

Masterpalm Properties Limited

Hadfield House

Inspection report

39-41 Queens Road
Oldham
Lancashire
OL8 2AX

Tel: 01616200348

Date of inspection visit:
03 October 2017
04 October 2017

Date of publication:
10 November 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 3 and 4 October 2017 and was unannounced.

Hadfield House is a large converted Victorian house, overlooking Alexandra Park and within one mile of Oldham Town Centre. There are two storeys with bedrooms on both ground and first floors. Set back from the road, the home has gardens to the front, and a secure paved 'sensory garden' at the side containing raised beds, garden furniture and lighting which was directly accessible from the main lounge. The service is registered to provide personal care and accommodation for up to 28 people living with dementia and mental health conditions. At the time of our inspection there were 27 people living at the home.

We last inspected the service on 3, 4 December 2015 and 9 February 2016, when we rated the home requires improvement overall and identified breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, premises and equipment and good governance. At this inspection we found the provider was still not meeting the regulations. We found ongoing breaches in relation to premises and equipment, safe care and treatment and good governance. We have also identified a new breach of the regulations in relation to fit and proper persons employed. You can see what action we have told the provider to take at the back of this report. We have also made a recommendation in relation to the provider reviewing good practice guidance on developing dementia friendly environments and made a further recommendation to ensure the registered provider appoints a competent person to undertake a legionella risk assessment.

There was a registered manager 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.

Medicines were not always stored and managed safely. We found there were no plans or 'when required' (PRN) protocols in place to inform staff when and how they should administer people medicines that were not required routinely. During the tour of the home we found pain relief gel was inappropriately stored in a person's bedroom. During sampling of medicines we found an antibiotic solution had expired and was incorrectly stored in the medicines cupboard, which meant the person could have taken this expired medication. We passed on this information to the registered manager who said they would investigate this further.

The provider did not have an effective recruitment and selection procedure in place and did not carry out all the relevant checks when they employed staff.

During our tour of the building we noted several potential safety hazards. We found on the first floor 12 bedroom windows did not have the appropriate restrictors in place; to prevent the window opening to be restricted to 100 mm or less, as outlined in Health and Safety Executive guidance. During the inspection the

provider ensured window restrictors were fitted in all first floor bedrooms, this meant the risk was addressed. We found the linen store room on the first floor stored hazardous substances, such as cleaning products and hair perm solution and had been left unlocked. We found two hoists were stored in two people's bedrooms and one person had an old armchair that was directly blocking their toilet. The inappropriate storage presented as a possible trip hazard.

During this inspection, we found other issues affecting the safety of the environment. The provider did not have a risk assessment in relation to legionella. However, we found the provider had completed routine sampling to help control the risks of legionella. Legionella is a type of bacteria that can develop in water systems and cause Legionnaire's disease that can be dangerous, particularly to more vulnerable people such as older adults.

We found the safeguarding procedures were not robust enough at identifying the process the home needed to follow if they suspect abuse. However, staff had access to the local authorities safeguarding policy and knew how to recognise and respond to suspected abuse. We saw the registered manager had reported safeguarding incidents appropriately when we contacted the local authority safeguarding team prior to the inspection.

Overall people and relatives spoken with were positive and complimentary about the service they received at the home. People told us that they felt safe and were well cared for.

During our inspection we saw staff were attentive and responded to people who might need assistance in a timely way. There were sufficient numbers of staff on duty to provide people with the support they needed. We observed positive and caring interactions between staff and people living at the home. People were comfortable in the presence of staff and to request help if they needed it.

Care plans were complete and regularly reviewed. We saw any changes to care plans were reflected in handover documents to help ensure all staff were aware. Information on preferences, social history and interests were recorded.

The home was generally clean and tidy, although we found a malodour in communal areas of the home and in one person's bedroom. The registered manager confirmed a number of the carpets were due to be replaced in the forthcoming weeks.

Staff had received appropriate training and supervision to support them in their roles. Staff, with the support of the management team, identified their professional needs and development and took action to achieve them.

We received positive feedback from people about the food provided. Kitchen staff were aware of people's dietary requirements, and they told us they devised menus based on what people had previously enjoyed.

We saw that a variety of activities and entertainment had been available to people, in order to provide stimulation and motivation. However, some people felt the home needed to arrange more activities in the community. The registered manager acknowledged this feedback and confirmed this would be discussed further with the people and the activities coordinator.

