Monarch Consultants Limited

Haddon House Nursing 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 provides accommodation for up to 40 older people who are living with dementia, who require personal and nursing care. There were 33 people using the service at the time of our inspection.

This inspection took place on 19 May and 24 May 2016. The first day of the inspection was unannounced.

There was no registered manager at the service. 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 service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments. The records had been updated to reflect changes in people's care needs. Medicines were managed safely.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Legal requirements had been followed consistently where people were potentially being restricted.

People told us they enjoyed their food and we saw meals were nutritious. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People and their relatives told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. Relatives were involved in the planning of their care and support. There was a wide range of activities and events available to enable people to take part in hobbies and interests of their choice.

Complaints were well managed. The leadership of the service was praised by external professionals and relatives and communication systems were effective. Systems to monitor the quality of the service Identified issues for improvement. These were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

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.

Staff were deployed effectively to ensure people were assisted in a timely manner. Staff followed the guidance in people's risk assessments and care plans. Medicines were managed safely. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable staff were employed.

Is the service effective?

Good

The service was effective.

The provider had established people's capacity to make decisions and ensured they had given their consent to their care. Staff had received training to provide them with the knowledge to meet people's individual needs. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

Is the service caring?

Good

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion.

Is the service well-led?

Good

The service was well-led.

There was no registered manager at the service but the manager was in the process of making an application to register. Systems in place to monitor the quality of the service were effective. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities

Haddon House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 24 May 2016. The inspection team was comprised of one inspector and an expert by experience in the care of older people. 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 looked at all of the key information we held about the service which included notifications. Notifications are changes, events or incidents that providers must tell us about.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.
We received written information from the Local Authority's contract monitoring officer prior to our visit.

It was not possible to speak with people using the service due to their limited verbal communication. We spoke with six relatives. We looked at four people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and recruitment records. We spoke with the management team, including the acting manager, and seven staff. We also spoke with three health care professionals by telephone following our visit.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Relatives we spoke with confirmed their family member felt safe when being supported. One relative told us "She's at home, it feels safe" and another said of their family member "She's absolutely safe and contented." External health professionals confirmed people were cared for safely. One told us they had not had any concerns about people's welfare.

Our observation confirmed people were supported safely when care was provided, for example, when moving around the building or when displaying behaviour that could potentially cause harm to themselves others. We saw staff acted promptly and considerately and in keeping with the wishes and the needs of the person when they were distressed. We found the atmosphere was calm and tranquil.

Staff understood the procedures in to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Records we saw and information we received prior to the inspection visit confirmed the provider made appropriate referrals, as required. The provider was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care because they were aware of the provider's whistle-blowing policy. This helped to ensure any suspicions of abuse were reported and people were protected from unsafe care.

People's care plan records showed that risks to their safety associated with their health needs, environment and equipment were assessed before they received care and regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed to ensure the information was up to date and reflected people's current needs; for example, one person had a risk assessment for choking and another had a specific risk assessment for from falls. We found there was clear guidance on how to safely support people in the records we looked at, for example, equipment used to support people's mobility needs. This helped to make sure that people received safe care and support.

Staff understood people's safety needs and we observed that they supported people safely when they provided care. For example, when they supported people with their medicines, to mobilise and eat and drink. Where people were assisted to move we saw any potential hazards were removed first and equipment was used safely. Staff training was updated as people's needs changed. The provider had designated one staff member to oversee moving and handling practice and ensured they had completed additional training for this role. Risks to people's health and well-being were well managed.

There were enough staff to meet people's care and support needs in a safe and consistent manner. Relatives told us staff were available at the times they needed them. A relative said "There's always enough. There's normally two in this room but if it falls to one I know that they have been called for an emergency."

All the staff we spoke with told us staffing numbers were adequate to meet people's needs. They told us that rotas were planned to provide sufficient number and skill mix of staff and that staffing arrangements were sufficient for them to perform their role and responsibilities.

External health professionals also confirmed there were sufficient staff available to meet people's needs. One said there were "Always people around to assist."

