

# Masterpalm Properties Limited

# Hadfield House

## Inspection report

39-41 Queens Road  
Oldham  
Lancashire  
OL8 2AX

Tel: 01616200348

Date of inspection visit:  
06 November 2018  
07 November 2018

Date of publication:  
20 December 2018

## 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

This inspection was carried out on 6 and 7 November 2018 and the first day 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 dining/lounge area. 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 26 people living at the home.

Hadfield House 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.

We last inspected the service on 3 and 4 October 2017, when we rated the home requires improvement overall and identified breaches of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment; premises and equipment; fit and proper persons employed and good governance. Following the inspection, the provider sent us an action plan which stated the breaches would be addressed. At this inspection we found significant improvements in all areas.

At this inspection we found that the provider had improved the environment in order to mitigate risks to the health and safety of service users and was compliant with this regulation. Mobile hoists were no longer being used for people living at the home and therefore were no longer causing an obstruction. All first-floor windows had restrictors fitted during the last inspection, we saw restrictors were still in place. We found that any cupboards that stored hazardous chemicals were kept locked.

Medicines were stored and managed safely. We found there were plans in place to administer 'when required' medicines to inform staff when and how to administer medicines that were not required routinely. Creams were stored appropriately.

We recommended that the service review the recording of thickeners used to adapt the consistency of fluids, to ensure that records were more detailed. The registered manager put new documentation in place during the inspection.

Staff employed since the last inspection had been recruited safely and the service had completed all the necessary checks to ensure that staff were suitable to work with vulnerable people.

Audits were taking place to monitor and improve the quality of the service provided. The service had a clear record of actions recorded and reviewed on a regular basis by the registered manager.

At the last inspection we found the provider did not have a formal risk assessment in relation to legionella. However, we found the provider had completed routine sampling to help control the risks of legionella and carried out appropriate water temperature checks and flushes. The provider had carried out an assessment and was taking the necessary steps to reduce the risk of exposure to legionella.

We recommended that the provider review best practice in relation to formally assessing the risks of legionella and carry out a written risk assessment. The provider had started this process before we completed the inspection.

There was a registered manager in place. 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.

The manager had been registered since October 2010.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

The home was clean, tidy and homely in character. During the inspection areas of the home were being refurbished with new flooring. Since the last inspection the dining/lounge area had undergone a significant transformation and we observed this was now a light, airy space that people enjoyed.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities. This helped to protect the health and welfare of staff and people who used the service.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

We observed meaningful interactions between staff and people who used the service. People told us staff were kind and caring.

People's day to day health needs were met by the staff and the service had effective relationships with external healthcare professionals.

Care records showed that people's needs were assessed before they started using the service and they were supported to transition to the service as smoothly as possible.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to develop their independence where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards

(DoLS). The registered manager was aware of their responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

## 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 had improved to Good.

Clear procedures and practices were in place to protect people from potential abuse without limiting their independence.

We recommended that the service review their legionella management plan and carry out a formal risk assessment. This was actioned during the inspection.

Staffing levels ensured a high standard of support was provided and recruitment was safe.

Clear guidance for the management of medicines were in place and records showed people received their medicines safely and as prescribed.

We recommended that the service review how they recorded the use of thickeners. This was actioned during the inspection.

### Is the service effective?

Good ●

The service had improved to Good.

Staff received a comprehensive induction to the organisation and ongoing learning and development opportunities were tailored to ensure people experienced effective care and support.

People enjoyed the food and drink provided, and their dietary requirements were met. Menus reflected people's food preferences.

Staff understood people's physical, mental and medical needs, and liaised appropriately with relevant health care professionals.

Staff demonstrated their knowledge and awareness of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, supporting people to have as much freedom and choice as possible.

### Is the service caring?

Good ●

The service remained Good.

People were supported by staff who were committed to providing high quality care and had a good understanding of their needs.

People and staff knew each other well. These relationships were based on trust and people felt valued.

People's rights to privacy and dignity were respected, valued and promoted.

People said they were involved in their care and decisions about their treatment.

### Is the service responsive?

Good ●

The service remained Good.

People were not defined by their needs. The registered manager and staff provided support to enable people to achieve the quality of life they wanted.

People's support plans had been planned, developed and agreed in partnership with them.

People were offered a variety of activities both in the home and the wider community.

There was a suitable complaints procedure for people to voice their concerns.