The provider had submitted applications to the supervisory body to request authority to deprive people of their liberty where they lacked capacity and this was in their best interests. However, we found staff had limited understanding of the Mental Capacity Act 2005 and were not always aware of the people who were

being restricted or deprived of their liberty. We have made a recommendation in this area.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and relatives told us they would raise any concerns with the manager.

Audits on the home's quality were not accurate which meant systems to improve the quality of provision at the home were not always effective. We found the home in breach of the regulation in relation to good governance as there were not effective systems in place to monitor the quality of the service.

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 not always safe.

Medicines were not always being managed safely. For example, we found expired medication was incorrectly stored in the medicines cupboard. We found no when required medication (PRN) protocols in place to provide clear guidance to staff.

Hazards previously identified at the last inspection had now been addressed. However, we found a number of hazards, such as window restrictors not being in place and inappropriate storage of hoist in two bedrooms.

The provider was not ensuring reasonable steps were taken to ensure the safety of the premises, we found there no clear system for managing the risks of legionella.

Requires Improvement 

Is the service effective?

The service was not always effective.

Care staff we spoke with had little knowledge regarding Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, we observed staff gaining consent before providing support to people.

The home was in need of maintenance work and re-decoration. Some work had been completed and we noted plans had been devised to replace the flooring in the home.

Throughout the home there was little evidence of any attempts to create a dementia friendly environment.

Requires Improvement 

Is the service caring?

The service was caring.

People told us staff were caring and we saw positive interactions throughout the day.

People were treated with dignity and respect, staff knocked on doors before entering people's rooms.

Good 

The registered manager was committed to supporting people at the end of their life, by ensuring all care staff were trained in end of life care.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were had been reviewed and improved. They were personalised, up to date and reflected people's individual requirements.

We received a varied response from people in relation to the quality of the activities on offer. The registered manager confirmed they would ensure more activities in the community were arranged going forward.

There was a complaints process in place and people felt able to raise any concerns with staff.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The quality and safety monitoring of the service was ineffective at identifying where the quality and the safety of the service was being compromised.

We received consistently positive feedback from people using the service, staff and other professionals in relation to leadership of the registered manager.

Meetings were held to enable people who used the service, their relatives and staff to express their views about the service.

Hadfield 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 and 4 October 2017 and the first day was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had personal experience of caring for people living with dementia.

The provider completed a Provider Information Return (PIR) in May 2017. 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.

Prior to the inspection we reviewed information we held about the service, including: Previous inspection reports, the provider's PIR and notifications the provider had sent us about safeguarding and other significant events. We looked at any feedback we had received about the service since our last inspection. This included two concerns/complaints we had received by phone to our contact centre or via a 'share your experience' form submitted on the Care Quality Commission (CQC) website.

We contacted Healthwatch in Oldham and the contracts and quality monitoring team in Oldham local authority for feedback prior to the inspection. No significant concerns were raised by the local authority or Healthwatch, however the quality monitoring team in Oldham, did inform us the home had received two whistleblowing concerns recently, which had been found to be unsubstantiated.

We spent time observing care in the communal lounge/dining rooms and used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

During the inspection we spoke with 13 people who used the service, seven people's relatives, the owner,

the registered manager, two senior care workers, three care workers and the administrator. We also spoke with five professionals who were visiting the home, this included two social workers, one local authority commissioner officer, one community nurse and one wellbeing care home liaison officer.

We looked around the building. This included going in people's bedrooms (with their permission), bathrooms, secure garden area and in communal areas. We inspected records, which included three people's care records, medicine administration charts, three staff recruitment files, the staff training matrix, staff supervision records and other documentation relating to the management of the service.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. Comments received included: "Yes, I do feel safe here", "The staff stop me and tell me to take my zimmer when I walk", "They'll [care workers] always stay with you when you're walking", "The staff keep me safe", "It's very safe" and "It's alright quite good they are." Comments from people's relatives included: "He is as safe as he can be", "They [care staff] keep him going, help him to do things", "I think he is safe, even though he has had one or two falls" and "Safer than in his own flat."

At our last inspection in December 2015/February 2016, we identified concerns in relation to the safety of the premises. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there were ongoing issues in relation to the safety of the premises, which were a continued breach of this regulation.

