’s rights were protected.

Summary of findings

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. People and their relatives told us they felt safe. Staff knew how to recognise abuse and what action to take. Risk assessments were carried out to monitor and reduce risks to people.

Appropriate recruitment checks were made on staff and there were enough staff to meet people's needs.

Medicines were administered safely

Is the service effective?

Good

The service was effective. Staff received training and supervision, so they were sufficiently skilled to undertake their roles. The service sought advice from specialists when required.

The service complied with requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People received enough to eat and drink. We saw people's fluid and food intake was monitored. People's individual health needs were met.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Staff told us their training had included issues of dignity and respect and they were able to tell us how they included this in their work with people. Staff worked with relevant professionals to make sure people's wishes were respected.

Is the service responsive?

Good

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

There were a range of activities available during the day based on consultation with people using the service.

Complaints were recorded and responded to promptly, and the service took action to learn from these.

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Is the service well-led?

Good

The service was well led. Most staff were motivated and caring. They told us the manager had made many improvements and that they were well supported.

Summary of findings

The provider had systems in place to monitor standards of care provided in the home, including regular quality audits and satisfaction surveys for people living in the home.

Hadley Lawns Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 29 and 31 October 2014 and was unannounced. The membership of the inspection team comprised of two inspectors, a specialist advisor in nursing 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.

Prior to the inspection we looked at the information we held about the service including notifications they had sent us and information from the local healthwatch organisation. Before the inspection, the provider completed a 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 also spoke with the local authority commissioning teams to gather their views on the service.

During the visit, we spoke with seven people using the service, four relatives, one of the nursing staff, six care staff, an activities organiser, a maintenance person, a chef, the deputy manager and the quality manager for the service. We observed how the staff interacted with people who used the service.

We looked around the building. We looked at six records of people who used the service and six staff records. We also looked at records related to the management of the service. This included a range of audits, the complaints log, minutes for various meetings, surveys of people who used the service, training records, safeguarding records, the health and safety folder, and policies and procedures for the service.<Summary here>

Good

Is the service safe?

Our findings

People we spoke with during the inspection told us they felt well cared for and safe in the home. They told us they felt they and their relatives were being kept safe and had no concerns. A relative told us, “I feel safe, the staff are patient, and there is no bullying.” Another relative visiting her mother said, “she is safe here.”

We discussed safeguarding procedures, designed to protect adults from abuse and the risk of abuse, with five members of staff and the deputy manager. They had a good understanding of the types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. Staff were able to explain to us the different forms of abuse which might occur in a care home setting and were clear of appropriate procedures to follow when managing any safeguarding concerns. Staff training records demonstrated that all staff had received training on safeguarding procedures within the last year. Staff also had access to appropriate policies and procedures and told us they had read them. This information was available for staff reference in the office. The registered manager had reported all safeguarding incidents to the local authority and had notified the Care Quality Commission in line with the current regulations. We noted there had been two safeguarding alerts in the past year. We saw incidents had been managed appropriately and protection plans had been put in place to minimise risk of reoccurrence. Records told us the provider had engaged and assisted in investigations. This meant that appropriate steps had been taken to protect people from harm.

Staff spoken with were able to describe techniques used to ensure people were kept safe at the home. We saw in people’s care records that robust risk assessments and subsequent action plans had been completed to reduce any risk. We noted risk assessments had been carried out and risk management strategies devised to provide staff with guidance on how to respond to risk. Risk assessments included areas such as mobility, falls, nutrition, continence and skin integrity. We noted in each risk assessment that we saw ,the provider had consulted with associated health and care professional such as speech and language therapists, mental health professionals, occupational therapists and social workers. We saw that one person’s risk assessment had been updated following a fall in conjunction with an Occupational Therapist. This meant the provider had ensured risk assessments were completed using professional advice and were subsequently robust and effective. We found most risk assessments were reviewed on a regular basis and updated if needs or circumstances changed. This meant people were supported to take responsible risks as part of their daily lifestyle with the minimum of necessary restrictions.

