



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Haddon Court Nursing Home
Address:	High Street Beighton Sheffield South Yorkshire S20 1HE

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Ivan Barker	3 1 0 7 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Haddon Court Nursing Home
Address:	High Street Beighton Sheffield South Yorkshire S20 1HE
Telephone number:	01142511318
Fax number:	01142511354
Email address:	
Provider web address:	

Name of registered provider(s):	Amocura Limited
Type of registration:	care home
Number of places registered:	83

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	83	0
old age, not falling within any other category	0	83

Additional conditions:

The maximum number of service users who can be accommodated is: 83

The registered person may provide the following category of service only: Care home with nursing - Code N, to service users of the following gender: Either, whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP and Dementia - Code DE.

Date of last inspection								
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Brief description of the care home

Haddon Court is situated within Beighton Village, approximately five miles from the city centre of Sheffield. The home is within easy access of the local community, which has a selection of shops and churches.

Haddon Court is a large purpose built three-storey care home. It provides nursing and personal care for older people who have a physical disability or have dementia. It has elderly people with physical needs reside on the upper floor, the remaining people on the ground and lower floor of the home.

Brief description of the care home

Current fees range from £377 to £531

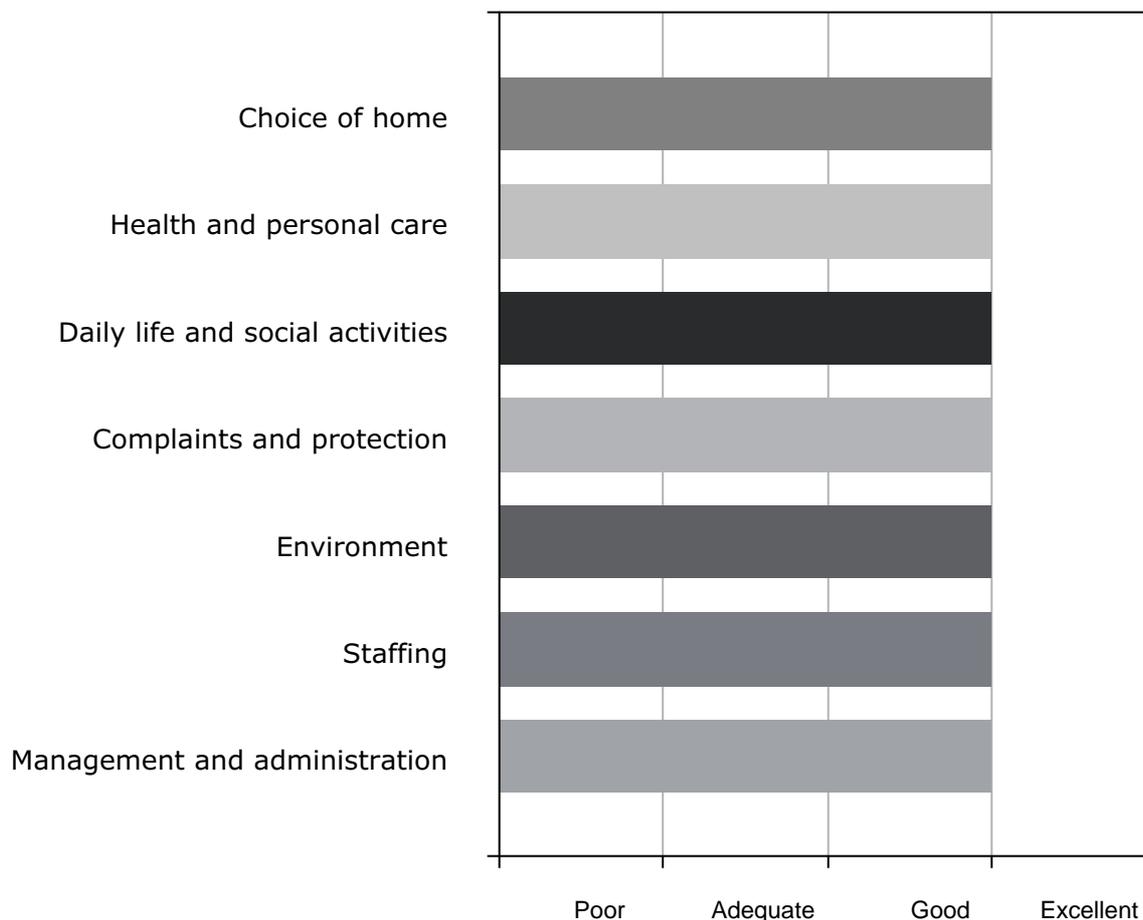
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

A number of the National Minimum Standards were examined at this inspection (with emphasis on the key standards), and the previous requirements.

The persons present at the inspection were J Sharp manager and M French director.

