

JPRN Ltd

Hailey House

Inspection report

Highlands Drive
Maldon
Essex
CM9 6HY

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11 May 2018

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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

The inspection, which was the first inspection of the service since coming under new ownership, took place on 7 and 11 May 2018 and was unannounced.

Hailey House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 20 older people. At the time of the inspection, there were 14 people living at the service.

Hailey House is a large detached house situated in a quiet residential area in Maldon, close to all amenities. The premises are set out on two floors and there are adequate communal facilities available for people to make use of within the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from harm by staff who had been trained in how to safeguard people from the risk of abuse and understood their responsibilities to report any concerns.

Risks to people had been identified and assessed and management plans were in place to minimise risk whilst at the same time protecting people's rights and freedom. Staff demonstrated a good awareness of the risks to people and knew what to do to keep people safe.

Medicines were stored, administered and disposed of safely and were only administered by staff who had been trained and assessed as competent. Improvements were required in managing the stock control of people's medicines. Since our inspection these improvements have now been implemented.

Robust systems for the safe recruitment of staff were in place and there was sufficient staff deployed to safely meet people's needs.

Staff had access to regular training to support them to develop the skills and knowledge to be competent in their role. Staff were supported through supervision, observations and appraisals to monitor their performance and identify gaps in knowledge and any training needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service supported people to have enough to eat and drink which met their needs and preferences.

People were supported to access healthcare services promptly to help them maintain their health and wellbeing.

Staff were kind and caring, listened to people and treated them with courtesy. Communication between staff and people was warm, friendly and respectful. Visitors were made welcome at the service so that people could maintain relationships that were important to them.

The service included people in planning their care and support to ensure that care was provided the way people wanted. Staff had worked at the service for a long time and knew people well. Staff could describe people's routines and preferences and understood how to provide person-centred care. Consideration had been given to people's cultural and religious preferences. We made a recommendation about greater consideration of equality and diversity.

People had access to activities both within the service and in the community which reflected their interests and preferences. The service had formed links with the local community groups and businesses to support people to feel socially included.

The service worked in partnership with health professionals to ensure that people's end of life care needs were well met, including pain management. However, staff had not received any formal training in how to support people at the end of their life.

We made a recommendation about training for staff in end of life care.

There were systems in place to manage complaints and the service responded pro-actively to complaints. The provider listened and responded positively to feedback from people, relatives and staff.

There was a longstanding registered manager in post who worked in partnership with external agencies for the benefit of people who used the service. The registered manager and their deputy were hands-on and visible within the service which promoted a positive culture and strong sense of teamwork.

The new provider was investing in the service to ensure sustainability. Quality assurance systems were in place to assess and monitor the quality of service that people received and identify areas that required improvement.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people were identified and managed to keep people safe whilst promoting their freedom.

There were sufficient staff employed who had been safely recruited.

Medicines were safely managed, however improvements were required to ensure an accurate stock count of individual loose boxed medicines.

Good infection control practices were understood and demonstrated by staff.

Is the service effective?

Good ●

The service was effective.

Staff were trained and competent in their role and received support from the management team to help them develop their skills and knowledge.

People were supported to have enough to eat that met their health needs and preferences.

Access to healthcare services was arranged to promote people's health and wellbeing.

People were not restricted and were able to make their own decisions and choices.

Is the service caring?

Good ●

The service was caring.

Staff knew people well, listened to them and involved them in decisions about their care and support.

Peoples privacy, dignity and independence was maintained.

Friends and family members were made welcome at the service.

Is the service responsive?

Good ●

The service was responsive.

Care was personalised to meet people's individual needs.

Staff were aware of people's routines and preferences and provided care and support the way people wanted.

People were supported to have things to do to occupy their time which were meaningful to them.

There were systems in place to respond to complaints and any concerns raised were dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

The management team were visible and approachable which promoted a sense of teamwork and positive culture.

People and staff were listened to and included in how the service was run.

There were systems and processes in place to monitor the safety and quality of the service and drive improvements.

Hailey House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was completed by two inspectors and took place on 8 and 11 May 2018 and was unannounced.

Prior to the inspection, we reviewed information we held about the service including feedback from people and commissioners and statutory notifications. A statutory notification provides us with information about important events, which the service is required to send to us by law.

Over the course of our inspection visit we spoke with the registered manager and five care staff. We also spoke with eight people who used the service and a visiting health professional. We reviewed various documents including three people's care records, four staff files and other relevant documentation such as training records, quality audits and minutes of meetings.