During our inspection it was clear the staff and manager protected the people who lived at the care home. We saw in care support plans how the provider always placed the views of the person at the forefront of the care planning process. Most people told us they were involved in the care planning process. Each person had a section on care preferences. We noted the care support plans were individualised.

We checked records in relation to the receipt, storage, administration and disposal of medicines. Medicines were all stored securely and none were out of date. We saw that when medicine was administered to people, individual MAR charts were kept up to date.

We saw that a photograph, room number and allergy status was clearly labelled for each and also special instructions that the person required such as, PEG feed, swallowing difficulties, and covert medicines. People who were prescribed patches for pain relief had body charts present alongside the MAR chart to indicate where the patch had been applied on the body each time so that the patch could be placed in another area the next time. There was evidence of stock control as a countdown of the medicine was being written below. We saw that where someone had been

refusing their medicine, their GP had been contacted for advice. For those people that were prescribed medicines on a PRN basis, PRN protocols were observed. They indicated what type of medicine the person was taking, when to give the medicine and what to check for.

We saw there were sufficient numbers of experienced staff to meet the needs of the people who used the service. We spoke with five members of staff about their understanding of how people wanted to be supported, as detailed in their care support plans. Based on these discussions we found that staff understood people's current support needs. We saw in staff rotas how in one case staff levels were raised to accommodate a person with dementia whose level of need

Good

Is the service safe?

increased. There were mixed views about staffing levels at the home. Relatives we spoke with commented that staff were sometimes very busy. One relative told us, “The staff are generally great but very busy, there seems to be less staff at weekends.” Another relative commented that the maintenance person, “never has enough time.”

Staff rotas showed that each of the two floors operated with a minimum of two care support staff who were managed by a senior carer on the ground floor and a nurse on the first floor. There were two managers present and ancillary staff such as chefs, a maintenance person and cleaning staff. There was also a ‘floating carer’ who moved between floors in consequence to demand. The deputy manager told us that the staffing rota was based on the needs of the people using the service and was reviewed on a daily basis.

There were effective recruitment and selection processes in place. Staff told us they underwent a robust recruitment process before they were employed. Records we reviewed confirmed this. They included an application form, interview and written assessments. Records showed the provider had checked for any criminal records obtained and checked professional references from two previous employers. Additional checks were made on all prospective employees' eligibility to work in the United Kingdom, their health and their qualifications.

There were arrangements in place to deal with foreseeable emergencies. The service had a fire evacuation plan and fire alarm system. Fire drills were carried out with people on a regular basis and were risk assessed. The provider’s maintenance manager explained all people who used the service had an individualised evacuation plan. This helped ensure people could be kept safe in an emergency.

Good

Is the service effective?

Our findings

Staff told us, and records confirmed, that they had completed training on the Mental Capacity Act 2005 (MCA), its associated code of practice and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a legal framework to protect people who need to be deprived of their liberty for their own safety. Staff were able to explain the principles of the MCA and how they might apply this. We were able to read in care support plans how in two cases staff had recognised issues of capacity and had acted appropriately by requesting assessments of capacity from the relevant professionals such as psychiatrists and social workers. Staff had a good knowledge of the 'best interest' process where professionals and family are consulted in order to make decisions for a person who is assessed as no longer able to consent to some care and treatment decisions for themselves.

We spoke with the deputy manager with regard to DoLS. He had a good understanding of the process, he told us there had been no applications made to the local authority to deprive a person of their liberty. However he also confirmed there were some people who used the service who lacked capacity to make some care and treatment decisions. In one case we were told of a person who had on several occasions wandered out from the home and placed themselves at risk. We noted staff had acted appropriately by gently persuading the person to return to the home. However whilst staff had acted to keep the person safe, no application had been made to the local authority for a best interest decision in this area. The manager however acknowledged this and told us the service had initiated a process to refer several people who used the service, who had issues of capacity and risk, to the local authority. We were able to confirm this by reading recent e-mails sent between managers.