During our tour of the building we noted several potential safety hazards. We found on the first floor 12 bedroom windows did not have the appropriate restrictors in place; to prevent the window opening to be restricted to 100 mm or less, as outlined in Health and Safety Executive guidance. This would pose a potential risk that people living with dementia or confusion may access the window and fall. The registered provider had not considered completing a risk assessment to establish whether there was an identified risk, with the people living on this floor accessing the windows. During the inspection the provider ensured the 12 window restrictors were fitted or replaced, this meant the risk was addressed.

The provider had not taken reasonable steps to ensure the premises were safe. This was a continued breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our tour of the home we found the linen store room on the first floor stored hazardous substances, such as cleaning products and hair perm solution and was unlocked on the first day. We immediately brought this to the registered manager's attention who confirmed the lock on the door was broken and would be fixed. During the second day of inspection we found this linen store room was again unlocked and still stored hazardous substances. The registered manager apologised that this should have been rectified straight away. Before we left on the second day the lock on the linen store room was fixed. We found two hoists were stored in two people's bedrooms and one person had an old armchair directly blocking their toilet. The inappropriate storage presented as a possible trip hazard. The registered manager informed us storage on the first floor was difficult, due to a lack of space, but advised us they would discuss this further with the owners to ensure storage of items did not compromise the safety of the people.

The provider had not taken reasonable practicable steps to mitigate risks to the health and safety of service users. This was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we looked at the systems in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for some of the medicines with others supplied in

boxes or bottles. The medicines were stored in two locked storage cupboards located in the dining room. We asked to view the room temperatures and were informed these had not been undertaken by staff. Room temperature monitoring must take place on a daily basis (preferably at the same time each day) and the actual, maximum and minimum temperature should be recorded on to ensure the storage of medicines temperature doesn't exceed 25°C to ensure the medicines are not spoilt. We noted refrigerated medicines were stored in the kitchen in its own locked fridge, with daily fridge temperatures completed.

We looked at six people's medicine administration records (MAR). We saw every person had a profile sheet in the medicines folder, which included a recent photo and details of any allergies. We also reviewed records for the receipt, administration and disposal of medicines. We found records were complete and people had received the medication they had been prescribed. However, during sampling of medicines we found an antibiotic solution had expired and was incorrectly stored in the medicines cupboard, the senior care worker said this was an error and would now be returned to the pharmacy. After reviewing this person's MAR chart it was unclear whether the person was still receiving this medicine, the senior care worker suggested this as not the case. We also found a small tablet in the boxed medication storage, in discussion with the senior care worker it was not clear where this tablet had come from. We passed on this information to the registered manager who said they would investigate this further.

We found pain relief gel was inappropriately stored in a person's bedroom, this should have been stored in the medicines clinic room, as this was meant to be applied by care workers. This pain relief gel was immediately removed by the registered manager, who said the gel should have been returned to the medicines cupboard once applied. This meant person's pain relief gel had not been safely stored and potentially the gel could have been inappropriately applied by the person themselves.

Controlled drugs are certain medicines that due to their risks of misuse or abuse, are subject to more stringent legal requirements in relation to their storage, administration and destruction. The home was not supporting anyone with controlled drugs at the time of our inspection. We found there were no plans, or 'when required' (PRN) protocols in place to inform staff when and how they should administer people medicines that were not required routinely. Whilst staff we spoke with understood what people's medicines were required for, the lack of PRN protocols would increase the risk that people would not receive medicines as they needed them consistently. The registered manager told us they thought the MAR chart provided this additional information, but confirmed PRN protocols would be introduced straight away.

We found that some creams were stored in people's own bedrooms. The registered manager informed us this was because they were required at the point of care delivery or some people used these independently. There were no assessments carried out to ensure that people were able to manage these correctly. Furthermore, no consideration had been given to the potential risk of other people's access to these medicines whilst they were not stored securely.

These shortfalls in the safe management of medicines were a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had identified and reported safeguarding concerns to the local authority safeguarding team and Care Quality Commission (CQC) as required. We viewed the registered provider's safeguarding policies and procedures, which did not contain details of the local authority safeguarding team or CQC. This had also been identified at a recent Oldham local authority care home quality monitoring visit. The registered manager commented that the home were using the local authorities 'Multi-Agency Safeguarding Adults Policy', but acknowledged the owners were in the process of implementing a new policy and procedure. We will review this at our next inspection.