Is the service safe?

Our findings

Staff had received training in how to protect people from the risk of harm. They were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. A staff member told us, "I would report any concerns to the registered manager or I would go to CQC, I have worked in a home previously where I needed to phone CQC for advice. I would encourage other staff to do the same." People told us they felt safe living at the service and had confidence in staff to protect them and keep them safe. Comments from people included; "There are no problems here, I am safe and I can do what I want." and, "We get treated very well here; I used to be a nurse on the district so I know." and, "I feel very safe; I love it here."

Risks to people had been identified and were regularly reviewed to ensure the information remained up to date. Each person had a care plan which contained an 'at a glance profile' which gave staff detailed information related to risks and guidance on how to reduce the risks. Where necessary, the service had made appropriate referrals to health professionals to manage risks to people. For example, we saw one person who was identified at high risk of choking. Arrangements had been made for the speech and language team to see them and an appropriate diet was advised and implemented to reduce the risks. Where people were at risk of developing sore skin, there were risk assessments and plans in place to manage these risks. For example, some people had pressure relieving cushions and mattresses. When we checked two people's air mattresses we found that they were set at the correct pressure for the person's weight.

Staff demonstrated a good awareness of the risks to people and how to manage them to keep people safe. For example, one staff member told us, "[Named person] suffers with anxiety so we need to keep them calm and the best way to do that is to chat with them and distract them." Staff knew which people were at risk of urinary tract infections and those people who required thickened fluids to minimise the risk of choking.

Accidents and incidents including falls were recorded and analysed so that plans could be put in place to minimise the risks of re-occurrence. We saw that this was an effective means of keeping people safe. For example, where a person had fallen from bed, thought had been given to the reasons why and the person's furniture had been rearranged which had resulted in no further falls.

People told us there was sufficient staff to meet people's needs. One person told us, "Yes, there is enough staff for me, I am well looked after." Another person said, "Staff come and check on us regularly." We observed that staff were attentive to people and responded in a timely manner when people called for assistance. We looked at four staff files and saw that safe recruitment processes were in place. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up references, obtaining an employment history and checking that the member of staff was not prohibited from working with people who required care and support.

There were appropriate facilities to store medicines that required specific storage and systems were in place for the safe disposal of medicines. Medicines were given to people in a safe and appropriate way. Staff who

administered medicines had received training and had their practice observed to ensure they were competent to administer medicines safely. People had individual medicine administration records (MAR) which staff used to record when they gave people their medicines. We looked at six people's MAR sheets and found they had been correctly filled in with no gaps, indicating that people had received their medicines as prescribed. Where medicines were loose in boxes, the date of opening had been recorded.

Lessons had been learned from past mistakes. Where people had been prescribed 'as needed' pain relief (such as paracetamol), a separate sheet to record the stock count of the tablets had been put in place. This ensured that people's pain relief medicine was checked and counted and was kept solely for each person's own use. However, we found that other loose boxed medicines were not always so robustly monitored. We checked the stock count of eight boxed medicines and found that four were incorrect. We discussed our findings with the senior staff member who completed an investigation of the errors and was able to account for the discrepancies. To ensure that people's medicines were consistently well managed, a complete stock count of all loose boxed medicines was immediately undertaken and new stock recording sheets were introduced for all medicines that were not dispensed via blister packs.

Where possible, the service supported people to have the freedom to manage their own medicines. We looked at one person's care plan and saw that they had been self-administering their medicines; staff had kept this under review and had noticed that the person was not always taking their medicines as prescribed. After discussion with the person and their family, it had been agreed that staff would now administer their medicines. Another person told us that although staff administered their tablets, they were administering their own inhaler because this was their preference.

People were protected against the spread of infection. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). We observed that the service was clean and tidy and there was a programme of on-going refurbishment and decoration. Staff told us that the provider was updating each bedroom as they became vacant and we saw the improvements in the rooms that had been completed. There was an odour detected in one bedroom but when we went back an hour later, the room had been cleaned and the odour was gone. This demonstrated that staff were vigilant in ensuring the service was kept clean and fresh.

There were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety, maintenance and fire safety checks were regularly completed and any necessary action taken. We did find that people's wardrobes had not been secured to the walls. This represented a potential safety hazard. We discussed our concerns with the registered manager who later provided us with written assurances that the provider had fitted brackets to all wardrobes and fixed them to the walls.