We saw there were always staff available in communal areas and they responded to requests for assistance in a timely way. We looked at rotas for the day of the inspection. This showed us that were ten support staff available during the morning and afternoon shifts. This included senior care staff. There were six support staff available at night. There were two nurses on duty each morning and one in the afternoon and night. We saw the number of staff available during the inspection was consistent with the rota seen. Where any absences were identified, the rota showed that cover was obtained from within the existing staff group. The provider ensured there were sufficient staff available to work flexibly so people were safe.

People's medicines were safely managed and given to people in a way that met with recognised national practice standards. People told us they received their medicines when needed. Staff were able to explain the procedures for managing medicines and we found these were followed; for example, staff knew what to do if an error was made. .

Staff approached people discreetly when they needed to consulted with them about their medicines. For example, we saw that staff checked whether people needed their pain relief medicines before they gave them. People were offered a drink of water with their medicines and staff responsible checked with each person to make sure they had taken their medicine before they recorded it had been given. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. This meant people received their medicines according to the prescriber's instructions.

Staff responsible for people's medicines received appropriate training, which was updated when required. This included an assessment of their competency to administer people's medicines safely. Medicines were stored at the correct temperatures to ensure they were safe to use.

We found the environment was free from hazards and people were able to move about safely. The premises were clean, tidy and odour free. The provider therefore ensured the premises were safe for people living there and visitors.

Good

Is the service effective?

Our findings

Relatives told us they were pleased with the way staff looked after their family members "I think it's wonderful." And another said "The staff are brilliant."

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular training, supervision and support to carry out their duties. All of the staff we spoke with said they were required and supported to attend regular training relevant to people's care needs. Staff told us they could also request additional training. Staff spoke positively of the arrangements for their training and support. For example, one staff member said, "It's on-going, I've learnt so much since I've been here" and written feedback we saw on a staff survey said "The home gives good training." Staff told us they received supervision and found this useful. One staff member said "Any problems get sorted." New members of staff confirmed they received sufficient guidance at the start of their employment through the provider's induction programme. Records confirmed an induction programme was completed at the start of employment.

Staff also demonstrated a thorough and detailed knowledge of people's individual needs, preferences and choices. Staff described the access to training as good and said they had received training in areas relevant to the needs of people using the service, such as managing the risk of falls, dysphagia and dementia. Ancillary staff were also supported to undertake care related training to help them understand people and their needs, for example, dementia care training. We saw that staff were skilled in reassuring people and maintaining a calm atmosphere.

Training records showed staff were up to date with health and safety training and they identified which staff needed refresher training. This meant staff were able to provide effective care based on the support and training they received.

Relatives told us people saw a doctor or nurse when required and confirmed that people's health needs were met. One told us they were "The optician was here on Monday." Another told us they were pleased about the way their relative's health care needs were met and said they were "More settled and contented and eat well now."

Staff we spoke with were knowledgeable about people's individual needs and were able to provide detailed information about health issues. People's care plans detailed their health need and related care requirements, which staff understood and followed. They showed that staff consulted with external health professionals and followed their instructions for people's care when needed following any change in their health needs. For example, one person's care plan showed specific instructions on how to manage potential skin damage and we saw improvements had occurred.

People were supported to access external health professionals when they needed to the purposes of routine health; for example, for eye and foot care. Health care professionals we spoke with confirmed their advice was sought and acted on. A health professional we spoke with told us the service highlighted any issues

appropriately and that they always ensured the correct equipment and products were available for the right person. They also told us staff, including the manager, did what was requested to ensure a person's needs were met. For example, they were proactive in managing health needs associated with older people such as continence needs. This ensured people's health needs were met.

We saw that staff communicated effectively to share information about people's changing needs. This included information about people's health status, general wellbeing and any related changes were recorded and handed over to incoming staff at each shift change. We saw any changes to people's health were addressed promptly and advice from nurses was sought by care staff if they had observed anything that required attention. For example, we saw a staff member ask the nurse to check a red area they had observed on someone's skin. This helped to ensure that people's health needs and their related care requirements were consistently met.

