NA SS Care Limited

Hadley House Nursing Home

Inspection report

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Date of inspection visit: 11 August 2014
Date of publication: 11/03/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

We inspected Hadley House Nursing Home on 11 August 2014.

Hadley House Nursing Home provides accommodation and nursing care for up to 14 people who may have mental health needs. There were 14 people living at the home when we visited, most of whom were over 65 years of age. One of the proprietors of the service was also the registered manager. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People we spoke with and visiting relatives told us that the staff looked after them well and they liked living at

Summary of findings

Hadley House Nursing Home. One person said, "I love it here and I'm really glad that I live here. They really look after me here." Another person said, "I love living here, it is great. They are all so good to us here. Bless this house."

During our inspection of the premises we noted some possible risks to people's safety. We noted that some medicines that were no longer required had not been returned to the pharmacist for disposal in order to minimise the risk of staff administering medicines that were not currently required. We observed that cleaning substances that may be hazardous to health were not stored securely. A "sharps" box, designed for safe disposal of needles used for injections and blood tests was overfull and the lid could not close, which was a risk to people's health and safety. Staff made sure that these items were stored safely during our visit to the home. You can see what action we told the provider to take at the back of the full version of the report.

The registered manager carried out regular checks of health and safety in the home. However these checks had not found the areas of risks to people's safety that we observed concerning storage of cleaning substances that may be hazardous to health, and arrangements for safe disposal of medicines and of needles used for injections and blood tests. You can see what action we told the provider to take at the back of the full version of the report.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Two visiting relatives told us that they were confident that staff had training to understand the needs of each person and how to support them. People who used the service told us that there were always staff available to help them when needed. Two visiting relatives said that staff were always available to talk to and there were always enough staff in the home.

People who used the service told us that the staff understood and looked after their health care needs very well. A relative said, "[The person] is much better since they have been here than when they were in the hospital. They are looked after very well." A health care professional told us that staff contacted them appropriately and followed the advice they gave. They said that the staff were very attentive and provided good healthcare.

People told us they were treated with kindness and compassion and their dignity was respected. One person said, "It's nice here. They are nice people. They are good people. They look after me well here." Staff told us that care plans gave them information on each person, and they discussed people's needs and how to meet them at staff handovers. We observed staff supporting people with individual activities such as games and puzzles.

Care plans provided information for staff on how they should meet each person's assessed needs. We saw that care plans were reviewed as people's needs changed so that staff knew what support people required.

People told us that they would be able to talk to any member of staff if they had a complaint or concern, but no-one we spoke to had made any complaints.

We observed that staff and managers worked together as a team. The registered manager and staff showed that they were very dedicated to providing a caring atmosphere for the people who used the service. A relative said, "It's like one big family here."

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?

Requires Improvement

The service was not safe. Assessments were undertaken to identify any risks to people and management plans were in place to reduce these risks. However cleaning substances that may be hazardous to health were not stored securely and the system for disposing of needles used for injections and blood tests did not ensure people's safety. Medicines were administered safely, but some medicines were not disposed of safely and checks were not routinely made of dressings to ensure that their sterility was maintained.

People told us that they felt safe and that staff treated them well. Staff had knowledge on safeguarding and knew how to identify and raise any safeguarding concerns. There were sufficient numbers of staff to keep people safe and meet their needs.

Where people were not able to make decisions about their care their relatives and appropriate health professionals made decisions for them in their best interests as required by the Mental capacity act 2005. Deprivation of Liberty safeguards (DOLS) authorisations were in place for people who were assessed as requiring a restriction on their activities in order to maintain their safety.

Is the service effective?

Good

The service was effective. People received care from staff who were trained to meet their individual needs.

People were provided with a choice of suitable and nutritious food and drink. Staff were aware of how to monitor people for risks of malnutrition and took actions when required to address these risks.

People using the service were supported to maintain good health and to have access to appropriate healthcare services.

Is the service caring?

Good

The service was caring. People told us they were treated with kindness and compassion and their dignity was respected.

Care plans provided information on cultural needs related to people's race or religion.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive. Assessments were undertaken and care plans developed to identify people's health and support needs. These were updated when required to reflect any change in people's needs.