Is the service effective?

Our findings

People told us they received an effective service which met their needs. Comments from people about the service included; "You can't beat it." and, "Its' really nice here, we are very lucky." and, "I am very well looked after here and have everything I need."

When people came to live at the service they were assessed to ensure the care they received met their individual requirements including their physical, emotional, environmental and social needs. The assessments were used to develop people's care plans which contained information about people's needs and the support required from staff to effectively meet them. People's preferences were known and respected when planning care and support and care plans were regularly reviewed to ensure that the service continued to meet people's needs as they changed.

Staff received regular training to support their competence and ensure they were able to provide effective care and support to people. We looked at training records and found that all staff training was up to date. Through our discussions with staff and our observations during our visit, we found staff were skilled and confident in their practice. Staff told us that most training was delivered in-house via DVDs with written tests to check staff knowledge. However, senior staff had been trained to deliver the more practical elements of the training programme such as first aid.

Records showed that all staff had received manual handling training which was provided by an external trainer. This meant that staff were provided with the skills and knowledge to move and position people safely. We observed staff completing a hoist manoeuvre during our visit; staff were competent using the equipment and informed the person what was happening and provided reassurance throughout. We also noted that people were encouraged to return to comfortable chairs rather than remaining in their wheelchairs after visiting the hairdresser. This represents best practice as wheelchairs should generally be used as a means of transport rather than as a form of seating.

Staff received regular supervision and an annual appraisal. Supervision is a formal meeting where staff can discuss their performance, identify any training needs and raise any concerns they may have with a more senior member of staff. The registered manager also completed observations of staff practice to monitor, and where necessary, help improve staff performance. Staff told us they felt supported by the management team. One member of staff told us, "I do feel supported and if I have a query I will go to them [management team]."

Each person had their nutritional needs assessed and their weight was monitored to check that they were eating and drinking sufficient amounts to maintain their health and wellbeing. People were supported to have enough to eat and drink as drinks, snacks and meals were available throughout the day. People could choose where they ate their meals and staff supported those who needed some assistance. We saw that people with swallowing difficulties had been referred to the speech and language therapy services for advice and support in meeting their dietary needs.

We observed the lunchtime meal and saw it was a happy and social event. People appeared very relaxed with conversation between them and staff. We saw that people were offered choices throughout the meal. People's comments about the food were positive. Comments included, "They feed me very well here, and we get a couple of choices. There are no problems with the food." and, "The cooks are very good; I do not eat chicken so they do me something else. The alternative is not always very tempting but it is adequate." and, "Food is excellent, we have a choice but the first choice is usually very nice."

People's physical health was promoted and timely healthcare support from the local GP surgery and other healthcare professionals was arranged when required. The service was visited regularly by the local GP and district nurse. A senior staff member told us, "Our surgeries and the district nurse team are really good and help us where they can, we just send a fax and they come and visit." We saw that the outcome of visits from healthcare professionals was clearly documented in people's care files, as well as any required action that staff needed to take to ensure people's continued wellbeing. People told us they were happy with the support they received from staff to stay healthy. One person told us, "If I was unwell here, I would have every confidence in the staff." We spoke with a visiting health professional who spoke highly of the effectiveness of the service and staff. They told us, "Every aspect of the residents needs are well met including medical and day to day living; they [staff] follow guidance and are quick to pick up on health needs straight away, they never leave anything."

The environment was calm and welcoming with a homely feel. People's bedrooms were personalised with their own ornaments and photographs. There was a stair lift to assist people with variable levels of mobility to access all areas of the service. People had been provided with individual walking aids, wheelchairs or adapted seating to support their mobility. People told us there was a very good laundry service in place. One person told us, "All my clothes are washed and returned and they never lose things."

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of inspection none of the people who used the service had a diagnosis of dementia or impairment of mind and all were assumed to have the capacity to make decisions for themselves. Therefore MCA assessments had not been completed and DoLS authorisations had not been applied for. We observed that people were able to move around the service freely with no restrictions in place, the front door was kept unlocked and people could come and go as they pleased. This was confirmed by the people we spoke with. One person told us, "We are not restricted at all here, we do what we want." However, when we reviewed the care plan for one person, this indicated that in some areas they required support from staff and family with decision making. We discussed this person with the registered manager who said they would seek support from other relevant professionals to ascertain if this person required further investigation related to their memory and cognition.

