

Tamaris Healthcare (England) Limited

Haddon House Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

Haddon House is a residential and nursing care home for 30 people with dementia. The home is situated in the small town of Ilkeston, an area in Derbyshire. At the last inspection, the service was rated Good. This inspection was unannounced and we found 27 people were using the service. At this inspection we found the service remained Good.

People continued to receive safe care. People were consistently protected from the risk of harm and received their prescribed medicines safely. Staffs were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

The care that people received continued to be kind and considerate. People were supported to maintain good health and nutrition. Training was made accessible to support staff with their ongoing professional development. We saw supervisions were provided to give staff guidance in their roles.

There was an open culture at the home and people had developed positive relationships with the staff. Care plans provided detailed personalised information to enable staff to provide consistent care and support in line with people's personal preferences. People knew how to raise a concern or make a complaint and the provider had responded to any complaints in line with their policy.

The registered manager understood their role and ensured we received appropriate information in a timely manner about events at the service. Audits had been completed to identify measures to maintain people's safety and to drive improvements within the home. The home participated in new initiatives which provided opportunities to the staff and the development of ideas.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Haddon House Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of one 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with six people who used the service and five relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with four members of care staff, two nurses, the cook, the activities coordinator, the registered manager and the quality lead for the provider. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for five people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Risks to people had been assessed and we saw that staff were vigilant to provide care that kept people safe. For example, some people were unsteady when they walked. Staff ensured they followed the documented guidance on the best way to support the person. Other people had sensor mats which alert the staff if the person fell so they could respond. One staff member said, "These are really useful for those people who cannot use their call bell. This is so we can respond quickly."

Where people required support with their wound care, we saw plans were in place and had been completed as identified in the medical guidance for each individual.

The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. One member of staff told us, "If there is anything that's not right, I would report it." They added, "I would feel confident things would be dealt with swiftly and in confidence." Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

People told us that staff were available when you needed them and that they never had to wait to receive the support they needed. One person said, "If I use the call button the girls come rushing. I know that they're going to be there." Staff confirmed there were always enough staff. Recruitment processes ensured that staff were suitable for their role.

A relative confirmed that their family member received medication on time, and staff ensured the medicine was taken. They said, "I've seen them do it. Staff know what they're doing." We saw records showed staff had received training in medicines management and competency checks had been completed. Medicines audits had identified the need for a more robust approach to stock control. We saw this had been implemented. Other checks had been carried out to ensure information in relation to the individual's medicine was correct.

Is the service effective?

Our findings

People received care from staff that had received the training and support they needed. Staff training was relevant to their role. For example, one staff member had taken on a more senior role and they had been supported to complete some training which provided specific skills to this role. Other staff had participated in a programme developed to raise awareness and understanding of people living with dementia. One part of this training provided staff with a virtual experience of the effects on a person's senses when they have dementia. A staff member said, "It was an eye opener to see and feel how the people feel." They gave an example, about the noise level. After the training it had raised their awareness and consideration about the level of noise in the home. Another staff member commented on the communication aspect of the training. They said, "We learnt that 93% of communication is non-verbal. We look at other ways people can communicate." There were other elements to the training and the staff told us they felt that it would make a real impact on the support they offered to people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider was working to the guidelines of the Act. People had received decision specific assessments and when required best interest meetings had been completed. Applications to restrict people's liberty had been made to the relevant authority and the manager kept a record of the applications and relevant restrictions or timeframes.

People were encouraged to make their own decisions. One person said, "The carers say to me you choose, it's what you want." We observed that staff asked consent before they provided care. For example, before they supported a person to move location or when offering meal support.

People had a choice of meals. One person said, "I get to choose. I like sandwiches and milk and that is what I get." We discussed the meals with the cook. They told us they received up to date information to ensure they could prepare the correct food for peoples dietary needs. They said, "You need to keep on top of the information as people's needs can change so quickly." We saw a range of meals were provided for people and choices offered. People received support when needed and equipment was offered to encourage people's independence.

People's health was monitored. For example, people were weighed weekly. If their weight became a concern a referral was made to health care professionals. When this happened the guidance was recorded and cascaded to the staff and the cook so that the person received the correct diet. Other referrals had been made to health care professionals to support people's needs and well being.

Is the service caring?

