NA SS Care Limited

Hadley House Nursing Home

Inspection report

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Tel: 02089077047

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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

We undertook this unannounced inspection on 25 & 31 October 2018. Hadley House Nursing 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. Hadley House Nursing Home is registered to accommodate a maximum of 14 people with dementia and mental healthcare needs. On the day of this inspection there were 14 older people living in the home. Some of them had dementia while others had mental healthcare needs. The stated aim of the home was to deliver a service of the highest quality in a safe, homely and clean environment that will improve and sustain the service user's quality of life. It was also committed to ensuring equality and meeting the diverse needs of people who used the service.

At our last comprehensive inspection on 17 March 2016 the service met the regulations we inspected and was rated Good. At this inspection we found the service remained Good.

People who used the service informed us that they had been treated with respect and dignity. The service had arrangements to protect people from harm and abuse. Care workers were knowledgeable regarding types of abuse and were aware of the procedure to follow when reporting abuse.

Risks assessments had been carried out and risk management plans were in place to ensure the safety of people. The service followed safe recruitment practices and sufficient staff were deployed to ensure people's needs were met. There were suitable arrangements for the administration of medicines and medicines administration record charts (MAR) had been properly completed.

There was a record of essential maintenance and inspections by specialist contractors. Fire safety arrangements were in place. These included weekly alarm checks, a fire risk assessment, drills and training. Personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency.

The service worked well with healthcare professionals and ensured that people's healthcare needs were met. The dietary needs of people had been assessed and arrangements were in place to ensure that people received adequate nutrition.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. We noted that the home had suitable arrangements in place to comply with the Mental Capacity Act 2005 and DoLS.

Care workers had received a comprehensive induction and training programme. There were arrangements for staff support, supervision and appraisals.

Care workers prepared appropriate and up to date care plans which involved people and their representatives. The service had made effort to engage people in various activities within the home and in the local community. Some people had made progress and their mental health had improved.

There were opportunities for people to express their views and experiences regarding the care and management of the home. The service had a policy on ensuring equality and valuing diversity. There were arrangements to ensure that people's religious and cultural needs were met. People were supported with their religious observances and provided with cultural meals in accordance with their wishes and preferences. Four people who used the service were Tamils. Some information had been translated into Tamil for them.

Complaints made had been recorded and promptly responded to. Checks and audits of the service had been carried out by the registered manager and the team leader to ensure that the service provided care of a good quality.

The home had an infection control policy and all areas of the home we visited had been kept clean.

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

Hadley House 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 checked 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.

The inspection took place on 25 & 31 October 2018 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications from the home, complaints received and reports provided by the local authority. The provider completed and returned to us 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 spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people.

There were 14 people living in the home. We spoke with seven people who used the service, one relative and two healthcare professionals. We also spoke with the registered manager, one of the deputy managers, a domestic staff member and four care workers. We received further feedback from four care professionals.

We looked at the kitchen, medicines cupboard, communal areas, garden and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for six people, five staff recruitment records, supervision, training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Good

Is the service safe?

Our findings

People told us that they felt safe in the home and they were well treated. One person said, "They treat me well. They provide very good care." A second person said, "I am satisfied with the care. I feel safe here." A third person said, "I am safe here. I get no trouble from the others. I get my medicine on time." A healthcare professional told us that care workers were patient, respectful and made efforts to ensure safe practice around medication.

The home had a safeguarding policy and details of the local safeguarding team. Information about reporting abuse was displayed in the reception area. Care workers had received training in safeguarding people and ensuring that their human rights were protected. They could give us examples of what constituted abuse and they knew what action to take if they were concerned about possible abuse. Care workers told us they would report it to their managers. They were aware that they could also report it directly to the local authority safeguarding team and the CQC if needed.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with the premises where people lived, falls and pressure sores. Personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency.

There were arrangements for the recording, storage, administration and disposal of medicines. The home had a medicines policy. We examined five medicine administration record (MAR) charts. There were no unexplained gaps. This indicated that people had been given their prescribed medicines. This was also confirmed by people we spoke with. Audit arrangements were in place. The temperature of the fridge and room where medicines were stored had been checked daily to ensure they were within the required temperature range.

