

Tamaris Healthcare (England) Limited

Haddon House Care Home

Inspection report

38 Lord Haddon Road
Ilkeston
Derbyshire
DE7 8AW

Tel: 01159441641
Website: www.fshc.co.uk

Date of inspection visit:
16 January 2020

Date of publication:
03 March 2020

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Haddon House Care Home provides accommodation in one adapted building; nursing and personal care for up to 30 older people living with dementia. At this inspection there were 26 people receiving nursing care, living at the service

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

People's dementia care was not always organised or delivered in a timely, individualised manner; to optimise their choice, independence or engagement in relation to their mealtime experience and occupational daily living activities.

The provider's staffing, risk management and medicines arrangements helped to ensure people's safety at the service and protected from the risk of harm or abuse. The provider took action when things went wrong at the service and referred to relevant authorities involved with people's care when required to do so.

People's care and diverse needs for their health and nutrition, were effectively assessed and accounted for. Staff supported people to maintain or improve their health and nutrition as agreed with them and any external health professionals involved in their care. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible. The provider's related policies and systems supported this practice.

Staff were trained and supported to provide people's care. Relevant information sharing was followed for people's care when needed, to help ensure they received consistently informed care as agreed with them.

People received care from kind, caring staff who ensured their dignity, equality and rights in their care. Staff had good relationships with people and their representatives; they knew how to communicate with people and understood what was important to them for their care. People or their appropriate representative were informed, involved and supported to understand, agree and make ongoing decisions about their care.

Daily social or recreational activities were regularly offered for people to join. People were supported to maintain contacts with family and friends who were important to them engage in spiritual worship as they chose.

Staff were trained and understood nationally recognised standards for people's end of life care. This, along with related consultation and partnership working with relevant external health professional leads, helped to ensure people's dignity, comfort and choice for their end of life care.

People and their relatives were informed and confident to make a complaint or raise any concerns about the service, if they needed to. People's views and feedback were regularly sought. Findings from complaints and feedback were used to help inform service planning and improvement.

The service was well managed and led. The provider governance and oversight arrangements were effectively operated to help ensure the quality and safety of people's care and any related service improvements when needed.

The service was well managed and led. The provider operated effective governance arrangements to ensure the quality and safety of people care and related service improvements. The registered manager and staff understood their role and responsibilities for people's care. Effective arrangements were established for communication, record keeping and information handling at the service; along with relevant engagement and partnership working for people's care and safety. This helped to ensure regulatory requirements were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Report published July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Requires Improvement ●

The service was not always responsive..

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Haddon House Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Inspection team: This inspection was carried out by one inspector and an expert by experience. An Expert by Experience is someone who has experience of care related to this inspection setting.

Service and service type

Haddon House is a registered care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a manager for the service registered with the Care Quality Commission for this location. Like the registered provider, they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did: We looked at information we held about the service to help us plan the inspection. This included written notifications the provider had sent to us about any important events that happened at the service. We also contacted local care commissioners who contract with the provider for people's care at the service. On this occasion we did not ask for a Provider Information Return. This is information we ask the provider to send us; to give some key information about the service, what the service does well and any improvements they plan to make. However, we gave the provider opportunity to provide us with any related information, to help inform this inspection.

During the inspection we spoke with four people receiving care at the service and five relatives. We spoke with a nurse, a senior care staff lead, three care staff, a cook; and the registered manager and an external regional manager for the provider. We reviewed parts of four people's care records to check whether they were accurately maintained and checked a range of records relating to the management of the service. This included staffing, medicines and complaints records. We also reviewed some of the provider's recorded management checks of the quality and safety of people's care.

After the inspection

We requested further information from the provider. This was provided within the requested timeframe.

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 Good. At this inspection this key question has remained the same, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse at the service.
- Staff understood how to recognise and report witnessed or suspected abuse of any person receiving care at the service. The provider related procedures and training for staff to follow helped to ensure this.
- People and relatives were informed how to recognise, report abuse and keep safe. Related information was visibly displayed in the home, which included how to contact the local authority safeguarding team, if needed.