Summary of findings

Staff supported people to take part in their choice of individual and group activities. People told us that they could choose what they wanted to do during the day.

Complaints were responded to appropriately in line with the complaints procedure.

Is the service well-led?

The service was not well-led. Processes were in place to monitor the quality of the service and action was taken to address any concerns. However these checks had not found the areas of risks to people's safety that we observed concerning storage of cleaning substances that may be hazardous to health, and arrangements for safe disposal of medicines and of needles used for injections and blood tests.

Staff were motivated and caring. Staff told us the registered manager supported them and they were able to raise any questions or concerns they had about the service.

Requires Improvement

Hadley House Nursing Home

Detailed findings

Background to this inspection

We inspected Hadley House Nursing Home on 11 August 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The service met the regulations we inspected against at their last inspection which took place on 12 September 2013.

The inspection team consisted of a lead inspector, a specialist nursing advisor and an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience of mental health services.

We spoke with five people living at the service and two visiting relatives. We also spoke with one nurse, two care staff and the registered manager. A healthcare professional who was visiting the home gave us their views. We observed care and support in communal areas. We also looked at the kitchen and some people's bedrooms, as well as a range of records about people's care and how the home was managed.

Before the inspection we checked the information we held about the service, including notifications of significant events that the provider had sent to CQC. No concerns had been raised. Before the inspection we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is this service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us that staff supported them to feel safe in the home. One person told us of a particular incident that had happened when they lived alone. They said, "Since I have been in here I have been feeling much better."

However during our inspection of the premises we noted some possible risks to people's health and safety. A "sharps" box, designed for safe disposal of needles used for injections and blood tests, was overfull and the lid could not close, which provided a risk of spread of infection. A cupboard in the laundry room contained syringes, needles and blood test bottles that were out of date and had not been disposed of as required. We noted that other syringes and needles, which were required to administer insulin to two people who used the service, were in date, but there was a risk that items that that were out of date may be used and cause a risk to the health and safety of people receiving injections. We also found some out of date wound dressings and a sterile dressing that had been opened and left for reuse. This meant that these dressings were no longer sterile and should not be used. This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulations 2010 (Regulated Activities).

Staff attended training on safeguarding people from abuse. Staff we spoke with confirmed that they had received safeguarding training. They demonstrated a good knowledge and understanding of the home's policies for safeguarding adults from abuse and for their responsibilities for whistle blowing. The provider responded appropriately to any safeguarding concerns. CQC was notified of one concern about the safety of people in the home in the last twelve months. There was evidence that the provider had taken the appropriate action by informing the relevant authorities and following their own procedures for responding to the concerns. The outcomes of the safeguarding investigation by the local safeguarding authority showed that the provider took appropriate actions.

Staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and how to make sure that people who did not have the mental capacity to make decisions for themselves had their legal rights protected. We noted that capacity assessments were carried out when required and decisions made in the person's best interests. For example a capacity assessment had been carried out for one person which showed that they were not able to understand and make decisions about medical treatment and professional interventions that they may need. The person's relatives and the GP were involved in making a decision in the person's best interests about the treatment that they needed.

CQC is required by law to monitor the operation of the MCA Deprivation of Liberty Safeguards (DOLS) for care homes, and to report on what we find. Where there is a deprivation of a person's liberty DOLS requires the provider of the care home to submit an application to a 'Supervisory Body' for authority to do so. The provider notified us that they had made appropriate applications for DOLS authorisations and we saw evidence of this when we visited the service. The registered manager was aware of the 2014 High Court judgements which widened the scope of the legislation.

Individual risk assessments were completed for people who used the service, and provided guidance for staff on how to manage the risks and ensure that people were protected. We saw risk assessments for each person for skin viability, nutrition, moving and handling and falls. Individual risk assessments included the risk of smoking in one person's bedroom, and for another person the risks from auditory hallucinations.