Within this site visit, which occurred over a 6 and a half hour period, we examined requirements relating to the previous inspection. We toured the building, case tracked 5 people (case tracked means looking at the care and service provided to specific people living at the home; checking records relating to their health and welfare; by talking to the specific people; viewing their personal accommodation as well as communal living areas)

We spoke with other people, relatives and also staff and examined assessments, care plans, risk assessments, menus, complaints files, staff records and quality monitoring documents.

The history of the service was examined prior to the site visit. This included the AQAA (Annual Quality Assurance Assessment), a self assessment document, telephone contacts, letters and notifications.

What the care home does well:

People's needs were known to the service prior to admission. The 2 assessments ensured that the service had sufficient information to assess if the service was able to meet the person's needs.

Accurate care plans will contribute to the delivery of care.

People and relatives were satisfied with the care. Their opinions were:

"They (staff) look after mum very well".

"They are always very busy and give them as much time as possible".

"I like it here".

Activities were organised. This provided stimulation. People were able to exercise their rights of choice regarding meals. Both will enhance their quality of life.

The service had a complaints procedure and it was operating according to company policy. This should provide confidence that complaints were taken seriously and acted upon to address any shortfalls in care or service provision.

People lived in an environment that had been maintained to a good standard to provide a safe, generally well maintained and homely environment.

The manager was able to provide evidence that staff had received all necessary training which would reflect on the quality of care being delivered to the people.

The staff recruitment process provided protection for the people.

There was an experienced management team in place, this contributed to the effective organisation and operation of the service.

What has improved since the last inspection?

The previous requirement relating to the people having a choice of meal had been resolved. Therefore all requirements from the last inspection were met.

What they could do better:

The service should continue to strive to maintain the care and service to maintain this level, and strive to improve its care and service provision to achieve a greater star rating.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get

printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's needs were known to the service prior to admission. The 2 assessments ensured that the service had sufficient information to assess if the service was able to meet the person's needs.

Evidence:

On examination of the care management assessments within 5 care plans, it was established that there were assessments. On discussing the assessments with the manager, she advised that the service received copies mainly through the fax. She also advised that a written copy of the assessment was always receive prior to any admissions.

The manager advised that a senior member of staff or herself visited the potential person and undertook an extensive assessment prior to their admission. These assessments fully detailed the person's needs.

Evidence:

These assessments assisted in providing sufficient information for the staff to decide if the service could meet the person's needs. It also provided sufficient information for care plans to be drawn up.

The manager advised that intermediate care was not provided within the service.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Accurate care plans will contribute to the delivery of care.

People and relatives were satisfied with the care.

Evidence:

On examination of the care plans from 5 people, it was established that all 5 care plans were up to date, and had been evaluated on a monthly basis. There were daily entries within the care plans. These entries recorded the care delivered on a daily basis.

Comprehensive risk assessments were included within the care plans and included moving and handling, nutrition, skin integrity and other risk factors.

However the files were difficult to reference. The manager advised that new documentation was to be introduced and would be commenced in August 2009 and the full changeover of all the records was expected to be completed by 1st November

Evidence:

2009.

It was difficult to obtain the views of the people because of their dementia, however some views were obtained from people.

Their opinions were:

"They (staff) look after mum very well".

"They are always very busy and give them as much time as possible".

"I like it here".

Whilst touring the building it was observed that many people were in a frail condition and in bed. All the people who were observed to be in bed appeared to be comfortable and well cared for. On discussing with the manager the frailty of the people who were being nursed in their beds, she identified that she was looking at the skill mix of the staff within the service. Although the service cares for individuals with dementia, she identified that there was a need for registered general nurses as people became more frail.

There were some people being barrier nursed. This means receiving nursing care whilst being isolated in their room, for the purpose of infection control. The infection-control procedures were discussed with the managers and staff. All staff were aware of the procedures and how to care for these people. The manager explained that there had been a 'Timeline' meeting regarding infection-control and included infection control nurses, community and health protection nurses from the Primary Care Trust, a microbiologist, pharmacist and doctor.

The storage, ordering, administration and disposal of medication was discussed with the manager. The procedures explained by the manager were satisfactory. On examination of the Medication Administration Records (MAR's), the records were found to be fully completed.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Activities were organised. This provided stimulation. People were able to exercise their rights of choice regarding meals. Both will enhance their quality of life.

Evidence:

The manager advised that there was an activities coordinator who was employed for 20 hours per week. She provided the activity records to demonstrate that activities had occurred throughout the year. On examination of the activities record book, it was found that the recording was poor. The manager agreed that the recording was poor and informed us that she would speak with the activities coordinator.

On discussing activities with the people and relatives we received the following comments:

"We do ball games".

