

Hadley Place Limited

# Hadley Place Residential Home

## Inspection report

301-303 Anlaby Road  
Hull  
Humberside  
HU3 2SB

Tel: 01482212444

Date of inspection visit:  
01 October 2019  
02 October 2019

Date of publication:  
18 November 2019

## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

Hadley Place Residential Home is a residential care home providing personal care to 25 older people, people with dementia and mental health conditions at the time of the inspection. The service can support up to 29 people.

Hadley Place accommodates people across four floors in one adapted building.

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

Quality assurance systems failed to identify shortfalls, for example, accidents and incidents were dealt with appropriately, but there was no analysis of these to identify patterns or trends to prevent similar instances in the future. The manager responded promptly, and this was an area they were going to address.

Supervision of staff was not consistent, during the inspection the manager told us they were introducing a new system to ensure all staff received regular supervision from their line manager.

We have made a recommendation about staff supervision and support.

People at the service were safe and told us they felt safe. The provider followed safe recruitment procedures and staff received training for their roles. The home was clean and risk assessments were carried out. Staffing levels were enough to meet people's needs and provide safe care. Medicines were managed safely, people received their medicines in a timely manner as prescribed. People received a healthy, well balanced and nutritious diet. The chef cooked fresh food daily which people enjoyed.

People and their relatives spoke very positively about the caring nature of staff. We received positive feedback on how supportive staff were. People told us they were always treated well by staff and were consulted about their care. Staff supported people with their personal care needs in a sensitive manner. People told us how staff supported them in protecting their privacy.

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 had pre-assessments before arriving at the home and had their care regularly reviewed. People could personalise their rooms in any way they wished. People brought pictures and furniture in to the home to make it feel familiar.

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 and update

The last rating for this service was requires improvement (published 01 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show

what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to monitoring and addressing quality shortfalls at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Hadley Place Residential 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

The inspection was carried out by one inspector.

#### Service and service type

Hadley Place Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 (CQC). 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. At the time of the inspection the registered manger had resigned, and a manager was in place who would be applying to register with CQC as the registered manager.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

#### 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 of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the manager, assistant manager, senior care workers, care workers and the chef. We spoke to a visiting health care professional.

We reviewed a range of records. This included three 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety and wellbeing were appropriately managed. Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained relevant risk assessments with explanations of the control measures for staff to follow to manage risks in the least restrictive way possible.
- Guidance provided by external healthcare professionals was incorporated within people's risk assessments.
- We saw certificates to show that testing was completed for utilities and equipment and ongoing work to improve the safety of the building.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were received, stored, administered and disposed of safely. Appropriate staff were trained and assessed as competent to support people with their medicines. People who required medicines to be administered on an "as required" basis had plans in place for the administration of these medicines to make sure they were administered consistently and safely.
- The controlled drugs register was accurate and temperature checks were completed to ensure medicines were stored in line with the manufacturer's guidelines.
- People told us they received good support from staff to take their medication.

Systems and processes to safeguard people from the risk of abuse

- People felt safe being supported by staff. Relatives felt their loved ones were safe and well cared for.
- People were protected from the risk of abuse. Staff had completed training in adult safeguarding and had access to a whistle blowing policy which detailed how to report any concerns.
- The manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.

#### Staffing and recruitment

- Staff were recruited safely. Safe recruitment procedures were being followed to ensure staff were safe. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.
- Staffing levels were safely managed.
- Staff were given an induction and training before they started working with people.
- People received support from staff who were familiar with their support needs. They told us they liked the whole staff team.

#### Preventing and controlling infection

- People were protected from the risk of infection. The home was clean and clutter free so that cleaning was easy to carry out by the dedicated cleaning staff.
- Staff were aware of the risk of infection and wore personal protective equipment (PPE) such as gloves and aprons as appropriate. A staff member told us, "We wear PPE and wash our hands all the time, for personal care." A person told us, "They keep my room very clean."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to follow best practice guidelines when people lacked capacity to make their own decisions and important documentation had not been completed. This was a breach of Regulation 11 HSCA RA Regulations 2014 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11

- People were involved in decisions about their care and how they wished to be supported. Where they lacked capacity, assessments were completed in their best interest Deprivation of Liberty safeguards (DoLS) applications had been completed for those who met the criteria.

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 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 accordance with the principles of the MCA. People were asked for consent and given choices in relation to their care and other important decisions.
- Staff knew who had DoLS in place, they recognised restrictions on people's liberty and ensured appropriate action was taken.

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

- People were very positive about the support provided and told us they were happy with the service they received.
- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

#### Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff.
- Staff were provided with necessary training and development opportunities to help fulfil their needs and expertise in fully supporting people.
- Staff supervision records were not up to date. Some staff told us they had supervision however records did not show this was consistent. The manager told us they were developing new processes to ensure staff received regular supervision and support from the appropriate person

We recommend that the service introduces processes to ensure staff have regular supervision and are consistently supported in their role.

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

- People's nutrition and hydration support needs were well managed.
- People were well supported to eat and drink with a good choice of freshly prepared meals. One person said, "The food is really good, its lovely."

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

- Staff ensured they worked collaboratively with other healthcare professionals as a way of providing a holistic level of care. A healthcare professional told us, "The staff refer to the community physiotherapist when they identify needs and follow prescribed therapy plans."
- Records showed that when people were unwell, staff acted promptly to ensure they received appropriate care and treatment.
- People were encouraged to live independent lives; support plans and risk assessments were tailored around their individual needs, wishes and preferences.