Assessing risk, safety monitoring and management

- Risks to people's safety, associated with their health condition, environment and any equipment used for their care, were effectively managed and accounted for.
- Staff understood any risks and the related care steps they needed to follow to ensure people's safety in their care. This information was recorded in people's written care plans, which were regularly reviewed and updated following any changes in people's safety needs. For example, to ensure people's safe mobility, skin care or positive behavioural support.
- People who could respond and relatives we spoke with, felt people were supported safely when they received care from staff, which we also observed. One person said, "Staff help me in to get to the bathroom and stay to support me." A relative said, "Yes, two staff support them [person] safely when they use the hoist to help them move."
- Relevant emergency contingency plans were in place for staff to follow in any event. Such as, a fire alarm or health emergency, which understood.
- The provider ensured regular servicing and maintenance of equipment at the service, including for direct care use. Such as fire alarm equipment, or specialist mattresses for skin pressure relief and mechanical hoists and slings used to support people to move safely. Management records showed the regular monitoring and analysis of any accidents, health incidents or near misses at the service. This information was used to check for trends and patterns that may help inform or improve people's care when needed.

Using medicines safely

- People's medicines were safely managed and people received their medicines when they should.
- The registered manager took appropriate remedial action, following a potential safety incident we saw, where staff did not follow the provider's procedures for the safe storage of people's medicines. Following the inspection, the registered manager has provided written assurance of additional steps taken to prevent any further re-occurrence
- Staff responsible for people's medicines were trained and competency checked. Relevant policy guidance

was also in place for staff to follow. This helped to ensure the safe management and administration of people's medicines.

Staffing and recruitment

- Staff were safely recruited and deployed to provide people's care.
- Legally required pre-employment checks were carried out before staff were employed to provide people's care; to ensure they were safe to do so. This also included checks with the relevant professional body for any nurses employed, to check they were registered to carry out nursing care.
- People, staff and relatives felt staffing arrangements were sufficient to provide people care and ensured their safety at the service; which we also observed.

Preventing and controlling infection

- The provider ensured safe arrangements for cleanliness, hygiene and the prevention and control of infection at the service.
- The environment, furnishings and equipment used for people's care were kept clean and generally well maintained.
- Staff were equipped and understood necessary universal precautions for safe hygiene. For example, we saw staff used required personal protective equipment when needed, such as gloves and aprons when they provided people's care.
- There were suitable arrangements for the handling and transportation of laundry and also household and clinical waste, including disposal.
- People and relatives we spoke with, were satisfied with standards of cleanliness and hygiene at the service.

Learning lessons when things go wrong

- The provider had acted to ensure people's care and safety when things went wrong recently at the service. They were open and transparent about this with us, people who used the service, relatives and relevant authorities concerned with people's care
- The provider ensured the regular monitoring and analysis of any accidents, health incidents or near misses at the service. This information was used to check for trends and patterns that may help inform or improve people's care when needed.

Is the service effective?

Our findings

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

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

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

- People needs were assessed before they received care and regularly reviewed, to ensure they could be met by staff at the service.
- People's related care plans showed their individual health conditions, how they affected them and their related personal care requirements, which staff understood and followed.
- The provider ensured a comprehensive range of care policies and related procedural guidance for staff to follow. These were regularly reviewed to ensure they met with nationally recognised guidance, such as clinical practice standards for nursing and preventative health measures.
- This helped to ensure people received effective, informed care. People, relatives and external health professionals involved in people's care were positive about this. One person said, "I'm happy with my care; staff know my needs." An external health professional told us, "Staff are very good at alerting us to any changes in people's health; they make prompt referrals to relevant health professionals and follow any related care instructions."

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain, or improve their health and nutrition in consultation with relevant external health professionals when needed for people's care.
- Staff understood people's health, nutritional needs and related care requirements, as shown in their written care plans.
- People were supported to access external health professionals when needed. This included, access to any routine or specialist health screening and reviews.
- Where people were assessed at risk of malnutrition or dehydration, staff regularly monitored their individual body mass index, weight and food intake. Related records showed that timely referrals were made to relevant external professionals when required for people's effective nutrition. A visiting health care professional told us, "Staff monitor peoples' weights and nutritional status; and they always make appropriate referrals for any people who are identified at risk;" (from malnutrition because of their health condition).
- Where people had difficulty chewing or swallowing because of their health condition, we saw they were provided with the correct dietary consistency, to enable them to eat and drink sufficient amounts, safely.
- People and relatives we spoke with were positive regarding the individual care and support people received from staff in relation to their health needs. One person said, "The doctor has been to see. The nurse also comes; staff help me to keep my eyes clean" A relative told us, "[Person] has a care plan for their

dementia and health needs; they are well looked after."