Our findings

There was a relaxed atmosphere and we observed people were relaxed in the company of staff. For example, we saw a person became distressed and agitated. A staff member sat with them and held their hand. The person said, "I'm frightened don't leave me." The staff member provided reassured and stayed with them until they felt relaxed and able to be left. A relative said, "It's a friendly place." They added, "[Name] is comfortable here. They are looked after well; always clean with fresh clothes each day."

People were given choices about their daily routine. They were invited to sit in the garden and those who chose this option were supported with cardigans and blankets to ensure they did not get cold. Other people chose to sit in a different part of the home. One person became agitated with the noise and was supported to move to the smaller quieter lounge.

There was information on the notice board in relation to dignity and staff had received training in this area. Staff we spoke with understood the importance of respecting people and their decisions. One person said, "The staff are gentle and kind. They always knock on the door. At first I was embarrassed to have personal care but I soon relaxed. I do prefer to have a female carer. It felt strange at first but the men are kind too."

Relatives were encouraged to visit and we saw they had been made welcome with seating and refreshments. Some relatives brought in personal items, food and pets to share their time with the person.

Is the service responsive?

Our findings

The staff knew people and ensured the care they received met their individual needs. A range of assessments had been completed for each person. Detailed care plans had been developed in conjunction with people living in the home and those people who are important to them. Staff had knowledge of people's background and life history. One staff member said, "It's useful as we can understand people better and make that connection." We saw care plans had been reviewed and any changes made to reflect the person's needs, these included risk assessments and any area of the care plan which affected the person's needs.

The home had captured initial details about people before they moved to the home, to enhance that process the home was to pilot the providers new initiative, 'me and my care.' This was to provide a more comprehensive information to staff when a new person arrives in the home. The manager told us, this idea was to provide a more inclusive approach when people move to the home. The initiative provided guidance for staff to collate information about the person their life, family and preferences. This also included capturing special moments and photographs. People were then encouraged to visit the home for tea or a short visit before making a longer term commitment. The manager said, "We are not a home, but a community." The manager had received training in the pilot scheme and was looking forward to trailing the initiative.

People were supported to follow their interests and take part in social activities. One staff member told us, "Music can have a real impact on people." They described how a person who used to be in the music industry had 'come to life' when they shared some music with them through some individual headphones. We saw how individual's had been supported with things they enjoyed. For example, one person enjoyed cleaning and the activity co-ordinator had collated a basket with cleaning supplies for them. The person told us, "Yes I like to help out." Other people had been supported to go to the shop to purchase personal items. Each person had a book, 'my choice' which detailed their interests and any information to personalise care. Staff felt these were useful in supporting their information about people. A relative said, "Staff know what people here like and dislike."

Relatives and some people said they would raise any complaints with the Manager if needed. We saw that any complaints or concerns had been dealt with following the provider's policy.

Is the service well-led?

Our findings

The home had a warm atmosphere and staff members were passionate about their roles and the people they were supporting. One staff member said, "I enjoy it here, the atmosphere is good. Staff know how to be serious and how to have fun with people." They added, "Communication is really important." Staff told us they felt supported by the manager and the nursing staff. We saw staff had meetings and 'flash' meetings. One staff member said, "It's good to recap at the flash meetings and be given updated information." The manager also held meetings with relatives and at the last meeting new initiatives were discussed.

The home had a facility for people to record their concerns on a system called 'quality life programme'. Several relatives told us they use this, one said, "I often do this and there is regular feedback." We saw there was a board displayed in reception entitled, 'you said, we did.' There were a lot of positive comments including, 'person who used the service had their favourite tie on, and they are always cared for.'

The provider had completed a range of audits, to ensure people's safety and drive improvements. For example, we saw a falls audit had identified the need for a referral to an occupational therapist and the guidance provided had been recorded and followed. We saw other safety measures had been put into place to reduce possible falls, like sensor mats and walking aids. Other systems were in place to monitor the quality of the service. We saw that there were planned improvements to access the garden area. The manager said, "This will make the space more accessible and enable us to use the garden to expand the activities available." Audits about the environment identified the need for new magnets on the fire doors, which we saw had been completed. A new call bell system had also been installed. One staff member said, "It's much better, not so noisy, but we can still hear it to respond."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on the providers website where a rating has been given. We saw that the rating was conspicuously displayed. The provider and manager understood their responsibilities with us and provided notifications about events and incidents at the home.