People who used the service told us that there were always staff available to help them when needed. We spoke with one person who liked to remain in their room during the day. They told us that staff were always available and checked on them often to make sure that they had everything they needed. Another person said, "The staff are all very nice and helpful. They will do anything for you." Two visiting relatives said that staff were always available to talk to and there were always enough staff in the home. Staff told us that there were sufficient staff on duty to meet people's needs, and to enable them to spend time with individuals. We observed staff giving people individual attention in the communal lounge and in their rooms. The manager said that she assessed the staffing needs continuously and she was able to allocate additional staff to the rota if needed. Additional staff were available at weekends to ensure that people could take part in activities that they enjoyed.

We saw evidence that appropriate checks were undertaken before staff were employed, to show that they were fit to work in a care setting. We looked at the file for the last

Requires Improvement

Is the service safe?

person who was employed to work in the home. It held evidence to confirm that appropriate checks were carried out, including written references, criminal record disclosures and proof of identity.

The registered nurse showed us the system for administering medicines from monitored dosage blister packs (MDS) provided by the pharmacist. We observed medicines administered to two people at lunchtime. The nurse observed that each person had taken their medicine before recording it on the medicines administration record (MAR). Medicines prescribed to be taken when needed (PRN) were stored in the medicines trolley with each person's MDS blister packs, and were recorded to show that they were administered appropriately. We checked the MAR and medicines for five people who used the service. All the MARs were completed correctly and tallied with the medicines. This ensured that each person took their medicines as prescribed and safely.

Medicines were stored securely but were not always disposed of in line with the provider's policy. We noted that some medicines that were no longer required were stored separately from current medicines but had not been returned to the pharmacist for disposal in order to minimise the risk of staff administering medicines that were not currently required. The registered manager assured us that the medicines that were not required would be returned to the pharmacist without delay.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Two visiting relatives told us that they were confident that staff had training to understand the needs of each person and how to support them.

Staff told us that they had continuous training. Two members of staff said that at staff handover they discussed different techniques that helped each person so that they had understanding of each person's needs.

Staff told us that they had regular meetings with their line manager for supervision of their work and discussion of any training needs. We saw the training programme for 2012 to 2014 which included assessment and care planning, administering medicines, the Mental Capacity Act 2005, infection control and management of pressure ulcers. Training for these subjects was by distance learning, with a work book and assessment for each subject. Staff told us that they went through the work books together so that they could discuss and confirm their understanding of the training. For training that required practical demonstration, such as health and safety and moving and handling, a trainer visited the home and provided a face to face training session. The registered manager told us that they ensured that staff understood and followed the guidance in the training, by discussing training topics in staff meetings and individual supervision, and by observing staff carrying out the procedures.

Induction training followed Skills for Care common induction standards. We saw a record of induction training for a member of staff who had started work at the home in March 2014. They had completed the induction training and started the training for a qualification in social care.

People were provided with a choice of suitable and nutritious food and drink. The provider used a system of menus and frozen meals from a catering company, with a trolley and procedures for reheating them appropriately. The menus included a choice of two dishes for each meal. We observed staff asking each person what they would like before the meal was served. We also observed some people asking for an alternative such as soup or a sandwich when they did not want the main meal. One person with specific cultural needs was provided with freshly prepared food of their choice. One person told us, "We have a hot meal every day. They are terrific meals." Another person said, "Lunch is brilliant in here. I really look forward to it." At lunch time staff sat with people and chatted to them while they ate their meals. We observed them encouraging people to eat and assisting two people by sitting beside them and giving them individual attention. Staff assisted people with limited mobility to move to and from the dining table calmly and at their own pace.

Appropriate food was available for specific dietary needs, including for people who were diabetic. Care plans showed each person's food preferences and any special requirements, and these were also displayed in the kitchen to inform staff. For example the care plan for nutrition for one person specified a diabetic diet, and that the person liked sandwiches for lunch and ate small amounts of food at each meal. Reduced sugar desserts were available for people who were diabetic. The relative of a person who did not have capacity to make decisions about their nutritional needs had specified how the person liked to have their meals, with specific drinks and fruit before or after each meal. This information was displayed in the kitchen to inform staff when they were preparing meals and snacks.