### Is the service well-led?

Good ●

The service had improved to Good.

The service had sustained a positive trajectory of improvement.

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems were in place to assess and monitor the quality of service provision, and the service had developed effective systems to audit the quality of care provision.

The manager and registered provider understood their legal obligation to inform CQC of any incidents that had occurred at 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 November 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held on the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send to us by law.

The provider had completed and returned their 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 contacted the local authority professionals who were responsible for organising and commissioning the service on behalf of individuals and their families. In addition, we contacted Oldham Healthwatch. We received no negative comments regarding the service.

During the inspection we spoke with eight people who used the service, three relatives, the registered manager, the deputy manager, six care staff, the chef and the activities coordinator. We also spoke to three health and social care professionals that visited the home. We looked around all areas of the home, food provision, six people's care records, three recently recruited staff's files, induction, training and staff supervision records, records relating to medicine administration and records about the management of the home.

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.

# Is the service safe?

## Our findings

At our last inspection in October 2017, we identified concerns in relation to the safety of the premises. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we conducted a tour of the building and found that these issues had been addressed during the last inspection and the service was compliant with this regulation.

All the windows on the first floor had restrictors fitted to prevent people accessing the window and falling. All cupboards that contained hazardous chemicals were kept locked. Mobile hoists that had previously been deemed an obstruction had been removed because there was not currently anyone living at the service who required them.

When we looked around the home we saw that steps had been taken to prevent injury or harm, for example, corridors and walkways were free from obstacles. We saw that people had a sensor to alert staff should they get out of bed. This meant that staff could attend immediately and assist the person back to bed safely.

A personal emergency evacuation plan (PEEP) had been developed for each person who used the service. These plans explain how a person is to be evacuated from a building in the event of an emergency and take into consideration a person's individual mobility and support needs. A copy was kept in each file and reviewed on a monthly basis. In addition, 'grab bags' at each entrance included items that may be required in the event of an emergency; a floor plan, list of residents and a torch.

Regular health and safety checks were carried out to help ensure the premises; environment and specialist equipment were safe for people and care staff. This included fire safety checks as well as checks of the electrical installation, gas safety, water safety, portable appliance testing and servicing of equipment used in care delivery. Health and safety checks were up to date when we visited the service. The passenger lift and the fire alarm system were serviced annually.

At the last inspection we found 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 and carried out appropriate water temperature checks and flushes. Legionella is a type of bacteria that can develop in water systems and cause legionnaire's disease that can be dangerous, particularly to vulnerable groups such as older adults. There is a legal requirement that providers assess and control the risk of exposure to legionella bacteria. The provider had carried out an informal assessment since the last inspection and was taking the necessary steps to reduce the risk of exposure to legionella, therefore the impact of not having a formal risk assessment was minimal.

We recommended that the provider review best practice in relation to formally assessing the risks of legionella and carry out a written risk assessment. The provider had started this process before we completed the inspection.



We observed staff using personal protective equipment such as gloves and aprons when attending to people's personal care needs or when dealing with food. We saw that housekeeping staff had cleaning schedules they completed to ensure the service was kept clean and the potential for the spread of infection was minimised.

The home had scored 96% in an independent infection control audit carried out by the local authority in September 2018 which demonstrated the provider's commitment to high standards of hygiene.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five-star rating in food safety in September 2018.

At our last inspection in October 2017 we found that medicines were not always managed safely. This a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we looked at the systems in place for the receipt, storage and administration of medicines and found that the service was compliant with this regulation. We saw a monitored dosage system (MDS) was used for some of the medicines with others supplied in boxes or bottles. Medicines were safely stored in the treatment room on the ground floor which was kept locked, this included medicated creams. The temperature of this room was recorded daily to ensure medicines were kept in optimum conditions.

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 but had a relevant procedure in place should this be required at some point in the future.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24-hour period, the route it should be given and what it was for. Stock counts were recorded daily. This helped prevent errors. The service had a safe system for returning unused medicines and for the disposal of sharps.

We checked the stocks of some boxed medicines against the medicines administration record (MAR) charts and these were accurate. We also checked a sample of the MDS blister pack medicines against the MAR charts. These were also accurately recorded with no gaps. We observed a medicine round. Medicines were administered safely and signed for immediately following administration. The member of staff we spoke with was knowledgeable about people's medicines and why certain medicines were necessary. Senior carers with responsibility for administering medicines had received training to ensure they did this safely.