Prior to visiting the service we received whistleblowing information, which had recently been investigated by the safeguarding team and found the claims to be unsubstantiated. Whistleblowing takes place if a member of staff thinks there is something wrong at work, but does not believe that the right action is being taken to put it right. During the second day of our inspection a commissioning officer from Oldham local authority and a social worker held a staff surgery to discuss how the care staff were feeling, and to advise the staff team on how the whistleblowing procedure needed to be used.

At the last inspection in December 2015/February 2016 we made a recommendation that the registered provider ensures that all reference requests are signed and dated when references are received in the staff file. At this inspection we found the provider still did not have robust recruitment checks in place.

We looked at a sample of three staff files for the most recently employed staff. We found there was an inconsistent approach in the safe recruitment of new staff. In one staff file we found a job application form had not been fully completed to ensure gaps in employment were explained and no evidence of a medical statement. In a second person's file we found no proof of identity and no evidence of a medical statement, and the third file had no evidence of a medical statement. Medical statements enable new starters to declare any health conditions or disabilities which may affect their ability to do the job they have been offered, so the provider can ensure the staff member is appropriately supported. During the inspection the registered manager confirmed they would be reviewing all recruitment files to ensure safe recruitment had been followed.

This meant that there was no record of how the provider had established candidates' suitability to work in the care sector or how they had explored the gaps in their previous employment.

This was a breach of Regulation 19(1) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the three staff files did have an appropriate disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. All the files contained two references.

We reviewed three people's care files and found individual risks had been identified, including mobility, falls, nutrition and the risk of developing pressure sores. Guidance was provided for staff to follow to help reduce the identified risks. The risk assessments had been reviewed and updated where necessary to reflect any changes in people's needs.

There were two housekeeping staff present throughout the two days of inspection. We found the home was generally clean and tidy. However, there was a malodour in the hallway and communal living parts of the home and in one person's bedroom. We noted the carpets in places would benefit from being replaced to ensure the malodour was addressed. We noted in one person's bedroom there were cobwebs on the window ledge and the carpet was heavily stained. We brought this to the registered manager's attention who said they would be speaking to the housekeeping staff to address this matter. During the second day of our inspection the registered manager informed us the carpets would be replaced with new flooring and a new double glazed window in the bedroom we identified the malodour and in communal areas on the first floor. The registered manager was unsure on timescales to replace the carpets on the ground floor in communal areas, but was confident this would be addressed.

During the inspection we found four toilets in the home had not been stocked appropriately with Personal Protective Equipment (PPE). PPE reduces the risk of cross contamination. For example, we found four toilets did not have soap dispensers and paper towels, although we did find staff had access to gloves and aprons.

The registered manager said the dispensers and paper towels had been a problem with some people in the home misusing them, but acknowledged the home needed to address this area. Shortly after the inspection the registered manager contacted us to say PPE had now been ordered.

Staff we spoke to understood the importance of infection control measures, including the use of colour coded cleaning equipment and the use of PPE such as tabards and vinyl gloves when handling food or completing personal care tasks and cleaning. We found staff had completed infection control training and records showed this was completed in 2016 and 2017. However, we noted the provider's infection control audits had not been completed in great detail to ensure areas we have identified were addressed. We discussed this with the registered manager who commented that they would speak to the local authority infection control team to ask them to undertake an infection control audit at the home and confirmed they would review their own in-house audits.

People told us that they thought there were enough staff available to support the needs of people who used the service, both during the day and night. Comments from people included, "They [care staff] come fairly quickly if I press the call bell"; "They [care staff] come when they are ready", "They [care staff] do come quickly" and "Call bell alright, they [care staff] come quickly."

Comments from people's relatives were generally positive about the staffing levels, but we did receive one negative comment, comments included, "I feel there is enough staff", "We see the same faces during the days and nights when we come", "There is enough staff here, always see quite a few staff around", "Always seem to see quite a few staff", "I can't fault the home, always staff around if you need them" and "Don't think there is enough staff here, they could do with more."

We viewed the rotas for the months of August and September 2017. We noted during the week the staffing levels were one senior care worker and either three to four care workers on rota at different times. In the evening, the staffing levels reduced, with one senior care worker and two care workers on duty. During the night we found the staffing levels varied between two/three care workers. The registered manager said the staff on duty could manage with two, but they was looking to make the third staff a permeant shift.

