

# Porthaven Care Homes Limited

# Haddon Hall Care Home

## Inspection report

135 London Road  
Buxton  
Derbyshire  
SK17 9NW

Tel: 01298600700  
Website: [www.porthaven.co.uk](http://www.porthaven.co.uk)

Date of inspection visit:  
20 August 2019

Date of publication:  
17 September 2019

## 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

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

People were supported to eat and drink enough to maintain a balanced diet. However, the mealtime experience varied between different units on the day of the inspection. A few people on the dementia unit were not offered choices in a way they could understand.

The dementia unit had not been designed to be easy for people living with dementia to navigate. The home was pleasant and tastefully decorated throughout. There were facilities such as a hair dressing salon, gym, secure garden and private spaces for families to spend time together away from a person's bedroom.

Processes were in place to protect people from the risk of avoidable harm. Risk assessments were completed for all areas where there was a potential risk.

Safeguarding referrals were made to the local authority and investigated where necessary. There was an open culture of learning from accidents, incidents, mistakes and concerns.

There were enough staff to meet people's needs and provide companionship. Staff had been safely recruited.

Staff were well trained and supported with supervisions and appraisals. New staff received a thorough induction and were not permitted to work unsupervised until assessed as competent to do so.

People were cared for by staff who were kind and caring and respected their individual needs and preferences.

People, relatives and staff all spoke highly of the registered manager. People and relatives told us she was approachable and listened to them. Staff told us she was fair, supportive and approachable at all times.

Governance frameworks were in place to review, audit and analyse care provided. The registered manager adhered to the duty of candour.

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

People were empowered to retain independence and links with the wider community. Care was planned and delivered in a person-centred way. Care needs were reviewed regularly.

People received their medicines as prescribed. There were clear procedures for the receipt, storage, administration and disposal of medicines.

Throughout the inspection the home was clean and free from malodours.

People who were known to be approaching the end of their lives were supported to be cared for in the way they chose.

People told us they knew how to complain and felt confident to do so if they wanted to.

Positive feedback was received from a visiting healthcare professional who told us that the staff referred people as necessary and followed clinical advice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Requires Improvement (published 04 August 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Haddon Hall Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by one inspector, one assistant inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Haddon Hall Care Home 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the area director and registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. The rating has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At the last inspection it was found there were not always enough staff to respond to people's needs. This was a breach of the legal regulations. At this inspection there were enough staff and therefore the breach had been met. We observed there were enough staff to keep people safe and provide companionship. One person said, "I feel very safe, I know there is someone there if I need them."
- The provider used a 'dependency tool' to evaluate the needs of the people living there and the skill mix of staff required on each shift to safely meet people's needs. Staff told us there were enough staff and they did not feel rushed.
- Call bells were responded to quickly, there was a system where call bells not responded to within three minutes were alerted to the manager and she would respond.
- Staff were safely recruited and had been subject to necessary pre-employment checks. Agency staff were used to cover absence, they too had been subject to pre-employment checks, including criminal records checks and qualifications.
- Staff were supported through regular supervisions and appraisals.

### Using medicines safely

- At the last inspection it was found that the provider had not always ensured the safe administration of medicines. This was a breach of the legal regulations. At this inspection we found that medicines were safely managed. This meant the breach had been met.
- People received their medicines as prescribed. There were clear procedures for the receipt, storage, administration and disposal of medicines. The provider used an electronic system to record the receipt, administration and disposal of medicines. The system alerted staff when medicines were required and to check the effectiveness of medicines that were administered as and when required.
- Staff who were responsible for the administration of medicines were trained and had their competency regularly assessed. Staff we spoke with were knowledgeable about their responsibilities in relation to medicine management. One relative said, "Staff are on the ball with medication."

### Preventing and controlling infection

- The provider had a policy for controlling and preventing the spread of infection. Staff received training in this area and staff were knowledgeable about current best practice guidelines. However, during the inspection we saw two instances where staff were not wearing the appropriate personal protective equipment, such as disposable gloves and aprons. We discussed this with the registered manager during the inspection, she told us she would investigate and ensure all staff were reminded of the infection control policy. After the inspection the registered manager contacted us to say they had implemented refresher training in response to our findings.