We recommended that the service review the recording of thickeners, used to adapt the consistency of fluids, to ensure that records contained more detail. The registered manager put new documentation in place during the inspection.

At our last inspection in October 2017 we found inconsistencies relating to the safe recruitment of staff. This was a breach of Regulation 19(1) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the service was compliant with this regulation. We looked at staff files for three employees that had been gained employment at Hadfield House since the last inspection and saw each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs

the service if a prospective staff member had a criminal record or been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

All the people we spoke with said they felt safe and their relatives also said they thought the home was safe. Comments included, "I feel safe here, the door is kept locked for safety" and "I feel safe, there are lots of staff about to keep an eye on things."

Policies and procedures were designed to minimise the risk of harm. These included safeguarding and whistleblowing policies. A system for whistleblowing provides a commitment by the service to encourage staff to report genuine concerns around poor practice without recrimination. Records showed that all staff had received training in these areas, and when we spoke with them they demonstrated an understanding of what might constitute harm and the procedures for responding to and reporting allegations of abuse. At the time of our inspection there were no safeguarding concerns but we saw evidence that when alerts had been raised appropriate protective measures were put into place and allegations were fully investigated. Staff were watchful for any potential concerns. One visiting relative remarked, "Staff seem to know people really well and how to distract people to divert from a potential issue arising."

Accidents and incidents that took place in the service were recorded. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced. Records showed actions which had been taken to help reduce risk in the future. For example, referring people to healthcare professionals to support their mental health needs. Incidents have been reported to the local authority when required.

Risks to people's health and well-being had been identified, such as the risk of poor nutrition and the risk of injury. Where a risk had been noted action to reduce or eliminate any identified risk was recorded in detail. Charts were completed to record any staff intervention with a person, for example, recording food and fluid intake, an identified risk regarding mental health, and when 'as required' medication might be used.

Care records were stored securely and were accessible to staff and visiting professionals when required. They were accurate, complete, legible and contained details of people's current needs and wishes.

During the inspection we observed people's needs were met quickly. We saw that there was a good level of staffing at the home. The registered manager told us that there are usually four carers on shift during the day. People and relatives told us there was always a member of staff around if they needed to speak to someone. At night, people were supported by three waking night staff. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the registered manager was very supportive. A relative told us, "There are always staff about if I want to speak to someone, staffing levels are good." A health and social care professional told us, "There seems to be high staffing levels here, they know people well which helps to provide safety and consistency."

## Is the service effective?

### Our findings

People were positive about the care they received at Hadfield House. One person said, "I am happy here, it's well run and a relaxed atmosphere." Relative's comments included; "The staff always keep me informed," and "It's not a fancy looking home, but the care is excellent, homely, warm and the staff and [registered] manager are open and approachable."

During our inspection we looked around Hadfield House to see how it was decorated and furnished and to check if it had been suitably adapted for the people living there. The registered manager was keen to make the home 'dementia-friendly', as many of the people living at Hadfield House had some type of dementia. Steps they had taken to improve the environment in this way included the use of picture signage for bathrooms, toilets and communal rooms and re-painting bedroom doors in bright colours. The home was currently undergoing refurbishment, having new durable and hygienic flooring fitted on the ground floor.

The registered manager told us, "We are decorating a bedroom every three weeks and hope to continue to make the environment more dementia friendly." A relative said, "The newly decorated dining/lounge is really lovely. It's a bright, pleasant space to sit when we visit." A health and social care professional had given the feedback, "Hadfield House is looking very well with all the refurbishments."

People's support needs were assessed prior to using the service by both the registered manager and deputy manager. We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, preferences and interests. This information included the person's support needs and their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Providers that support people who lack mental capacity must apply to the local authority under the Deprivation of Liberty Safeguards (DoLS) to seek authorisation. We found that there were a number of people using the service who were subject to a DoLS, all these people had authorisations in place or had an application in progress. Staff demonstrated they understood their responsibilities for supporting people to make their own decisions. We observed people were asked before support was provided and choices were offered at meal times. People had access to a range of activities.

Staff received a range of training relevant to their role including specially sourced training in areas of care that were specific to the needs of people at the service. Records confirmed that training took place. Training was delivered face-to-face.

During their induction period all staff completed training in a variety of subjects, such as food hygiene, infection control, moving and handling, first aid and safeguarding vulnerable people.