The people living at Hadfield House had Personal Emergency Evacuation Plans (PEEPs) in place and we saw these were kept in their care files with a copy in the fire manual kept in the office. A PEEP is usually a one page summary which includes a photograph of the person, their bedroom location, how they mobilise and the number of staff they need to support them to do so and any other information emergency personnel attempting to evacuate the person might need to know. The fire manual contained a list of people at the home that would need to be evacuated in case of emergency.

Legionnaires' disease is a potentially fatal form of pneumonia caused by the legionella bacteria that can develop in water systems. We found the home did not have a legionella risk assessment in place to assess the risk of exposure to legionella to ensure it was taking reasonable measures to control the risk of legionella developing in the water system. We were provided with evidence the home had completed sampling of the water in June 2016, which indicated at that time the water systems was clear of legionella bacteria. A common method of helping prevent legionella developing is by ensuring hot and cold water temperatures are maintained within recommended limits. There was no evidence that any monitoring of the water temperatures had taken place. This meant the provider was not taking reasonable steps to help protect people from the risk of contracting Legionnaire's. We raised our concerns with one of the owners who said a new boiler system had been installed which regulates the water temperatures to ensure the home is legionella complaint and all taps have thermostatic mixing valves which again regulates the waters output. However, the owner accepted the monitoring of the water temperatures needed to be carried out as an

additional safeguard.

We recommend the registered provider ensures a competent person carries out a legionella risk assessment, followed by identifying measures to control the risk.

We looked at the records for gas and electrical safety and manual handling equipment checks. All the necessary inspections and checks were up to date. We noted the home had a fire risk assessment in place which had recently been reviewed. We noted fire drills had regularly been undertaken by the home for day staff, but none had been recorded for night staff. The registered manager agreed this would be completed going forward. We found regular checks were conducted on the facilities and equipment, to ensure they were safe for their intended use. This included fire safety systems, call bells, and electrical equipment.

Is the service effective?

Our findings

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

The registered manager had made DoLS applications to the supervisory body where they had identified this was required. The registered manager had a tracking sheet to monitor when applications had been made, whether there were any conditions on the authorisation, and when the authorisations expired.

Staff had received MCA and DoLS training, however the staff we spoke with had limited knowledge regarding MCA and DoLS. However, they demonstrated that they understood the importance of consent, offering choice, and helping people to make decisions. During our inspection we witnessed this in practice as we saw staff checked people's consent to the care they were providing. We discussed this area with the registered manager who said they would cover the MCA and DoLS during team meetings to ensure the staff fully understood who was subject to a DoLS.

We found the provider did not have policies and procedures for the MCA and DoLS. The registered manager used current guidance from the local authority whenever they needed to refer to the MCA and DoLS process. The registered manager confirmed all of the policies and procedures were in the process of being reviewed by the owners.

We recommend that the registered provider implements their own MCA and DoLS policy and procedure, which will provide staff with guidance on how to follow the MCA process.

We saw that Hadfield House did not use forms to record people's consent. We brought this to the registered manager's attention who agreed to remedy this and introduce consent forms in relation to photographs, care planning, medication and being weighed. People told us they had been involved in the development of their care plans, but had not always been asked to sign them. We observed that staff asked people about their wishes before delivering any care to them. For example, they asked people if they wanted to go to their room or go to the lounge after a meal.

We found some areas of the décor around the home appeared tired; the paintwork was scuffed and the flooring in some areas was contributing to the malodour around the home. The walls in communal areas

upstairs were bare. The registered manager on the second day informed us the owners agreed to have areas of the home decorated. We will review this at our next inspection.

Throughout the home there was little evidence of a dementia friendly environment. For example, there was no pictorial or directional signage, use of contrasting colours on grab rails, and no use of memory boxes, photos or other ways to help people identify their rooms. Such adaptations would support people to remain independent for as long as possible. There were heavily patterned carpets throughout the home, this can cause potential confusion to some people with visual impairments or who are living with dementia.

We recommend the provider reviews good practice guidance on developing dementia friendly environments and considers alterations to the environment in consultation with people living at the home.

We examined further training records which demonstrated that regular training was provided. The registered manager maintained a training matrix and recorded when staff had completed training sessions. This allowed the registered manager to monitor the training and to check when it needed to be updated. We saw that staff had received training provided by external organisations in areas such as, manual handling, first aid and fire safety. Medication training was undertaken annually. Staff told us that training was thorough, one person commented, "The home is always pushing us to complete NVQ's, I think that's great."

We noted the provider's four day induction covered the standards set out in the Care Certificate. The certificate has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care.