- Throughout the inspection the home was clean and free from malodours.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had implemented comprehensive systems to safeguard people from the risk of avoidable harm. Safeguarding concerns were referred to the local authority and investigated as necessary. The registered manager and provider retained oversight of all safeguarding concerns. They ensured that outcomes were recorded, and staff were updated.
- Staff we spoke with demonstrated a good understanding of safeguarding. There was a whistleblowing policy and staff were confident to use the whistleblowing process if they felt that service users could be at risk.

#### Assessing risk, safety monitoring and management

- Processes were in place to protect people from the risk of avoidable harm. Risk assessments were completed for all areas where there was a potential risk. Staff were aware of the recommendations from the risk assessments. Risk assessments were reviewed and updated regularly, and in response to incidents or people's changing needs.
- We observed moving and handling procedures and saw they were done safely. People were supported in the most appropriate way for them and were not rushed.
- Equipment used in the home was well maintained and regularly serviced. People who were at risk of falls were provided with assistive technology, such as falls sensors to alert staff if they had fallen in their room.

#### Learning lessons when things go wrong

- There was an open culture of learning from accidents, incidents, mistakes and concerns. Where accidents and incidents did happen, there was a system for staff to report these electronically. This was then flagged to the registered manager, she reviewed every accident and incident and where required, referred to the local safeguarding authority.
- When people had experienced falls or accidents, their needs were reassessed, and where necessary, they were referred to relevant health care professionals in a timely manner.
- The registered manager and staff were clear about their responsibilities when responding to accidents and incidents. After the registered manager had investigated every accident or incident, lessons learned were cascaded amongst staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems and processes in the service protected people who were at risk of poor nutrition, dehydration and difficulty swallowing. People chose what they wanted to eat and where they would like to eat.
- During the inspection, some people's lunchtime experiences in the nursing and dementia units were poor. A few people were not given a choice of food in a way they could understand, though others were. One person was not given the food they had chosen. Some people who required the assistance of staff to eat had to wait as staff were deployed elsewhere. We discussed these concerns with the registered manager and area director who advised they would investigate. People and relatives told us the mealtimes were normally an enjoyable experience and people chose their own food. After the inspection the registered manager contacted us to tell us they had implemented refresher 'food choice training' for staff in response to the issues we raised.
- The mealtime experience on the residential unit was pleasant, everyone was offered a choice of food and drink and people told us they enjoyed the food provided.
- There was a varied selection of snacks and drinks available to people throughout the day. We observed people ask for a snack or a drink and care staff bring it to them straight away.

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

- The top floor of the building was for people living with dementia. The provider had sought out current best practice guidelines for people living with dementia. However, there was a lack of dementia friendly signage. We discussed this with the registered manager and area director. They told us that they had already identified this as an area for improvement. The provider was in the process of employing a dementia specialist, they were going through pre-employment checks. One of their responsibilities would be to advise the provider about how to improve the building to benefit people living with dementia.
- The home was a pleasant environment that had been tastefully decorated. People chose how they would like their room to be presented and were encouraged to bring furniture, ornaments and photographs with them when they moved in. All the bedrooms we saw were homely, comfortable and clean.
- All bedrooms were single occupancy and had an en-suite bathroom. There were communal bathrooms with adapted facilities to meet the needs of people with significant physical disability. All bathrooms had built in sound systems, so people could choose to have music while they bathed.
- There was a secure garden and people told us they enjoyed spending time there. There was a gym, hairdressing salon, library and a selection of communal areas so people could choose to spend time with others or relaxing in a quiet space alone or with visitors, other than in their bedroom. There was a private dining area where people and their relatives or friends could eat together if they wished to.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support was planned and delivered in line with current evidence-based guidance, standards and best practice legislation. For example, when assessing people's needs the care plans referred to NICE guidelines. Nationally recognised assessment tools were used to monitor people's weights, food and fluid intake and skin integrity.
- Best practice guidelines were available to staff who were responsible for administering medicines.