The service set clear expectations for staff and provided on-going training to ensure staff had the skills to carry out their role. On completion certificates were stored on personnel records.

We saw that staff communicated well with each other and passed on information in a timely fashion. All staff attended a handover meeting at the start of each shift. This helped to ensure that staff were given an update on a person's condition and behaviour and ensured that any change in their condition had been properly communicated and understood. Staff shared information about individual people who used the service confidentially and tasks were delegated appropriately.

We observed lunch in the dining room during our inspection. People were brought into the room in an unhurried manner and made comfortable. Where necessary a care worker would assist people with eating. There was a pleasant relaxed feel to the meal times. Each table had salt, pepper, sugar, milk and serviettes available. Staff made sure all residents had a drink of their choice. Meals were plated up in the kitchen and sent through to the dining room. People who required specific diets were asked their preference prior to the meal so this could be prepared; others were given a pureed diet in line with the requirements laid out in their care plan.

The food looked as if it was hot and plentiful. We saw staff offering extra portions to people. There were enough staff to serve meals and assist people, and we saw they worked well together, talking and helping each other, and offering more drinks. People using the service chatted together and with staff and there was a pleasant atmosphere. We asked people about the quality of the food, comments included; "The food is fine, I enjoy it," and "There is food available all day, if I don't like what is on the menu they will make me something light."

We spoke to the chef who explained that there is a traditional four-week menu which people contribute to at monthly meetings. Cereals, toast and a hot breakfast were offered each morning followed by hot and cold choices at both lunch time and in the evening. People could have snacks any time of day on request.

The Malnutrition Universal Screening Tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. This helped identify the level of risk and appropriate preventative measures. Fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts were well completed and analysed, which showed staff were effectively monitoring people's intake and taking action, as required. We saw that people were weighed regularly and referred to health professionals accordingly.

We saw people had access to a range of external healthcare professionals. A health and social care professional told us, "The team at Hadfield house are always professional and follow advice. The pressure care management (skin integrity) really is excellent and the staff always make referrals in a timely way." The service had good links with people's GP's and other specialists such as dietitians and speech and language therapists. We were told by staff that relatives were kept informed about healthcare decisions affecting their family members. One relative told us, "[name] has seen the dentist and the optician since they moved here, they keep me informed of what happening. I feel [relative] is in safe hands here."

We observed that staff routinely asked for people's consent before giving assistance and waited for a response. Care records also showed that people's consent to care and treatment was sought. Care plans contained instructions on how to look for consent when people were not able to give this verbally, for

example, through observing body language or facial expressions. People's choices about their care were recorded for staff to follow.

## Is the service caring?

### Our findings

People, their relatives and visiting healthcare professionals were all very positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. People's comments included, "The staff are lovely, plenty of them to talk to,"; "The staff can't do enough for me," and, "Staff do care here, I am happy." Relatives told us, "I never go away with concerns about the care, it's top notch" and "The atmosphere is always welcoming and upbeat. The team at Hadfield House have been good to [name], and also to me."

A health and social care professional told us, "Hadfield House accepts some individuals that have complex needs and manages various challenges by having staffing levels that are over and above the standard I usually see, but also with the genuine care that they provide. I would be more than happy for my loved one to be cared for at the service."

Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed care staff assisted people when required and care interventions were discreet when they needed to be. The registered manager carried out random monthly observations on staff to ensure they treated all residents with courtesy and met all their needs appropriately.

People told us staff always asked them before providing any care and support and check if they were happy for them to go ahead. We observed that people were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People contributed to their own care plans and reviews. Where people lacked the capacity, consultation took place with people's representatives such as their relatives. We saw that some decisions had been made in people's best interests and the appropriate processes had been followed. People and their relatives were provided with information about advocacy services if required in line with service policy.

We saw that staff knew people well. People's known communication methods were used to determine what it was people wanted but we also saw that where people did not communicate verbally staff appeared to know what the person wanted or waited for a response from the person to see their reaction. We saw a care plan that explained that staff should observe body language and other cues to determine a person's mood. This helped ensure that people received the care they wanted.

Care files and information related to people who used the service was stored securely and was accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines. A health and social care professional said, "The team are committed to confidentiality and always take me into the office to discuss private matters so we are not overheard."

The service held monthly resident's meetings where people discussed menu and activity choices. The service could share information at this time and people could share any concerns.