During the inspection we spoke to a district nurse who visits the home regularly and commented that the care staff at the home were eager to learn, and they had in the past provided the staff with pressure ulcer management training.

Staff had regular supervision and appraisals. Staff confirmed that they had the opportunity to meet with the registered manager on a regular basis. We saw from the records that the registered manager had a matrix in place to ensure that supervisions were undertaken regularly.

We asked people what they thought of the food at Hadfield House and the feedback was generally positive, with one negative comment. Comments included, "We are eating roasts together on Sundays on one big table", "Food is very good", "The food is ok here", "You do get a choice of food", "Food...as much as I can eat", "We get lots of stews, casseroles and mash" and "While the food is good, we can't ask for more." We provided the registered manager with this feedback and they informed us this would be discussed further at the next residents meeting to ensure they fully met people's requirements.

We observed the lunchtime meal in the dining room. We saw people were independent when eating their meals and only a small number of people required assistance with their meals. At lunchtime people ate in two sittings which meant there was enough room and support for people to eat. Some people chose to eat in their own rooms. We saw people came for their lunch at various times and were not rushed to eat their meal. We saw condiments were on each table, tea and coffee were served in individual pots and jugs of juice were available.

The staff informed the cook of any changes to people's requirements as advised by the dietician or Speech and Language Therapist (SALT). People could choose an alternative such as sandwiches, soup or salad if they did not like the main meal that day. The most recent inspection from the environmental health department in April 2017 had awarded the service a 5 (Very Good) rating.

We saw there were systems in place to meet people's nutritional needs. The care files we looked at all contained an assessment of people's risk of malnutrition using the Malnutrition Universal Screening Tool (MUST). People were weighed monthly and their MUST score calculated. People found to be at risk were referred to a dietician or SALT team. This meant people's nutritional needs were being met by the service.

Each person was registered with a GP. We saw referrals had been made to district nurses and other medical professionals when required. One person had recently been observed to be choking during a meal, the care staff on duty applied emergency first aid and managed to dislodge the food. Although the person had never been at risk of choking previously the home made a timely referral to the SALT, which ensured a detailed eating and drinking plan was devised, as the person's nutrition needs had changed. We saw people had been supported to attend the dentist and opticians when required. The two health professionals we spoke with both said the staff would ring for advice when needed and would then follow any advice given. They said the staff were always helpful and knew the people they supported well. This meant that people's health needs were being met.

Is the service caring?

Our findings

We asked people if they thought the care staff were caring and the feedback was positive. People told us: They [care staff] speak to you in a homely sort of way, not, an us or them", "They [care staff] help you to be independent to a certain extent", "The care is very good" and "The carers are superb, you can have a joke with them."

We found that the atmosphere in the home was calm, relaxed and organised. During the inspection we observed how well staff interacted with people who used the service. We heard that staff were kind and caring in the way that they approached people. We saw that staff had built relationships and had a good rapport with people. For example we overheard a carer chatting with a person; they were familiar with their needs and took an interest in them. Staff spoken with had good knowledge about people's care needs. The home was relatively small and staff told us this enabled them to form good relationships. As well as this a number of staff had worked at the home for many years which supported continuity and familiarity.

People were supported and involved in planning and making decisions about their care. We saw that where they were able to, people had been involved in the development of their care plans, however we found these had not always been signed by the person. The registered manager told us this was an area the home was going to focus on going forward. People were also able to take part in residents meetings which included them in decisions about the way the home was run.

We asked people and their relatives if they had been involved in their care planning and had care reviews. Comments received were relatively positive, but some people weren't sure if they had been involved. Comments from people included, "I have seen my care plan", "When my care plan was done it involved my partner", "I think I remember my care plan, going through my likes and dislikes" and "I will sometimes talk about my care, not sure where this information goes." People's relatives commented, "We did see a care plan, it's in their file", "We have a care plan and yes we had a review with social services and the manager here", "Care plan, I can see it anytime and review it" and "I don't have a copy of the plan, but I know the manager asks me for their comments."

We saw that people's bedrooms had been personalised with their own furnishings, ornaments and pictures. This showed us that people were encouraged to individualise their rooms and that care workers respected people's belongings.

No one living at the home was receiving end of life care. We asked if there was a specific approach or model of end of life care the staff would follow should anyone be approaching the end of their life. We saw that the provider had registered with the 'Six Steps' end of life programme. This is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death. From the training records view we could see a high percentage of the staff including the registered manager had completed this key training.