Staff support: induction, training, skills and experience

- Staff were supported by a varied and innovative training schedule. There was a permanent training manager who worked at the service full-time. They devised and arranged the training programme. They also delivered a number of face to face training sessions. Outside agencies were used to deliver specialist training sessions. Staff were offered support and assistance if they required help completing on line training.
- All staff completed a comprehensive induction and were not permitted to work unsupervised until they had been assessed as competent to do so.

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

- The provider operated a clear system for referring people to external services. This was consistently applied by the staff at Haddon Hall Care Home. We received feedback from a visiting GP that referrals were made in a timely manner and clinical advice was followed appropriately. There was a fortnightly surgery held at the service where either a GP or an Advanced Nurse Practitioner (ANP) were available to see people. If people required assessment in between the fortnightly surgery, referrals were made in a timely manner.

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

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working in line with the MCA. People had their mental capacity assessed. The assessments were decision specific, for example, one person was deemed to have the mental capacity to choose their preferred method of communication but lacked the mental capacity to choose the best method to assist with their moving and handling needs. Therefore, staff were guided to act in their best interests when making this decision on their behalf. Where people were subject to DOLS, the conditions of the DOLS were adhered to.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider ensured people were treated with kindness and this was reflected in the feedback we received. People and their relatives consistently told us that staff were kind and caring. Comments we received included, "Staff are lovely, if you ask for something they do it, they are kind and efficient." Another person said, "Staff are nice, they're all just lovely." One relative said, "[Name] gets on well with all the staff, they have a lovely relationship together."
- People's individual diverse needs and preferences were respected. Though these were not always clearly documented in care plans. Staff knew people well and were able to tell inspectors about people's life histories and how they ensured people were cared for in a way they preferred.
- As discussed in the summary of this report, we completed a SOFI. During the SOFI we observed staff on the dementia unit interacted with people in way they could understand. We observed pleasant conversations between staff and people living there.

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

- People and their representatives were involved in planning, delivery and reviews of people's care needs. People told us they felt they were involved in deciding how they would be cared for, "[Manager] comes to my room and we sit and talk through, what I need and don't need."
- Independent advocacy services were made available to people who would benefit from this. Advocacy is a way to help people have stronger voice and retain as much control as possible over their own lives. An independent advocate will speak on behalf of people who can't speak for themselves. We found people did have access to independent advocates, but this was not always documented in their care plan. We discussed this with the registered manager who agreed to review care plans and ensure this information was included in a prominent place.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and without discrimination. Training and support for staff was underpinned by the key values of kindness, compassion, respect and dignity. We observed staff knocking on people's doors before entering, calling people by their preferred name and being discreet when discussing people's personal care needs.
- People were empowered to be as independent as they could be. We saw some people had key roles within the service, these included gardening and delivering newspapers. One person told us that they enjoyed regular walks out and this was their preferred activity. The service used a mini bus to take people