External social care professionals told us staff had a good understanding of dementia and worked well with people. One said "They seem to know people and have a grasp of dementia." Another told us staff were keen to participate in training organised by specialists and sought help and guidance appropriately.

The needs of people living with dementia were managed effectively. We observed a range of equipment, sensory aids, picture aids, signing and other environmental aids that were provided and used to support people's dementia care needs.

People were supported to make choices and asked for their consent whenever they were able. We saw staff asked for people's consent to care or support. However we saw relatives had signed to give consent for some people and it was unclear whether or not they had the legal power to do so. We brought this to the attention of the acting manager who agreed to look into it.

The records of people who were not always able to consent to their care or make important decisions about their care and treatment because of their health conditions showed an appropriate assessment of their mental capacity. There was also a record of any decisions about their care and treatment made in their best interests.

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.

We checked whether the provider was working within the principles of the MCA. There was information in people's records regarding mental capacity assessments and whether decisions made were in the person's best interests. We saw specific decisions recorded, for example, in relation to people's finances. This indicated that consent to care and treatment was being sought consistently as outlined in the Mental Capacity Act 2005.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted for their safety. They told us they had received training in this area and records we saw confirmed this. We saw some

people were restricted in their movement around the home for safety reasons. There were electronic controls for the entrances and exits to two units. People who were able to do so safely were able to access the exits. Where people were unable to access them, we saw they were assisted in a discreet and sensitive manner to move away from the door. We found applications had been made to the appropriate authority for the people where these restrictions were assessed as necessary. Five authorisations had been received and the outcomes for others were not yet known. The provider was therefore meeting the requirements of the MCA.

People's care plans were regularly reviewed and detailed any support provided from external health care professionals. This included chiropodists, specialist nurses and speech and language therapists. This was confirmed by an external health professional we spoke with. They told us there was a lot of co-operation and working with other professionals by the service to ensure people's health needs were met. They described the communication from the service as "Brilliant." People's health care needs were addressed effectively.

People were supported to eat healthily. One person said "This is lovely" whilst eating their meal. We asked relatives about the food provided. One relative said, "The food is good, I could sit and eat it myself and they help tremendously" and another told us "The food is good." One relative said they were pleased with the way their family member was encouraged to eat. They told us, "I've seen her [cook] try three different things to get him to eat." Another relative told us they had tried the meals and said "The food is absolutely spot on." Lunchtime was relaxed and we saw people enjoying their meals. People received a balanced diet that was well presented.

Relatives told us drinks were readily available and they were served with their preferred beverages. A relative said there were always jugs of cold drinks available in lounges. Our observation confirmed that drinks were available at all times and we saw staff check whether people had sufficient to drink.

An external health professional also told us drinks were plentiful. They told us that drinks trolleys were always available and people were offered drinks regularly.

Staff were able to describe people's individual diet and nutritional needs. The menus we saw showed there were healthy options available and staff confirmed they encouraged people to choose wisely, for example, to avoid unnecessary weight gain. People who were at risk of choking had the right support. We saw food was softened or pureed according to individual need. An external health professional confirmed that the provider was participating in specialist training for swallowing problems, known as dysphagia, and was selecting staff to be dysphagia champions. People received the right support to maintain a healthy diet.

Good

Is the service caring?

Our findings

We found staff were caring and people were appreciative of staff and their helpfulness and friendly attitudes. Everyone we spoke with said they had a good relationship with the staff. One relative told us "It's a pleasure to come, staff make you feel welcome, you can ask them anything", another said "The way they speak to them [people using the service], it's wonderful" and a third said" It's just like a family, they [staff] love the residents."

Relative's also told us they were pleased with how staff showed care and support to them and their family. One told us after a hospital visit, "First thing when we got back, there was a cup of tea and a sandwich for her." Another told us staff were supportive them and the wider family. One said "When I got upset there was a pair of arms around me and a chat about what we could do." External health and social care professionals praised the care provided and said staff were caring and compassionate. One told us "Staff are always very helpful." Another described staff as approachable. The provider was therefore ensuring the service and its staff were caring and compassionate.