There were arrangements for protecting people from the risk of fire. The fire alarm and emergency lighting were tested weekly to ensure they were in working condition. Fire drills had been carried out regularly. Fire procedures were on display in the home. Care workers had received fire training. The registered manager told us that the fire authorities had visited the home in July 2018 and they had no concerns regarding fire safety. Three people in the home smoked. The home had a smoking policy and there was a designated area outside the home for people who smoked. The care records of people contained individual risk assessments in relation to smoking. The home had an updated fire risk assessment.

The hot water temperatures had been checked weekly by care workers. The temperature of the water prior to people being assisted by care workers to have shower or bath had been recorded. The home had a record of essential maintenance carried out. These included safety inspections of the portable electrical appliances and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. We however, noted that window restrictors had not been fitted to two rooms on the ground floor. This is required for security reasons. These were fitted promptly after our first visit.

The home had a recruitment procedure to ensure that care workers recruited were suitable and had the

appropriate checks prior to being employed. We examined a sample of five care worker recruitment records. We noted that all the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. We noted that two care workers had only provided two personal references. The registered manager explained that they had not previously been in employment. The registered manager informed us that they had a low turnover of staff. This meant that the service could provide consistency of care to people.

People and a relative informed us that the staffing levels were adequate and the care needs of people had been met. On the day of inspection there were a total of 14 people who lived in the home. The weekday staffing levels during the day shifts normally consisted of a deputy manager who was a nurse and the registered manager together with three care workers and a domestic staff. During the night shifts there was one nurse and one care worker on duty. The staffing levels during the weekends consisted normally of one nurse together with two care workers and a domestic staff. During the night shifts there was one nurse and two care workers on duty. The registered manager informed us that dependency levels of people were monitored to ensure that there was adequate staffing. One person informed us that at weekends there were insufficient staff as there were less care workers on duty. The registered manager stated that they would have an additional care worker on duty at weekends.

The premises were clean and tidy. No unpleasant odours were noted. The home had an infection control policy together with guidance regarding infectious diseases. Gloves and aprons were available. Colour coded bags had been provided for soiled linen.

We reviewed the accident records. Accident forms had been fully completed and signed. Where appropriate, there was guidance for care workers on how to prevent a re-occurrence. This was documented in the care records of people.

The service had a current certificate of insurance and employer's liability.

Good

Is the service effective?

Our findings

People told us that care workers were competent and they were satisfied with the care provided. They told us that they had access to healthcare services. One person said, "The staff are very nice. The food is very good." Three healthcare professionals expressed confidence in the staff at the home and told us that care workers were capable and able to care for their clients.

People's care records indicated that they had received an initial assessment of their needs with involvement from their representatives or relatives before moving into the home. The assessments contained important information about people's health and other care needs. Individual care plans were then prepared with details such as people's preferences, activities they liked and how care workers were to provide the care they needed. People's healthcare needs were closely monitored by care workers. People's care records contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or behavioural issues. Appointments with healthcare professionals had been recorded. We saw evidence of recent appointments with healthcare professionals such as people's medical consultant, psychiatrist and GP. A healthcare professional told us that the service kept them informed and shared information regarding people's progress with them.

Arrangements were in place to encourage healthy eating and ensure that the nutritional needs of people were met. The registered manager stated that they encouraged people to eat fresh fruits and vegetables and have a balanced diet. Some fruit had been prepared to make it easier for people to eat them. People's nutritional needs had been assessed and this was recorded in their care records. People were weighed each month to monitor nutritional intake and this was recorded. People were also referred to the dietitian when needed. Some people in the home came from an Asian background. We noted that the menu included Asian meals. All people we spoke with expressed satisfaction at the meals provided.