People's capacity to make decisions was considered as part of the pre-admission needs assessment and wherever possible people were involved in the care planning process. The deputy manager explained an assessment of a person's mental capacity would be completed whenever the circumstances arose. People had care plans that were personalised and we observed these plans being followed. These also recorded if there was a specific health need and how these needs should be met. We saw in care plans if someone needed to see a health professional, they were supported to arrange and attend appointments. We also saw in people's care plans how the provider ensured that people who used the service had regular health checks including blood checks, appointments to dentists and chiropodists, and checks on their weight and food intake. We saw that all people who used the service had received recent visits from the local G.P. who had administered influenza vaccines. People we spoke to said they enjoyed the food, comments included, "The food is first class" and "The food is lovely and fresh." We observed the care and support provided during lunchtime. Staff members were attentive to the needs of people who required assistance. We saw how people were asked what they would like to eat. Staff assisted people to cut their food and, where required, to eat. Choices and preferences were clearly identified in care support plans. These included information about what was important to the person and how they could best be supported. This meant staff had current information about people's nutritional needs and wishes. Staff told us the care plans were easy to use and follow. We observed staff reading and recording in the care plans during our visit.

We were shown the records of one person who used the service who had requested a culturally appropriate diet. We noted this had been placed on the menu. We spoke with the chef with regard to this and he was able to show us where the food for this person was stored. He explained how he had had to learn how to cook different cultural meals. There was a chart in the kitchen which told staff of any person who had dietary restrictions due to health needs such as diabetes. We noted specialist menus were written with the input of dieticians. This ensured people were given the correct food at the required consistency, and helped protect them from the risks of malnutrition.

All staff spoken with told us they had ongoing opportunities to undertake training. In addition to mandatory health and safety training, staff completed training in accordance with the needs of people who lived in the home. For example, dementia care training was completed by all the staff we spoke with. One staff member commented, "The training is very good and we get it often." Staff said the training helped them feel "confident." We saw in training records staff attended training, including annual refresher training, in areas such as manual handling, safeguarding, tissue viability awareness and managing behaviour that challenged the service. This helped to ensure that staff had the necessary knowledge to carry out their role effectively.

Good

Is the service effective?

Staff told us that that supervision was taking place and areas such as training, performance, feedback, clinical care and absences were discussed. We also saw that the provider had an appraisal matrix to ensure that each staff member completed an annual appraisal

Good

Is the service caring?

Our findings

People told us they liked the staff that supported them and that they were treated with dignity and kindness. One person told us, “Most staff are very caring here.” A relative commented, “Staff are kind and friendly” and “This Home is marvellous, I love it, I’m absolutely confident that they take care of my mum when I’m away.” We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people’s diversity was important and something that needed to be upheld and valued. A relative we spoke with said they felt welcome at any time in the home; they felt involved in care planning and were confident that their comments and concerns would be acted upon. They said their relative “is very happy here” and “the staff work hard here, I think they could do with more of them.” People told us they were treated with dignity and respect. They told us, “They always knock and shut the door” and “We are asked if we want to have a bath or shower.”

We saw that staff spoke with people while they moved around the home and when approaching people, staff would say ‘hello’ and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. One staff member told us, “It’s important to talk to people, as they need re-assurance and companionship.”

The manager and staff told us people were generally able to make daily decisions about their own care and, during our observations, we saw that people chose how to spend their time. A relative told us, ‘’They let me come whenever I want to take my mother out.” Another told us that her relative was regularly taken downstairs to join activities.

We saw people’s care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People’s plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff we spoke with was able to tell us about people’s preferences and routines.

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available. We also saw staff respected people’s dignity by knocking on doors before entering rooms and closing doors when supporting people with their personal care.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome.

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Good

Is the service responsive?

Our findings

The home employed a full time activities co-ordinator who organised activities on a daily basis. She told us she had recently changed her working hours so she could provide activities at weekends, as this had been requested by people who use the service. People told us they were given the opportunities to say what they liked to do. People told us about recent activities, which had included bingo, quizzes, singers and flower arranging. On the day of our visit we saw that there was a hairdresser and manicurist present. “I love having my nails done, I have them done every week,” one person told us. People we spoke with said they were happy with the activities that were provided. One person told us, “There is always something to do like games, TV, bingo and singers come in too.”