People's wishes for their end of life care were recorded. For example, some people had a do not attempt

resuscitation (DNAR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw that the person concerned and their family were involved in this decision. Care workers were able to tell us how they support people, families and colleagues when a person passes away and the home had a memorial tree painted in the diner/lounge, which displays photos of people who had passed away at the home.

Discussion with staff and examination of training records confirmed a number of staff had also completed training in how to work in a person centred way, duty of care, equality and diversity and dementia care.

We found that staff respected people's cultural requirements. The registered manager told us they support a person to have access to food which reflects their cultural background and religion. These preferences were recorded in person's care plan. This meant the home was proactive in supporting people's cultural preferences.

Is the service responsive?

Our findings

We asked people who used the service and their representatives if they found the service provided at Hadfield House to be responsive to their needs. People spoken with confirmed that the service was responsive to their individual needs.

Comments from people included: "They [care staff] try to get to the bottom of it when you're not feeling well, they do their best for you", "The staff will get the GP out if I'm feeling unwell" and "The staff know my needs very well, I cannot fault this place." Comments from people's representatives was also positive: "The staff do well, they know my relative and treat her as an individual", "They allow him to dress himself, it might not always go together", "Coming here, he has not deteriorated" and "When [person's name] was poorly the staff used to sit beside the bed and feed them porridge, crushing his tablets up and take the time to encourage them."

We looked at three care files for people who used the service. People's needs were assessed prior to moving to the home to ensure the service could provide the necessary care and support. Each person had a comprehensive care and support plan based on their assessed needs. Care plans described people's individual care and support needs, decision making capabilities and things they enjoyed or disliked. Care plans were then regularly reviewed and updated to reflect changes in the person's needs or preferences.

It was the responsibility of the staff team to audit the care plans to ensure they were appropriate to each individual's current needs and preferences. When people's needs increased the service recognised the importance of involving the person's family and appropriate professionals, such as the person's social worker. This ensured the provider was responsive to people's changing needs and ensuring the person's care needs were met. Care plans provided clear guidance for staff on how to support people's individual needs. People were supported in line with their care plans by staff that had a good knowledge and understanding of their needs and preferences.

Easy read hospital passports were in place if the person needed to go to hospital, to help hospital staff understand the person and their needs. When people went to hospital they were always accompanied by a member of staff, or the home would contact the person's next of kin. Hospital passports include lists of what the person likes or dislikes, from the amount of physical contact to their favourite type of drink, as well as their interests. This would help all the hospital staff know how to make them feel comfortable and ensure a continuity of care.

We saw that staff maintained daily records to evidence that support had been provided to people. For example staff recorded when people had been supported with a wash or other personal care. We found that people looked clean, smart and well cared for. People's preferences around their choice of clothing were respected, for example we saw that one person liked to dress in a shirt and tie.

Hadfield House had a part time activities co-ordinator who worked three days a week, with the care staff supporting with activities in their absence. A monthly activities planner was available for the people living at

the home. Many of the activities included; arts and craft, chair exercises, quizzes, bingo, music and singalong, and watching old films.

An external exercise company attended the home every month to provide a specific keep fit programme designed for residents. We noted from the activities records this session was well attended at the home. In addition, a monthly church service was held in the lounge. We saw minutes from a relatives meeting which showed the service was appreciated.

We found people were generally positive about the activities on offer, but some people wanted to access the community more often. Comments included: "I wish they would take us out, even to go to Matalan", "I would like to go for a little walk and have a bacon butty in the park", "Singsongs are best", "I like keep fit and the quizzes", "I don't know anything about activities" and "The activities are good, but we would like some trips out." Comments from peoples relatives included: "Can't fault them, they are great", "The activities co-ordinator adores [person's name], they like to take part in all the activities" and "The staff do try, but the activities could improve."

We discussed this feedback with the registered manager who commented that they were surprised because the home have in the past arranged trips out in the community, but accepted they would review this feedback and speak to the owners to introduce outings in the community. We will review this at our next inspection.

A complaints policy was available and included timescales for investigation and providing a response. We saw that the registered manager had a system to document any complaints, with the actions taken to investigate and resolve them. We saw that the registered provider had received one complaint in the past 12 months, which had been responded to as per their complaints policy. People we spoke with and their relatives said they would talk to the registered manager if they had a complaint or concern. One person said, "I would speak to the manager directly regarding a complaint."