"They (staff) try and encourage them to take part in activities".

"With mum having dementia and being hard of hearing and not wishing to wear a

Evidence:

hearing aid, this makes things very difficult for her to participate in activities. Although staff do spend one-to-one time with her".

Regarding the meals, the manager advised that people were given a choice during the meal time. We observed the meals being served and did observed that people were given a choice. The lunchtime meal was a light meal, with the main meal of the day being served in the evening.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service had a complaints procedure and it was operating according to company policy. This should provide confidence that complaints were taken seriously and acted upon to address any shortfalls in care or service provision.

Evidence:

The complaints procedure was available within the Service User Guide. A copy of the procedure was displayed at the entrance.

On discussing complaints with the manager, she produced a complaints file. Within the file, it showed that verbal and written complaints and the actions taken were recorded. The individual complaints had dates stating when the complaint was received and when it was resolved. The period of time was within the 28 days.

Regarding Safeguarding Adults, the service had policies and procedures which were available to staff. Staff had undertaken safeguarding adults training and the manager was able to evidence this by showing us the training records.

There was currently one complaint under investigation by the service which had also resulted in a safeguarding incident being referred to Social Services.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People lived in a service that had been maintained to a good standard to provide a safe, generally well maintained and homely environment.

Evidence:

On touring the building, it was observed that many of the areas had been newly redecorated. The manager identified that the lounge, situated on the middle floor needed to be redecorated and this had been included in this year's refurbishment programme.

There were a considerable number of frail people being nursed in their beds. At the entrance to the bedrooms there had been small safety gates fitted to the doorway. On discussing this factor with the manager, she identified that several of the people with dementia often wandered into the bedroom and some even tried to 'help' the individual in bed. Therefore the gates had been fitted as a safety measure. She showed us evidence that this had been discussed with the Fire Authority and they were happy with the gates being in place. The problem of nursing people with dementia when they become physically frail and require end of life care was discussed. It was recognised that the family would wish the person to remain in a familiar place, where they had resided perhaps for some years, and with the staff they knew.

Evidence:

The people's rooms had been personalised and contained photographs, personal belongings and some items of furniture which the individual or family had provided.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The manager was able to provide evidence that staff had received all necessary training which would reflect on the quality of care being delivered to the people.

The staff recruitment process provided protection for the people.

Evidence:

On examination of the staff rotas and examination of staff on duty, the following was established.

AM shift: 4 qualified nurses and 11 care staff.

PM shift: 3 qualified nurses and 12 care staff.

N shift: 3 qualified nurses and 4 care staff.

Plus a manager, administrator, and activities coordinator. Ancillary staff included; domestics, laundry, catering staff and maintenance staff.

Caring for a present occupancy of 73 people.

Evidence:

A full assessment of the dependency levels of the people was not undertaken and compared with the indicated staffing levels. However the manager informed us that she had reviewed the dependency levels and decided that there should be an increase of care staff, which was to commence the following week.

On examination of 5 staff files, these were found to reference very easily in order to find the necessary information. The manager advised that the administration hours had been increased and the administrator had worked hard on the staff files, so it was good that this had been recognised. The staff files all contained the required documentation, including the Criminal Records Bureau and Protection Of Vulnerable Adults Checks.

On examination of the staff training records, it was established that moving and handling, fire and clinical training, particularly towards the needs of people with dementia was undertaken by all staff. The matter of 'annual' training was discussed and it was agreed that 'annual', meant 12 months from the last training.

The comments from people and relatives were:

"The staff are brilliant".

"They (staff) are 'saints' ".

"The staff work very hard and tried to involve everybody".

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There was an experienced management team in place and this contributed to the effective organisation and operation of the service.

Evidence:

There was a registered manager in post. She identified that she had 35 years experience in the provision of care and 26 years experience in management. She was a qualified registered mental nurse (RMN) and had obtained the registered manager's award. She informed us that she was a member of the 'Best practice group' for Sheffield.

Regarding Quality Assurance, we were shown evidence that there was an analysis of falls and accidents, and also monitoring of medications, wounds, and care plans. Also surveys had been sent out in March 09 and 40 of the 78 sent out, had been returned. The content of the surveys had been summarised into a report. A copy of the report was displayed at the entrance.

Evidence:

The service had a credit and debit system regarding personal monies, which they held for safe keeping.

Regulation 26 documentation, which were a record of the registered person's monthly visits, were up-to-date. The director informed us that she visited the service on a weekly basis, this was confirmed by the manager.

Regulation 37 notices, which are documents that are sent to the Commission regarding untoward occurrences, including falls, accidents etc; had been received by the Care Quality Commission. The information showed that appropriate action had been taken.

The information contained in the AQAA confirmed that all the health and safety and maintenance had been undertaken.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
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Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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