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

- There was an ongoing programme of redecoration and refurbishment. There was adequate private and communal space for the people currently living in the home to use.
- People's rooms were personalised and were set over two floors with a stair lift to enable people to access all areas.

# 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 has 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

- People were treated with kindness and compassion. People and their relatives told us they were treated with great kindness and respect by the staff who supported them.
- Throughout the inspection we saw staff interacted with people in a friendly and respectful way. Comments about staff included; "They are all really good, we get on well" and "They are all very caring, and very nice."
- People had built trusting and familiar relationships with the staff who supported them. They were comfortable and relaxed in each other's company. Staff obviously knew people well and were able to chat about subjects that were meaningful to them. People's individuality and beliefs were respected.
- Staff knew people very well. Staff were able to discuss the individual needs and requests of each person they supported. They knew the different medical conditions and emotional needs of people and felt they had received the right level of training to help them fully support people with different needs.

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

- People and their representatives told us they were regularly asked for their views and were very positive about the service.
- People's individual requests and care needs were well recorded in their care records. They were actively involved in the decision-making process through discussions with staff and care review meetings.
- People said staff always listened to their views and they received care and support in accordance with their wishes.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People spoke positively about the way in which staff respected their rights to privacy and dignity. Where people required support with personal care this was provided discreetly. A healthcare professional told us, "Staff always encourage people to go to their rooms when I am visiting, and they always make sure the door is closed."
- Care files contained detailed person-centred information, which was contributed to by people and their relatives and gave them opportunities to express how they wanted to be supported.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views.

- People's confidential records were stored securely in the main office.

# 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 has 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 had care plans which set out their individual needs and preferences to make sure staff knew how people wished to be cared for.
- Staff knew people well and developed a good level of knowledge and understanding of the people they supported. It was evident that people liked being in the company of staff and enjoyed interacting and engaging with them.
- People received care and support that was tailored around their individual support needs, wishes and preferences. Relatives were very positive and told us they were kept up to date, one relative told us, "They always ring us and update and let us know if there are any changes to their care package."
- Care records reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. A health care professional told us, "Staff provide us with updates of peoples physical and mental health and any changes."

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 was compliant with the requirements of the AIS.
- People's communication needs were assessed and detailed within their care plans setting out how to meet each person's needs.
- Staff understood the need for effective communication and met the requirements of the AIS.
- Important information was made available in a range of accessible formats to help people better understand and to promote their involvement, for example, picture cards and a translator.

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

- Staff understood the importance of supporting people to develop and maintain relationships. They were knowledgeable of the needs and wishes of the people they supported.
- People were supported and encouraged to participate in a range of different activities they enjoyed and were interested in. One person told us, "I like to keep active and I enjoy knitting." Another told us, "Staff take me out to the shops, it's nice to get out and about."
- There was a calm and welcoming atmosphere and a camaraderie was observed amongst people, staff and visitors. Visitors were always welcome.

- Staff maintained an oversight of people's participation in activities and trips to ensure that people were offered regular opportunities to participate. It was respected where people did not want to be involved. Relatives told us the activities at the home were good and it was their loved one's choice if they joined in the activities.

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

- The service dealt with complaints in accordance with their own policy and best-practice guidance.
- People and relatives knew who to speak to if they had a complaint.
- People and relatives felt listened to and had no concerns, they were very positive about the service.

#### End of life care and support

- The service provided support with end of life care. The home worked closely with other healthcare professionals to ensure that people were provided with the best end-of-life care possible whilst respecting the choices made by or on behalf of people to ensure a comfortable, dignified and pain free death.
- People were supported by staff in their final days. Relatives and friends were invited to remain with people and could stay overnight if required.
- People's end of life wishes were not recorded in care plans. The manager told us this is something they would include in the future.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had not ensured effective systems or processes were in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The governance systems in place had failed to pick up issues we identified during our inspection. For example, accidents and incidents were not analysed, and results used to improve care. Staff supervision records were not up to date nor had survey results been analysed. As a result, the provider was unable to effectively identify and address quality shortfalls.
- The manager was introducing a new audit system to enable them to monitor and use the information to improve the service.

The failure to operate effective systems to monitor and improve the quality of the service and mitigate health and safety risks placed people at risk of harm and of receiving a poor-quality service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were consistently positive about the support offered by the manager, Staff told us the manager was very approachable and very supportive.
- The registered manager was open and honest and aware of their responsibilities with regard to Duty of Candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The manager and staff at the home were open and inclusive and believed in providing good person-centred care. We saw staff interacting with people in a very positive way.
- People told us staff were friendly and helpful. A person told us, "This place is great, I have been in other

places, its much nicer here." A health care professional told us, "The staff are always very welcoming, and they make sure they record any relevant information."

- People and relatives told us the manager and staff were known to them and approachable. We saw them to be kind, caring and they were knowledgeable of people's needs.
- People told us the communication was very good and provided in formats that met the individual's needs.
- The service maintained good relationships with other healthcare professionals and specialist teams, such as physiotherapists, opticians and community nurses.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Everyone had the opportunity to offer feedback about the provision of care they received.
- The provider sought feedback from people and relatives via surveys. This information had not been analysed and used to improve the service.
- An open-door policy to encourage people and staff to speak to the manager about any issue was in place. People and relatives told us they were happy to speak to staff.
- Equality and diversity support needs were well managed, and staff supported everyone to meet their needs.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to monitor and improve the quality of the service and mitigate health and safety risks were not effectively operated, which meant people were at risk of harm and of receiving a poor service. Regulation 17 (2)(a) and (2)(b).</p>