Care workers confirmed that they had received appropriate training for their role. When interviewed, they were aware of their roles and responsibilities. We saw copies of their training certificates which set out areas of training. Topics included the administration of medicines, health and safety, moving and handling, dementia care and safeguarding.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct and information on health and safety. Two new care workers had started the Care Certificate. This course is comprehensive and has an identified set of standards that care workers cover in consultation with their trainer. Some people who used the service spoke Tamil. We noted that some of the care workers could communicate in Tamil with people who spoke Tamil

Care workers said they worked well as a team and received the support they needed. Records of care workers contained evidence of supervision and appraisals meetings. Care workers we spoke with confirmed that they found their managers to be supportive and approachable. The registered manager had a caring

attitude towards her staff and she informed us of action she had taken to assist care workers who experienced difficulties. This included adjusting work shifts when needed. The registered manager stated that they had a low staff turnover. This ensured that the home could provide care that was consistent.

We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. Where people lacked capacity, details of their advocates or people to be consulted was documented in the assessments. The registered manager informed us that some people in the home lacked capacity and when needed, they would consult with their representatives. We saw documented evidence of best interest decisions in people's care records.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. The registered manager informed us that some people required DoLS authorisation. We noted that authorisations were evident in the care records. The service also kept a log of expiry dates so that fresh applications could be made when needed.

Good

Is the service caring?

Our findings

People said they had been treated with respect and dignity. One person said, "I am happy. Staff are very good." Another person said, "I am OK. They are nice to me. They show respect for me." A third person said, "I get Asian food. The staff treat us with respect and dignity. They knock on my door before coming into my bedroom." One healthcare professional informed us that that they were very satisfied that the person they supported was well treated.

We observed that care workers were helpful and attentive towards people. People appeared comfortable and at ease with care workers. We however, observed during the first day that some care workers did not engage people in conversation when attending to them. This was discussed with the registered manager. On the second visit to the home, care workers were noted to be engaging people in conversation. The registered manager explained that their care workers were usually chatty and communicative. However, she stated that they were sometimes apprehensive during an inspection.

Care workers respected the privacy of people. We observed that they knocked on people's bedroom doors and waited for the person to respond before entering. They could explain what they did to protect the privacy and dignity of people and this included closing doors and curtains when assisting people with personal care.

Care plans included information that showed people had been consulted about their individual needs including any special preferences, their spiritual and cultural needs. Special culturally meals which included Sri Lankan dishes and curries had been prepared for people who liked them. Religious services had been arranged for people who wanted them. The registered manager told us that when requested, arrangements can be made for people to attend their chosen place of worship. In addition, religious holy days and special cultural days such as Diwali, Christmas and Easter were celebrated at the home. The service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. Care workers were aware that all people should be treated with respect and dignity regardless of the background or individual differences.

Regular meetings with people who used the service had been held where people could express their views and be informed of any changes affecting the running of the home.

Effort had been made to provide a pleasant environment for people and help them feel at home. The garden at the back of the home was well maintained. Seating was available for people. The lounge had comfortable seating. The bedrooms were well-furnished and had been personalised with people's own ornaments and memorabilia. We noted that the carpet of a bedroom on the ground floor had a large stain mark. The registered manager stated that a new carpet would be provided.

We discussed the steps taken by the home to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability,

impairment or sensory loss can understand the information they are given. The service had an Accessible Information Policy. The registered manager stated that the menus were in pictorial form and certain information had been translated into people's own language. The Home's complaints procedure had been translated into Tamil and a copy was displayed in each of the four Tamil speaking people's bedrooms.

Good

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and care workers were responsive to their needs. They stated that there was a variety of activities available for them. One person said, "They celebrate my birthday here. My medical condition is under control." Another person said, "I do join in the activities. The staff help me to walk and shower me. They respond to the buzzer when I press it." A relative said, "I am satisfied. My relative have improved and can get out and about now."

Care professionals informed us that people they supported were able to settle in the home and the care provided met their needs. One of them stated that the people they supported were extremely well cared for. In particular, significant efforts were made to understand them as individuals and tailor care plans to optimise their well-being and social inclusion.