Relatives told us privacy and dignity was respected when receiving care and support. They told us people were treated with respect and approached in a kind and caring way. One relative said, "They are very, very careful here. For example if the chiropodist comes they put a screen around." Another said "Staff are brilliant."

Staff respected people's dignity, privacy and choice. Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions. All staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this – closing curtains, approaching people quietly, covering people when they received personal care and supporting people to spend their time as they choose.

The service had received a recognition award for their participation in the local authority's dignity campaign to promote people's dignity in care. An action plan was in place to reapply for this award to ensure continued membership to the campaign. People's care was provided in a dignified manner.

We saw people were offered choices in their daily routines and that staff encouraged independence. Relatives confirmed people were offered choices and said staff communication was good and enabled people to choose. One said "[Relative] isn't able to make choices but gets encouragement and direction." Another told us, "Staff seem to speak "their" language and it gets through to them [people using the service]." We saw staff involved people in daily conversations about the support required. For example, we saw staff being patient and encouraging when a person with mobility difficulties wanted to try walking. Staff were able to describe how they offered choices to people, for example, regarding what to wear and how they would like to spend their day. One staff member said, "We find out what they like when they are admitted and get the resources to do what they want." When people refused options, such as joining in activities, their choice was respected.

People were listened to and were comfortable with staff. Relatives also told us their views were listened to and they were able to give examples of how people were treated on an individual basis. For example, one relative told us staff ensured their relative was taken to the toilet on a very regular basis to maintain their continence. Another told us "Anything you ask for they'll [staff] do." External professionals confirmed people was treated respectfully. People therefore received care and support from staff who were kind and that met their individual needs and preferences.

People and their relatives were involved in their care planning. Relatives we spoke with were aware of their care plan and confirmed they had a copy. One relative told us, "I signed off a new one about 3 weeks ago. It had different aspects – care, welfare, food."

People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. Records we saw showed reviews of people's care involved family and people important to the person.

Good

Is the service responsive?

Our findings

People were supported to follow their interests and take part in social events. We saw people being encouraged to take part in conversations. Relatives we spoke with confirmed that people were involved in activities and one told us "There was a show yesterday. [Person] sat, listened, applauded, didn't get up for an hour. That's very good, she's usually on the move all the time." Another relative was pleased with the way staff engaged with people by using pictorial information. One told us "The pictures and the activities are a good reminder. Sometimes I see [person] get a light bulb moment." We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms. A health professional we spoke with confirmed that staff knew people well and were able to accommodate their preferences.

Staff knew people's likes and preferences and we saw these were recorded in people's care plans. This enabled staff to offer people activities and recreational opportunities that were more personal to them. We saw there were a wide range of hobbies and activities available throughout the day to suit a range of individual interests. The provider had dedicated staff to support people in both group and individual pursuits. For example, we saw people engaged in music and quizzes. Throughout the inspection we saw people were actively involved in a range of interests of their choice. We saw there were themed events arranged, such as seaside day and a royal themed garden party. Relatives told us their family members enjoyed these

External health and social care professionals praised the range of occupational opportunities available. One told us the range of events organised was good and said staff motivated people. They made reference to a seaside themed day that people had enjoyed. They felt this contributed to people's well being. One said "They seem to know people well." Another told us that the service always responded "Immediately" to any issues raised by them.

Staff told us they tried to be responsive to people's needs and they were able to encourage people's independence and involvement. For example, we saw people were encouraged to continue to participate in music sessions. Staff also knew what people's individual care needs were and how they liked to be supported.

Records contained detailed information about people's health, personal and social care needs including a social and family background. Each person had a personalised daily care plan, which staff understood and followed. This showed people's known daily living routines and preferences for their care. For example, what time they liked to get up or go to bed. People's care records also showed that social and familial histories, known lifestyle preferences and likes and dislikes were collated following their admission to the service. This helped staff to understand and tailor people's daily living arrangements to their known preferences. This provided a basis for engaging with people who were unable to give this information. The information we saw reflected how people would like to receive their care, treatment and support including individual preferences, interests and aspirations.