Everyone in the home was assessed regularly for the risk of malnutrition. Malnutrition Universal Screening Tool (MUST) assessments were carried out on admission and repeated if there were any changes in people's weight or eating habits. Staff were aware of the signs of possible malnutrition and the actions they should take. One care plan recorded that a person was refusing meals, and that staff supported and encouraged them to eat and checked their weight. Another person who frequently refused food was seen regularly by the dietician and the staff followed the guidance provided for preparing their food.

A health care professional told us that staff called them appropriately and followed the advice they gave. They said that the staff were very attentive and provided good healthcare. People who used the service told us that the staff understood and looked after their health care needs very well. One person said, "Basically my health is in good condition. I have high blood pressure which they check every fortnight. They also weigh me." Another person said, "I see the doctor here in the home. I am very well and only take one tablet a day." A relative said, "[The person] is much better since they have been here than when they were in the hospital. They are looked after very well."

Good

Is the service effective?

The care plans provided clear information on each person's health care needs including skin viability and specific conditions such as diabetes. Staff told us that no-one who used the service at the time of our visit had a pressure ulcer, and individual care plans included procedures for preventing any deterioration in skin condition. We saw evidence of regular blood tests for people with diabetes and guidance on their dietary requirements. There were records for each person for contacts with GPs and other health professionals. Guidance on each person's mental health needs included the support they needed if their behaviour changed, and contacts with psychiatrists and the community mental health team. The service managed people's mental health needs effectively, and we noted that one person had not required any further admission to hospital for their mental health needs since living at the service.

Good

Is the service caring?

Our findings

People said, “It’s nice here. They are nice people. They are good people. They look after me well here.” “[The staff] are all very nice and helpful, I would give them 10 out of 10.” “I love living here, it is great. They are all so good to us here.” People told us they were treated with kindness and compassion and their dignity was respected. A relative told us that the person liked one care worker very much, and they were able to choose which care worker assisted them with personal care.

Staff treated people with dignity and respect. Bedrooms did not have ensuite toilet or washing facilities, and one bedroom was shared. However we saw signed consent to sharing a room by the people concerned and there were curtains in the bedroom to divide the bed areas so that personal care could be provided in privacy. Staff told us how they ensured privacy and dignity for people using the shared bathrooms and toilets, by ensuring that doors were closed and people were appropriately dressed when they passed through communal areas. Two people with bedrooms on the ground floor had to pass through the communal lounge to reach the bathroom. Staff told us, and one person confirmed, that staff assisted them to dress and undress in the bathroom so that they were fully dressed when they went through the lounge.

Staff were aware of each person’s life histories and their likes and dislikes. They told us that care plans gave them information on each person, and they discussed people’s needs and how to meet them at staff handovers. Care plans provided information on cultural needs related to people’s race or religion. Staff supported people to take part in their preferred activities that were suitable for different age groups and abilities.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. People we spoke with and visiting relatives told us that they were involved in decisions about the care and treatment they received. People were aware of their care plans and they or a relative had signed their agreement to them. We saw the minutes of monthly residents and relatives meetings. People were encouraged to talk about their experiences and the activities they would like to take part in. There was a different topic for discussion each month, such as what they dream and feel, experiences from their lives and memories of holidays they enjoyed.

Good

Is the service responsive?

Our findings

Assessments were undertaken before people were admitted to the service, to identify their care and support needs. Care plans were written from the assessments, detailing how people's assessed needs should be met. We saw that care plans were reviewed as people's needs changed so that staff knew what support people required. Care plans detailed the specific help that people wished to have. For example, the care plan for one person for personal care needs stated that they preferred to have a strip wash in their room, and a bath once a week. There was also a personal care assessment tool which showed which tasks the person required support with. For example, the person was able to wash their own face and hands, and needed help with dressing with buttons. Care plans for one person had been reviewed regularly as their mobility decreased, showing that from being able to walk in their room with a Zimmer frame they now required a wheelchair at times as they easily became exhausted.