## Is the service responsive?

### Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager and care staff were knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed and amended when there had been a change in need.

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. Staff understood about respecting people's rights and supported them make choices. The deputy manager confirmed that people's protected characteristics were met and told us, "We openly welcome people regardless of who they are and treat everyone with the same respect."

We looked at six care records. Information about each person was detailed and written in a person-centred way focussing on their abilities and strengths. The care records contained detailed information to guide staff on the care and support to be provided.

People took advantage of the attractive setting of the home and could accompany staff on a walk in the park across the road and to other parts of the local area. The service employed an activities coordinator that was onsite three days per week. Staff members also supported people with activities. People told us that they could take part in; physical exercises; art class; bingo; relaxation; games; sing-a-longs; quizzes and movies. A relative told us, "There always seems to be something going on when we visit. People seem to do lots of activities."

People told us they would feel confident telling the staff if they had any concerns and felt that these would be taken seriously. We saw that the service had a complaints procedure. The people we spoke with told us that they were confident that their concerns would be listened to and dealt with courteously. The registered manager told us that there had been no formal complaints since the last inspection but should a complaint be made they would inform the person of the results of their investigation and consult the person to check that they were happy with the outcome.

There were systems in place to ensure the staff team shared information about people's welfare. A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. One staff member told us, "We work well as a team and have good communication." This procedure meant that staff were kept up-to-date with people's changing needs.

Some care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

Where people were receiving 'end of life' care, staff were supported by the district nursing service. From reviewing the training matrix, we saw that all staff had received training in end of life care.



## Is the service well-led?

### Our findings

At the last inspection in October 2017 we found that some quality assurance and auditing processes had not been effective, particularly in areas such as recruitment, medicines, infection control and health and safety. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

At this inspection we found that the team carried out a range of audits to ensure that the service provided people with safe and good quality care and the service was compliant with this regulation. These included risk areas such as bed rails, infection control, falls, medicines, accidents, fire, kitchen safety and training. Where shortfalls were identified, an analysis was carried out with actions in place to minimise future risks.

The service is required to have a registered manager. 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. The registered manager had been in post since October 2010.

The registered manager was based at the service full time so was aware of day to day issues. They felt it was important to make them available so staff could talk with them, and to be accessible to them. Since the previous inspection, the registered manager had worked to rectify the breaches in regulations that were found.

Relatives and staff told us the managers were approachable and friendly. Comments included, "The managers are always around the building and easy to contact if I need something," "The registered manager is very good, very caring," and, "I can always get hold of someone. The registered manager is very straight talking and strikes me as being very honest."

The management team were open and transparent and always available for staff, people, relatives, staff and healthcare professionals to approach them at any time. Staff told us if they had concerns the management team would listen and take appropriate action. A relative said, "I am always kept well informed about everything, they call me to let me know if there has been an incident." A professional commented, "I've no concerns around the management of Hadfield House. If there is an issue then [registered manager] sorts it."

People and those who were important to them, had been surveyed for their views about their care and the registered manager told us that the surveys were analysed and any points for improvement were placed into an action plan. The feedback received at the last survey in 2017 was overwhelmingly positive. Comments include; "Happy with all aspects of the home and staff";

"The dining room looks wonderful after its transformation"; "I can't praise the staff enough, they are angels, dad couldn't live anywhere better"; "Staff always go the extra mile" and "Hadfield House is very homely and [Name] has settled in well."

We looked at some policies and procedures which included key ones, for example; infection control; health and safety; complaints; confidentiality; the duty of candour; health and safety; medicines administration; safeguarding; whistle blowing and reporting falls. We saw the policies and procedures were updated and available for staff to follow good practice.

A statement of purpose was available which told professionals and interested parties what facilities and services were available at Hadfield House. The statement of purpose set out its aims and objectives and the values it tried to uphold. These included rights to privacy, dignity, independence, choice, and human rights. Through our observations during the inspection we saw that staff had embedded these values in their day to day care.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was clearly displayed in the reception area and was also on the service website. We observed that the home had developed a wall display to identify improvements they wished to make as a result of the last inspection.

Staff understood the scope and limits of their roles and responsibilities which they told us helped the service to run smoothly. They knew who to go to for support and when to refer to the registered manager. They told us that mistakes were acknowledged and acted on in an atmosphere of support. The management team and staff consistently reflected the culture, values and ethos of the service, which placed the people at the heart of care.