Staff understood the importance of gaining peoples consent before providing care and support and we observed this in practice. Consent forms were filed in people's care plans which had been signed by each person indicating their consent to receiving the agreed care and support.

Is the service caring?

Our findings

People told us that they were supported by kind, caring and committed staff. Comments from people included; "They [staff] can't do enough for us, it's a lovely place here." and, "They [staff] really are thoughtful and go a long way to please us."

We observed the interactions between staff and people throughout the inspection. People chatted, laughed and joked with staff in a familiar manner and clearly felt at ease in their company. Staff were aware of people's communication needs and spoke to them in a way that supported understanding. There was a happy and relaxed atmosphere within the service. When we first arrived, people were visiting the hairdresser and one person was in the lounge under the dryer. Staff and other people in the service were talking, laughing and complimenting the person on how nice their hair looked. It was a hot day and all the doors to the service were wide open letting fresh air in and enabling people to go out and sit outside if they wanted to enjoy the garden.

Staff had good knowledge of people and spoke about them in a caring way; they were warm and friendly when talking to both people and visiting relatives. Staff told us they enjoyed working at the service and this promoted a warm and caring atmosphere. One staff member told us, "I would not work here if the care was not good; we have a really good bunch of girls." Staff were attentive to people's needs, for example, we saw a staff member notice that a person looked hot so helped them to remove their jumper. Another person was enjoying sitting in the garden on a sunny day so staff made sure they had sun cream on.

People told us that staff treated them with dignity and their privacy was respected at all times. One person told us, "They respect my privacy and always knock on my door." Another said, "When they help me with my personal care, staff always respect my privacy." Staff demonstrated they understood the positive values of how to promote people's dignity and privacy, for example, ensuring doors and curtains were closed and people were kept covered when providing personal care. Staff understood the importance of helping people to be as independent as they could be and only stepped in to provide assistance when needed. This meant that people were treated in a dignified manner and were supported to maintain their skills and abilities.

People were actively involved in making decisions about their care as staff listened to them and respected their preferences. A person told us, "It's entirely up to us what we want to do; I had a lovely bubble bath today with a staff member's help; I can have one whenever I want."

Friends and family members were made welcome at the service and could visit anytime. This helped people to maintain relationships that were important to them. A person told us, "My daughter loves coming here and is welcome anytime; they always offer her tea." On the day of inspection we observed the warm and welcoming approach of staff when visitors arrived.

We looked at how the service recognised equality and diversity and protected people's human rights. Care records captured key information about people including any personal, cultural and religious beliefs. People's preferences for gender of care worker was recorded and upheld so that people felt comfortable

and at ease receiving personal care and support.

To strengthen its approach to equality, diversity and human rights, we recommend the provider consults the CQC's public website for further guidance entitled 'Equally outstanding: Equality and human rights – good practice resource.'

Is the service responsive?

Our findings

People were positive about the way staff responded to their needs and preferences. Each person had a detailed care plan in place which covered all aspects of people's care needs and wishes and how they preferred to have those needs met. Care plans were reviewed monthly with people and their family members, if appropriate.

Staff were able to tell us about people's individual preferences as well as what support staff were to provide. An excellent feature of the service was the quality of information held in the care plans regarding people's life history including their past employment, important people in their lives and previous hobbies and interests. The information was titled, 'The story of my life' and contained a family tree and photographs of people's weddings, family members and any other significant memories. We saw one care plan that contained a photo of the person's dog and another care plan showed a photograph of the person making Fabergé eggs. The information collected was beautifully presented and personalised and gave a real sense of who the person was. This demonstrated that the service valued people as unique individuals.

The quality of information that had been collected about people, supported staff in their willingness to provide people with person-centred care. Person-centred care means care that is tailored to meet people's individual needs rather than the needs of the service. Staff we spoke with were able to provide us with examples of how they took a person-centred approach. One staff member told us, "One person likes their clothes put on in a particular way; some people like a giggle but others prefer a more formal approach, it's all about getting to know people and what they like."

The service did not employ a designated activities staff member as supporting people to have things to do was considered, "everybody's job" who worked at the service. Staff told us there was a programme of group and one-to-one activities, which were organised in house by all of the staff; these included crosswords, quizzes, arts and crafts and games. We observed this in practice on the day of inspection, care staff chatted with people and looked at books together. We noted that many people were also busy with their own interests such as reading newspapers and completing word searches.