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to their cultural and religious needs, medical health, pressure area care, mental health, nutritional needs and behavioural needs. Day and night care plans were then prepared by care workers. People and their representatives were involved in planning their care and support. Care records contained photos of people so that they could be easily identified by care workers. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of how to care for people.

A number of people in the home had diabetes. We discussed their care with the registered manager, a deputy manager and a care worker. They were knowledgeable regarding the care needed and special arrangements for monitoring the glucose levels of people. People's care records contained an appropriate care plan for the specific need. There was guidance on action to take if this person appeared to be deteriorating or experiencing problems. On the first day of inspection, the deputy manager had contacted a person's GP for guidance regarding medicines to be given when the blood glucose of a person was checked and found to be low.

A second person had behaviour which challenged the service. Their care plan contained guidance on how they should be cared for. Care workers were aware of how to care for this person and their care had been reviewed regularly. This person informed us that they were well cared for by staff and felt supported by them.

The care records contained evidence that formal reviews of care had been arranged with people, their relatives and health and social care professionals involved. We also noted that the home carried out its own regular monthly evaluations of care plans to ensure that the care provided for people was appropriate.

The care records contained an individual programme of weekly activities to ensure that people received adequate social and therapeutic stimulation. Activities that people had chosen to engage in included going for walks, puzzles, gentle exercises and occasional outings. At weekends two students visited the home to talk with people. On both days care workers organised gentle exercise sessions, drawing, bingo and ball

games for people. One person stated that there were insufficient activities for people. Another person stated that they did not always wish to join in the activities. A third person informed us that they had enough activities. The provision of activities was discussed with the registered manager who agreed to review the activities programme so that people could receive therapeutic and social stimulation. Care workers had received training in equality and diversity issues and the service had supported people with their religious observances. Religious services and cultural celebrations had been held in the home.

The home had a complaints procedure. We noted that complaints recorded had been promptly responded to. We further noted that appropriate action had been taken in response. People and relatives we spoke with were aware of who to complain to if needed.

Good

Is the service well-led?

Our findings

The feedback we received from people and their relatives was positive and they expressed confidence in the management of the home. A person stated, "I have confidence in the management of the service. They are very good and always talk to me." Care professionals informed us that the service was well managed. One care professional stated that the people they supported had made progress and benefitted from the management of the service. This person had confidence in using the service again in the future. A second care professional stated that the home had made improvements in the past year and they had no concerns about the service. A third professional stated that communication with the home was good and care documentation was well maintained.

The home had a quality assurance system for assessing, monitoring and improving the quality of the service. Comprehensive weekly checks of the home had been carried out by one of the deputy managers and the registered manager in areas such as cleanliness of premises, health and safety, fire safety, medicine administration and care documentation.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, equality and diversity, safeguarding and health and safety. Care records were up to date and well maintained.

The home had carried out a satisfaction survey in 2017. The results of the survey were positive. Comments made by people, their relatives and care professionals indicated that they were satisfied with the care and services provided and people were well treated. There was an action plan to address suggestions made.

The home had a management structure. The registered manager was supported by two deputy managers and a team of care workers. There was an effective communication system. Hand-over meetings took place at the beginning and end of each shift. Care workers informed us that there were also team meetings where they regularly discussed the care of people and the management of the home. They stated that communication with their managers was good. They had confidence in the management of the home and found their managers approachable.

Care workers were aware of the aims and objectives of the service and stated that they aimed to treat people with respect and dignity and assist them to be as independent as possible. They told us that they were well treated by management and their managers were supportive and approachable. There were regular meetings where care workers were kept updated regarding the care of people and the management of the service. These minutes were available for inspection.

The registered manager provided us with examples of good practice where people had made progress when at the service. Examples included one where a person who previously smoked excessively had improved and reduced their smoking significantly. Another example was that a person who was admitted from hospital had improved significantly and this was confirmed by a healthcare professional involved. A third example was related to a person who was admitted from another nursing home which was unable to meet her needs.

This person was able to settle and had improved mentally.