Staff support; induction, training, skills and experience

- Staff were trained, supported and informed to perform their roles and responsibilities for people's care.
- This included, support for non-professional staff to obtain a national vocational qualification relevant to their role, and also for their ongoing training and supervision. Relevant training and support was provided for nurses employed, to help them keep up to date with nursing practice. This included training for any extended nursing roles they may carry out, such as urinary catheterisation or venepuncture (taking blood samples); and also to support reflective nursing practice through relevant supervision.
- New care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non professional care staff are expected to adhere to when they provide people's care.
- Staff were all positive about the arrangements for their training and support. One staff member told us, "There's always plenty of training, we are expected to attend; it's ongoing and covers all key areas; you can also ask for any additional training, it's very good here."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in consultation with relevant care professionals and services when needed for people's care..
- Staff followed the provider's management arrangements, to ensure timely communication and information sharing with external care professionals and providers, when needed for people's care. This included, if someone needed to transfer to hospital because of ill health, which helped to ensure people received consistently informed care, as agreed with them or their representative.

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

- The environment was generally, designed, adapted and decorated to meet people's needs. Redecoration due, was planned to commence.
- A range of equipment and adaptations were provided to support people's mobility, comfort and orientation needs. Examples, included corridor hand rails, grab rails in toilets and bathrooms and wide corridors to enable people to move safely and independently; adapted comfortable seating and environmental signage. There was level access to an enclosed external garden area with seating for people.
- People and relatives told us they were generally happy with the environment, where people could personalise their own rooms as they wished. However, some, including staff felt the garden needed improvement for peoples use, which we also saw. We discussed our findings with the registered manager and a senior manager for the provider, who advised this was under review and scheduled for completion along with a plan of internal redecoration at the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 for authorisations to deprive a person of their liberty, had the appropriate legal authority and were being met.

- Staff were trained and followed the MCA to obtain people's consent or appropriate authorisation for their care and treatment.
- People's care plans showed how decisions were made regarding their care, which staff understood. This included for any individual best interests decisions, or DoLS authorisations when needed for people's safety
- We saw staff explained what they were doing before they provided people's care and checked they were happy on completion before leaving them.
- This showed people received care at the service, in accordance with their best interests and the law.

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, Good. 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by kind, caring staff, who knew them well and promoted dignity and respect for people in their care.
- Staff knew people well and they understood people's diverse needs and preferences for their care and daily living arrangements. This information was recorded in people's care plans for staff to follow. People and relatives felt they had good relationships with staff, who they felt were kind, caring and knew what was important to people for their care and daily living arrangements.
- The provider had published their care aims, to ensure peoples' equality and rights when they received care from staff at the service. Management arrangements for staff training, support and care monitoring, helped to ensure this was consistently followed by staff.
- Throughout the inspection we observed staff checked to ensure people were happy or comfortable. For example, in relation to their seating arrangements, access to drinks or any chosen personal items for their comfort.
- We received positive comments from people and staff about staff care approaches and interactions with them. This included, " Staff speak nicely to me, they are always kind and considerate." "Staff don't just walk into my room; they knock on the door first." "Staff are attentive; they are very polite and respectful; I don't know how they keep it so calm here; Its a gift they have." "Staff constantly help [person] to ensure their modesty."

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

- People were appropriately supported, informed and involved to make decisions about their care. Staff were informed and knew how to communicate and support people in the way they understood, to help ensure this.
- Relatives and others who knew people well, were consulted and involved, to optimise and ensure people's preferences and best interests for their care and daily living arrangements.
- A nationally recognised assessment record for dementia care, called 'This is Me,' was used. This helped to inform people's care and daily living arrangements in an individualised way, to accord with their known choices, care and lifestyle preferences.
- We saw staff regularly took time to help people understand and make decisions about their care and daily living arrangements. For example, where and how to spend their time, choice of clothing, drinks or personal bathing preferences and routines.
- A range of meetings were held with people and their relatives, to help inform people's care and daily living arrangements. Such as group meetings or individual care reviews. A regular newsletter was also produced,

to further inform and involve all parties in relation to home life.

- Staff understood the importance of confidentiality for people's care. People could be signposted to external independent advocacy services, if they needed someone to speak up about their care, on their behalf. This helped to promote their people's independence, autonomy and rights in their care.

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 now deteriorated to Requires Improvement. This meant people's needs were not always met through good organisation and care delivery.