The service had formed links with the community which meant that people were supported to feel socially included. People were supported to attend a local tea dance in the community which was also attended by people at neighbouring care homes. A local business visited every month to deliver a bingo session and a therapy dog regularly visited, as did children from a local school. Outside entertainers were also booked every three months.

People told us they had enough to do to occupy their time which they enjoyed. A person told us, "We have bingo and communion once a month." This person went on to ask, "Have you heard of the wishy washy line?" A staff member explained that was an initiative introduced by a supermarket chain that care homes could sign up to, to help fulfil people's wishes. A person who had benefitted from the scheme told us, "I used to be very involved with flower arranging, so when [named registered manager] asked what I would like to do it was that. My wish was put on the line and the day before yesterday, a person came to the home and

three of us did flower arranging. My efforts are in the lounge, it was really good and I think they are coming back."

The provider had policies and procedures in place to ensure complaints and concerns were recorded and thoroughly investigated. People told us they knew how to make a complaint and were confident that any concerns would be listened to and actioned. A person told us, "The registered manager and assistant manager generally do something about things." Another person said, "I made a complaint about the food not being hot enough and it has improved." We looked at the complaints log and saw there were no open complaints. Where people had raised concerns we saw these were listened and responded to pro-actively. For example, where a person had complained about tea cups being stained, the provider had purchased a new dishwasher to improve the cleanliness of the crockery.

If people had particular wishes for their end of life care, these were documented and respected. The registered manager told us they worked closely with the local hospice and health professionals such as the district nurse and GP to ensure people were supported to remain comfortable and pain free. The service had access to a 24 hour hotline operated by the local hospice for any advice and guidance required, however, staff had not received formal training in end of life care.

We made a recommendation that the provider seek independent guidance from a reputable source regarding training for staff to support people with end of life care.

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe. The registered manager had worked at the service for a long time so knew the people who lived there very well. They were supported by a longstanding deputy manager and together they were responsible for the day to day running of the service.

The registered manager worked in partnership with local services and health care professionals for the benefit of people who used the service. For example, working with community physiotherapists to support people to move around safely and forging links with local community groups and businesses to support people to be socially included and enjoy meaningful activities within the service and in the community.

The registered manager and deputy were visible within the service and would provide cover for staff absence, working alongside them. This hands-on approach meant that staff felt well supported and contributed to a positive atmosphere and a strong sense of team work. Staff were positive about the management team. One staff member told us, "The managers are helpful and the new owner is buying new equipment so I cannot fault them." Another said, "We have a really good manager, very supportive; a lovely quality is that she is hands-on and you can tell she has a love for the residents; she works really hard and does long hours."

People told us they knew who the manager was and spoke highly of them and how they ran the service. One person told us, "There is a very nice manager here and they cannot do enough for us." Another person said, "This is a very well run home, I cannot knock it as it is a good place."

The service had recently come under new ownership and people and staff were positive about the new provider who was investing in improving the quality of the service and ensuring its sustainability. A person told us, "The new owner always comes and has a chat with me and asks me if I am happy." A staff member told us, "The new proprietor is nice; they listen to us, we told them about the cooker and they got us a new one; they have also bought a second television so that everyone can watch tv regardless of where they are sitting."

We found the culture within the home was warm and friendly where people were listened to and supported to live their lives the way that they chose. The values of the service emphasised the importance of providing a person centred approach and we found these values were shared by the whole of the staff team.

The service was pro-active in seeking the views of people who used the service through satisfaction surveys and holding residents and relatives meetings. We saw that the service responded positively to feedback provided, for example, where people had complained about the carpets needing replacing, a plan of refurbishment which was on going, had been put in place.

Staff, management and the provider demonstrated a clear understanding of their roles and responsibilities

which ensured accountability. The registered manager completed a range of audits which focussed on people's health and wellbeing such as monitoring incidents of falls. Staff practice and the quality of people's care records were also regularly checked. Where issues were identified we saw that the necessary action had been taken. The registered manager told us they were supported by the new provider to ensure robust oversight of the service and monitor and improve safety and quality. The provider regularly visited the service to meet with the registered manager to discuss any concerns and plans for on-going improvement work. The provider and registered manager jointly completed a health and safety audit of the service every two to three months to identify any necessary actions required. We were advised that the provider responded positively to requests for resources to ensure people's comfort and safety, for example, purchasing a new rotunda to help staff transfer people from their chairs.