Is the service well-led?

Our findings

The registered manager engaged positively in the inspection process and we observed staff referring to the manager by their first names. Staff we spoke with confirmed the registered manager was friendly, approachable and supportive. Comments from staff included, "The manager is great here, I find her easy to talk to", "I feel very well supported, I cannot fault [manager's name]" and "As you can see [manager's name] will always help out and work on the floor, they leads by example."

During the previous inspection in December 2015 and February 2016, we found the way the service was led required improvement. This was because the home had not established processes to ensure systems were accurate and complete, so records such as peoples care documents were maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there were ongoing issues with the governance and this was an ongoing breach of this regulation.

We looked at the systems in place to monitor quality of the service. We saw evidence of audits related to pressure mats, first aid, hoist equipment checks and training. Actions were identified from the audits and followed up by the registered or manager or senior care staff.

The number of shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective, particularly in areas such as recruitment, medicines, infection control and health and safety. We found the registered provider did not complete their own medicines audits, but relied on annual audits completed by the local pharmacy. This meant the medicines systems were not adequately audited on a regular basis to identify areas for improvement. We viewed the homes infection control audits which were completed monthly by the senior care staff, we found these audits lacked detail and did not identify areas for improvement. As already mentioned in this report we observed a number of areas in the home that had not been adequately stocked with PPE, and rooms that required new flooring.

We found the home completed six monthly 'safety checklist audits', with the last one completed in April 2017. We noted from these audits it identified areas such as; replacing the carpets and ensuring PPE is ordered. However, we found when areas had been identified it was not clear who was responsible for completing this work and no timescales were provided. Furthermore, the shortfalls we found in relation to the safety hazards such as window restrictors not in place and no clear legionella systems meant the registered provider did not have effective quality assurance systems.

Although some auditing systems were in place, it was evident that there were gaps in the provider's quality assurance systems and significant scope for improvement.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a set of policies and procedures in place to guide staff. However, we found the policy on

safeguarding adults required reviewing to ensure the policy contained details of the local authority safeguarding team or CQC. We found the provider did not have organisational policies and procedures for the MCA and DoLS. The registered manager told us the policies were in the process of being reviewed by the owners, and once in place all staff would be given them to read.

People had an opportunity to attend residents meetings. The registered manager told us residents meetings took place every month and were chaired by the activities coordinator. The meetings discussed various subjects that included the quality of food, care and activities at the home. We noted the comments documented were positive about the service. In addition, the service obtained feedback from people who used the service and relatives to identify areas that needed improvement and to assess the impact of the service on the people using it. We saw that questionnaires had been handed out to people throughout the year, with the majority of peoples responses received in August 2017. All of the responses indicated that people were either satisfied or very satisfied in the areas identified. We asked the registered manager what they did with this information once collated; and we were informed it remained in the quality assurance file once any actions had been completed. The registered manager said going forward they would ensure an easy read report would be produced outlining what changes have been made from peoples suggestions.

There was a system in place to monitor accidents, incidents or safeguarding concerns within the home. The registered manager maintained a monthly record about the incidents which had occurred and what had been done in response. Additionally, there was a record of what the outcome was and any 'lessons learned' to help prevent future re-occurrences.

Regular staff meetings took place and minutes of these meetings were kept. Staff confirmed this and said the staff meetings enabled them to discuss issues openly with the registered manager and the rest of the staff team.

The home had developed good links with agencies within health and the local authority and we saw a number of professionals visiting the home during our inspection, including two social workers, a local authority commissioner officer, a community nurse and a wellbeing care home liaison officer.

Comments from professionals included: "This home in my opinion is well managed, I know they will always keep me updated if one of my patients needs change", "They are responsive here, they make sure they update the 'residents passbook' when they go into hospital" and "The manager is very loving, they brought in their own clothes including earrings and hat to help a resident attend a family wedding."

Our records demonstrated that the registered manager notified CQC of significant events appropriately, as legally required to do so.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not taken reasonable practicable steps to mitigate risks to the health and safety of service users.</p> <p>And</p> <p>Medicines were not always being managed safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had not taken reasonable steps to ensure the premises were safe.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality and safety monitoring of the service was ineffective at identifying where the quality and the safety of the service was being compromised.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person had failed to obtain the necessary information to safeguard people and demonstrate safe recruitment practice.</p>