out to places they enjoyed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- People, relatives and staff were all involved to ensure care was planned and delivered in a person-centred way. Staff knew the people they cared for well and were able to tell the inspection team about people's life histories and their interests and personal preferences.
- People chose how and where to spend their day. During the inspection one person was accompanied on a trip out to a place they had requested to go to. The activities staff were in the process of talking to each person and their representative to ask if they would like to go out to a particular place. This was done during the 'resident of the day'. Each person living there took turns to be the resident of the day. On this day, their care needs, and preferences would be reviewed. Reviews also took place in response to certain incidents or changing needs.
- We identified that people's diverse needs and preferences in relation to the protected characteristics of the Equality Act (2010) were not always thoroughly documented in care plans. However, people and relatives told us their needs and preferences were met. We discussed the lack of documentation with the registered manager who agreed this was an oversight and all care plans would be reviewed shortly after the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The provider employed two full-time activity staff who provided a varied activities schedule. There was a gym, hairdressers, activity centre as well as activities taking place in communal rooms and one to one activity for people who preferred those.
- The activities staff spent time with people and their relatives discussing what activities they would like to do and how best to support them.
- People were empowered to maintain links with the wider community and engage in activities they had always done. These included continuing with hobbies such as photography, art, gardening and knitting.
- People were supported to retain close relationships with family who couldn't visit, during the inspection we saw the activities staff assist a person to video call a relative abroad.
- Community groups were regularly invited into the home to provide activities and help people avoid social isolation. These included church services, school visits, local heritage groups, art groups and foreign language courses. The registered manager told us that if someone came to the home who followed a different religious denomination they would be supported to continue to follow their faith.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider did meet the AIS, documents were available in different formats to ensure people with disability or sensory loss were provided with information in a way they could understand. However, this was not always promoted around the service. For example, menu's on tables were in small print with no pictorial images and could be difficult for people with sensory loss to read. We discussed this with the registered manager and area director who agreed that this would be investigated, and improvements would be made.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and the complaints procedure was made available to people, staff and visitors. It was included in packs people were given when they moved in and was displayed prominently in the entrance hall.
- We reviewed records of complaints. All had been handled according to the policy. Where there were lessons learned from the complaint these were cascaded amongst staff by the registered manager.
- People and relatives told us they felt confident to raise any concerns they may have with the staff and registered manager. One person said, "The manager is very good, if I talk to her about anything she gives me an answer and checks everything is OK afterwards."

#### End of life care and support

- People were treated with kindness and dignity when they were known to be approaching the end of their lives. When people's health deteriorated they were referred to the appropriate health care professionals and enabled to end their lives in the way they chose. Families were involved and welcomed to stay with their relatives for as long as they wished. The selection of quiet spaces for families to use were a benefit at these times.
- People who were well at the time of the inspection had not always been asked if they would like to discuss how they would prefer to be treated should they become seriously unwell or approach the end of their lives. We discussed with the provider that care planning could be improved by ensuring people were empowered to discuss their wishes before they become unwell. The registered manager contacted us after the inspection to say they had developed an action plan for each unit to ensure that each person was given the opportunity to have a conversation about this if they wanted to.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- All people we spoke with told us the service was consistently well-led. People and relatives spoke highly of the registered manager, comments we received included, "The manager is excellent, she listens to people." Another person said, "She [manager] is a very nice lady, I have 100% faith in her."
- Staff we spoke with during and before the inspection told us the registered manager was supportive, fair and approachable.
- The provider used an on-line system to record and analyse quality assurance. There was a governance framework in place where the registered manager completed audits and retained complete oversight of the daily running of the service. Results of audits were analysed to identify trends and themes and potential areas for improvement. The provider also reviewed the audits to ensure had complete oversight and were available to support the registered manager. Any good practice or areas for improvement were discussed at senior manager meetings.

Continuous learning and improving care; Working in partnership with others

- There was a clear focus on continuous learning from all staff, managers and the provider. New roles, such a clinical lead nurse had been implemented to review care plans, complete staff supervisions and support staff to drive improvements forward if they were necessary.
- Where areas for improvement had been identified, the training manager reviewed care practices and delivered training, or arranged for outside agencies to come in and deliver training to staff and managers.
- The provider had a number of services, all worked in partnership with each other, shared learning and improvements.

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

- The registered manager sent out surveys to relatives and representatives and there was a suggestion box in the entrance hall if people wanted to leave feedback anonymously.
- Regular staff meetings were held, these were held at different times to allow staff to attend. Managers, activity staff, clinical staff and kitchen staff all held their own meetings which were attended by the registered manager.
- Meetings were held for people and relatives if they wished to attend. After the feedback we gave them about the mealtime experience the manager contacted us to say they had re-instated a chef meeting where

the chef would meet with people and relatives to discuss food preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood and adhered to the duty of candour. Notifications were submitted to CQC as required. Referrals to health care professionals and outside agencies, such as the local safeguarding authority were made in a timely manner.
- Relatives told us that they were always kept informed of anything that happened. The registered manager routinely emailed relatives that could not visit the home to tell them how their relative was and provide regular updates.
- The provider is legally required to display their most recent CQC ratings in the service and on their website, we saw that this had been done.