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

- People's care was not always organised and delivered in a timely manner, to optimise their choice and independence in relation to their mealtime experience.
- At lunchtime we saw some people were struggling to understand and to eat their meal. Timely staff support, communication aids to support people's menu choices and the potential use of adapted cutlery and crockery, was either not fully ensured or provided at all. This meant people's diverse needs regarding their individual understanding, independence and choice was not fully ensured, so as to optimise their mealtime experience.
- We discussed our findings with the registered manager. Following the inspection, they told us what actions they were taking, to rectify this for people's care. However, their stated improvements now needed to be demonstrated as embedded.
- Otherwise, we saw staff often provided people with timely, person centred care when needed. For example, staff told us about one person living with dementia, who could sometimes become anxious and distressed, when they did not understand what was happening around them. We saw when this occurred, staff acted in a timely, gentle and patient manner, to reassure and engage the person in a way that was helpful and meaningful to them. This resulted in the person becoming visibly happier and relaxed.
- People and relatives we spoke with, felt staff knew them well and usually worked hard to ensure people's care needs, daily living arrangements and lifestyle preferences were met in accordance with their individual choices and preferences.

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.

- Overall, the provider was meeting the accessible information standard.
- A range of care and service information could be provided in alternative formats such as easy read, pictorial and other languages, to help people understand when needed. However, staff did not always follow or optimise opportunities for this in relation to people's mealtime experience.
- Staff knew how to communicate with people in the way understood, and as shown in their care plans.

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

- A range of social, recreational and spiritual activities were regularly provided to support people to engagement in home life and activities they enjoyed. Staff received training to support people's engagement in relation to their dementia care needs.
- A few people told us about activities they regularly enjoyed, such as dominoes, exercise, singalongs and flower arranging.
- People were supported to maintain contacts with families and friends, who were made welcome at the service and regularly invited to join social events there.

Improving care quality in response to complaints or concerns

- Complaints and concerns were effectively handled and accounted for, acted on and used to inform any improvements needed.
- People, as able and their relatives were informed and confident, to make a complaint or raise any concerns about the service, if they needed to. The provider's complaints procedure was visibly displayed, to help ensure this.
- Complaint and concerns were monitored and used to help inform service improvements, when needed.

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 Good. At this inspection this key question has remained the same, Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider operated effective governance, risk management, communication and record keeping arrangements at the service; to help ensure the quality and safety of people's care.
- There was a registered manager for the service, who understood and followed the requirements of their registration for people's care.
- Staff understood their roles and responsibilities for people's care. Related management measures concerned with staff performance, support and supervision, helped to monitor and ensure this.
- There was an agreed approach to reviewing and comparing management information across the provider's locations. This was used to help identify and inform risk, common trends and areas for strategic service planning and development.
- Examples of recent service improvements were either made, planned or in progress from this. They included staff development and related care measures for people's end of life and dementia care; and a programme of environmental upgrading.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider operated a comprehensive range of care policies to inform people's care and promote their diverse individual needs at the service. These were periodically checked or updated when needed to ensure they continued to meet with nationally recognised standards and guidance for staff to follow for people's care.
- Staff understood the provider's care aims, which were published, alongside a range of key service information; to help people and their representatives to understand what they could expect from care.
- Staff were supported, protected and confident to raise any concerns they may have about people's care. The provider's whistle blowing, grievance and staff disciplinary policies helped to ensure this.
- The provider used a range of methods to seek feedback from people who used the service, their representatives and staff; to help inform service planning and care improvement. This included, regular meetings and periodic questionnaire type surveys.
- People, relatives and staff we spoke with, were positive about the management and leadership of the service, and the arrangements for their consultation and involvement. Some of their related comments included, "The manager regularly walks around; you can speak your mind and they listen; I am happy here." "There are regular meetings with us; we get information and things get sorted." I have no concerns about

how the home runs; it runs well; I am regularly asked for my comments and views."

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

- The provider had ensured to send us written notifications about any important events when they happened at the service, to help us ensure people's safety there. Related records showed incidents were effectively managed and accounted for.
- The provider had ensured the visible display of their most recent inspection rating. This was displayed on their website and also at the home, with a copy of the inspection report summary for public information.

Working in partnership with others

- The provider worked with relevant agencies, including educational and relevant external health and social care partners, when needed for people's care.
- For example, to help effectively inform people's dementia, nursing and end of life care support; and to ensure safe infection prevention and control measures at the service.
- This helped to ensure people received care that was effectively assessed, informed and met their needs.