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure was in place. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, “I have never had to complain.” We saw there had been two recent complaints made and there was a copy of how they had been investigated. Letters had been sent to the complainants detailing any action demonstrating how changes had been made and how the provider had responded. The deputy manager told us that all complaints were monitored by the Quality Manager to ensure the quality of response and subsequent actions. For example we saw that a complaint had been made by a relative in relation to lack of activities at the weekends. The provider introduced a range of activities that are available on Saturdays and Sundays

The manager and deputy also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. From our observations it was clear that the deputy was familiar with the people in the home. A relative told us, “The manager and staff are very approachable

All of the care records we looked at showed that people’s needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people’s care. The staff told us they had access to the care records and were informed when any changes had been made, to ensure people were supported with their needs in the way they had chosen. People we spoke with told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person. One member of staff said, “It’s important to know about people and their family histories.”

Each person had an assigned keyworker who was responsible for reviewing their needs and care records every six months, or sooner if their needs changed. Staff told us that they kept people’s relatives, or people important in their lives, updated through regular telephone calls or when they visited the service and they were formally invited to care reviews and meetings with other professionals.

Good

Is the service well-led?

Our findings

The registered manager had been in post since January 2014. She was not available during our inspection; we spoke with the deputy manager (who was also clinical lead) and the provider's quality manager who told us that they supported an open and honest culture and that they encouraged feedback from staff, people at the service and other professionals. Staff spoke positively about the culture and management of the service. One staff member told us, "We are encouraged to discuss any issues." Staff we spoke with said that they enjoyed their jobs and described management as supportive. One of the care staff told us, "Although it gets busy, I'm happy working here. I see the manager and deputy are good and there is no stress." Staff confirmed they were able to raise issues and make suggestions about the way the service was provided, in one to one or staff meetings, and these were taken seriously and discussed

People, their relatives and staff all spoke positively about the manager. People told us, "The manager is good" and "She does listen to what you have to say and has made changes." Comments from relatives included, "The manager has made changes since she has been here and things are better" and "The manager seemed to have improved standards."

Staffs were positive about the changes that had taken place since the registered manager had arrived. They said that new systems of support had been brought in and some staff had left. Staff comments included, "Things are so much better; we work better as a team." Staff said they felt valued and included in decisions about people's care. They said the manager was approachable at any time and was often visible in the service.

Daily 'Take Ten' staff meetings were held along with separate meetings for nurses and senior carers to ensure consistent care and promote team work. We saw minutes of these meetings and found them to be up to date and signed by all the staff that attended. Staff said their views about people's care needs were asked for by senior staff and that they were listened to. One staff member said, "If I'm worried about someone, I just tell them". We saw the minutes of these meetings and found them to be up to date and signed by all the staff that attended.

The registered manager understood her responsibilities as registered manager and had submitted notifications to us appropriately since her arrival at the service. The deputy manager and quality manager told us the changes the manager had needed to make when they arrived including changes to staff culture and the challenges and successes with this. The quality manager said, "When the manager first started, some staff did not have a person-centred attitude, she has tried to change that."

The deputy manager discussed several ideas that had been introduced to develop the service, including the introduction of an electronic prescription service and a new clinical tool SBAR (Situation, Background, Assessment, Recommendation) to manage people with deterioration in their health and to enhance nursing handover.

The provider carried out an annual survey with relatives to seek people's views about the service. The latest survey was sent out in October 2014 and the results had not yet been analysed. We saw the results of the survey carried out in 2013. A number of improvements had been made as a result including the introduction of regular surveys on specific areas such as food and activities. And there were also quarterly 'residents and relatives' meetings. We saw that items such as activities, staffing changes and catering were discussed.

The Quality Manager told us that there was an audit programme in place which formed part of the Providers Quality Framework and include specific audits around care planning, care practices, core values and medication management and administration. These audits are undertaken by Home Manager, Deputy and Quality Managers (QM) to provide internal and external quality assurance. In addition there were Monthly Provider Review visits by the Area Manager who reviewed and assured Quality of Life, Environment, Care and Leadership. Action plans were developed as a result of these and improvements monitored at each visit.