Most people who used the service had mental health needs. Mental health assessments and care plans showed each person's individual support needs. The care plan for one person provided guidance for supporting them if they showed symptoms of their mental illness. This included a lot of reassurance and encouraging the person to take part in social activities or to listen to music. Medicine was prescribed to be given when required (PRN) for managing the person's symptoms. A nurse told us that staff understood this person's needs and were able to support them so that their symptoms and behaviours did not last for very long. Due to this understanding and response to their needs the PRN medicine had recently been reviewed and reduced. The assessment for another person showed that they may become confused if their routine was disturbed. The care plan records showed that the person moved to a shared bedroom on the ground floor so that staff could monitor them more easily. The record showed that the person was happy with the move to a shared room, "because we talk a lot to each other."

We observed staff supporting people with individual activities such as games and puzzles. One person spent most of the day knitting, and during the afternoon staff provided them with paper and paints so that they could make a birthday card for a relative. An activities diary recorded the activities each person enjoyed each day. These included mini basketball, bingo, listening to war time songs, going for a walk and shopping. One person told us that they did not join in group activities. They said, "The home does lots of activities like bingo and keep fit exercises in the chair. I do not do any of these activities and never will. I go to my room when these activities are on and will not participate in any of them." However this person chose their individual activities. They went to the shop every day to buy a newspaper and read their paper in the lounge. They told us that they chose to watch TV either in their room or in the lounge with other people. Another person also said that they could come and go whenever they liked, without any restriction.

People told us that they would be able to talk to any member of staff if they had a complaint or concern. Relatives told us that they were aware of the complaints procedure. They said that they could raise any concerns with the manager and they would be addressed, but no-one we spoke to had made any complaints. The provider's complaints policy stated that there would be a response to any complaint within 28 days, and provided contact details for the local authority, the local government ombudsman and CQC if the complainant was not satisfied with the response. The last recorded complaint was in December 2013, that the cold water tap in a person's room was not working. The record showed that this was fixed, and in the meantime the person used the bathroom for washing.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance checks had not identified several risks to health and safety. The registered manager carried out regular checks of health and safety in the home, including servicing of equipment, fire safety procedures, water temperatures and legionella precautions. Nursing staff also carried out daily audits of medicines to ensure that they were administered safely. However these checks had not found the areas of risks to people's safety that we observed during the inspection. We observed that cleaning substances that may be hazardous to health were stored in an unlocked cupboard in the laundry room. The laundry room was not locked and the small bolt on the door was easily accessible. Staff told us that the laundry room was usually locked, but during a period of ten minutes inspectors were able to access the room with no staff intervention. Staff made sure that these items were stored safely during our visit to the home. The checks also did not show that improvements were required for safe storage and disposal of medicines and of needles used for injections and blood tests. This was a breach of Regulation 10 of the Health and Social Care Act 2008 Regulations 2010 (Regulated Activities).

We observed that staff and managers worked together as a team. The registered manager and staff showed that they were very dedicated to providing a caring atmosphere for the people who used the service. All the staff we spoke with and observed wanted to tell us and show us how they provided each person with the care and support they needed. One staff member said, "The well-being of [people who use the service] comes before anything else." A relative said, "It's like one big family here." A health professional told us that the staff worked well together and liaised well with other health professionals.

One of the proprietors of the service was also the registered manager, and the other proprietor visited the premises several times a week. Staff told us that the registered manager and deputy manager supported them and were always available if they had any questions or concerns. They had daily handover meetings when they were able to discuss any changes in people's care needs and exchange ideas on how to assist people and how to improve the service.

We saw evidence that care plans were regularly reviewed and updated to take people's views into account. The provider sent annual quality questionnaires to people who used the service and their relatives and health professionals. Questionnaires had been sent out in July 2014, and everyone who returned them was very positive and complimentary about the care that the service provided.

The registered manager and staff were not able to easily access information on changes in health and social care because access to the internet was not available. The registered manager attended information and training meetings for providers with the local authority to ensure that they were updated on current requirements and good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People who use the service, staff and visitors were not protected against the risks of exposure to infection. Used needles were not disposed of safely and other items used for health purposes were not stored effectively. Regulation 12(1)(a)(b)(c),(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The provider did not have adequate systems in place to identify and manage risks to the safety of people who use services and others. Regulation 10 (1) (b).