Daily records were also maintained for each person for participation in events and interests. This helped staff to ensure that people received personalised care and ensured and they were supported to participate in daily life at the service in a way that was meaningful to them.

People's relatives told us they knew how to make a complaint. One said "I would go straight to the manager". Another relative told us "There's an efficient complaint procedure, I'm aware of it." They confirmed they knew who to talk to and were confident any complaints would be dealt with in a courteous manner. One said "I can speak to anyone if I have a problem, there's no need to complain to the management."

We saw the provider's complaints procedure was on display. It was also given to people when they started using the service. One formal written complaint had been received in the previous twelve months. We looked at the complaints records and saw these had been fully addressed and a written response provided. The acting manager told us any minor areas of concern were usually raised in individual discussion with people or in meetings. She told us these were addressed promptly. Records from meetings confirmed this. This meant people's concerns were addressed at an early stage.

Good

Is the service well-led?

Our findings

There was no registered manager at the service. However, an acting manager was in place and had commenced the process of applying to register with the Care Quality Commission. There was a staff team in place to support the acting manager, including senior care staff. The acting manager understood their managerial and legal responsibilities, for example, when and why they had to make statutory notifications to us. We had received notifications for people who were being deprived of their liberty under the DoLS, as legally required. People's personal care records were safely stored and well maintained. The provider was therefore ensuring that the service operated efficiently in the absence of a registered manager.

People and their relatives felt that staff and the acting manager were approachable and open to listening to their suggestions or concerns. One relative told us "I'm always made welcome when I come. I hope I never have to move her [family member] elsewhere. I keep telling them I want a room." External professionals praised the leadership of the service. One said they had an open and honest relationship with the service and described senior staff as "On the ball."

We found the provider had gathered relative's views on the service and used their comments and opinions to monitor and improve the quality of the service. Surveys had been completed in 2016. All the responses we saw rated the service as good. There were several positive comments such as "All the staff are a credit to Haddon House" and "Good atmosphere, good activities." Feedback received demonstrated the provider was providing a good quality service and was taking people's needs and wishes into account to develop the service.

The service had a clear set of values which were central to any developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice. Relatives praised the service highly for employing carers who demonstrated these qualities on a daily basis. One relative told us, "The back bone of the staff has been the same – unobtrusive and worked well from day one." Written feedback seen from a relative stated "Friendly and helpful staff." Written feedback from visiting professionals also commented on the helpfulness of staff. One stated "Staff attentive and helpful" and another stated the service was "Very welcoming."

All staff spoke positively about working at the service and praised management and leadership at the home. One told us, "I absolutely love it here" and another said "Any problems get addressed." They confirmed they felt valued and told us they were encouraged to have specific roles to improve their skills and knowledge through enhanced training and specialist roles, for example, in moving and handling and dignity.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, they knew how to report accidents, incidents and safeguarding concerns. They told us they were provided with relevant policy and procedural guidance to support their role and responsibilities. Staff said they were regularly asked for their views about people's care in staff group meetings and one to one meetings. Staff also felt able to raise concerns or make suggestions about improving the service. One told us

of a suggestion they had made to enhance privacy that had been acted on promptly by the acting manager. All the staff we spoke with praised the acting manager. One staff member said "We have a chance to say what we want." The provider was therefore proactive in obtaining staff views and opinions to improve the service.

The acting manager told us they were trying to develop more links with the community, such as a dementia awareness group, and were actively involved in supporting people to use local facilities such as pubs and shops, where possible. They also maintained professional contacts with relevant agencies such as local medical centres, hospitals and social services. They also told us teamwork within the staff group was important and that they valued the staff working at the service, for example, with award ceremonies for good practice.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as health and safety and people's records, had taken place in the last twelve months. It was clear what actions were required as a result of the audit, for example, where records required updating. We saw this had been addressed. A falls analysis was undertaken that identified root causes and there were specific actions identified for individuals; for example, ensuring that the person was referred to the specialist falls prevention team. The premises were maintained safely; for example, we saw external agencies had checked gas safety in May 2016 and portable electrical appliances in March 2016. The provider had systems in place to ensure the service operated safely.