

Hardwick Dene Ltd

Hardwick Dene

Inspection report

Hardwick Lane
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Tel: 01480811322

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 November 2016. At this inspection we found two breaches of the legal requirements. This was because people who used the service were not protected against the risks associated with the unsafe management of their prescribed medication. Also, the provider failed to maintain and complete accurate records in respect of each person, and the care and support they received.

After this comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. They told us that these improvements would be completed by 31 March 2017.

We undertook this unannounced focused inspection on 24 May 2017 to check that the provider had followed their plan and to confirm they now met legal requirements. This report covers our findings in relation to those requirements. It also covers additional concerns raised with the Care Quality Commission (CQC) prior to the inspection. These concerns were that the provider did not make sure that there were sufficient staff to meet people's needs and concerns around the cleanliness of the service and infection prevention control.

At our focused inspection, we found that the provider had followed their plan and legal requirements had been met. This was because the majority of improvements required had been made.

Hardwick Dene provides accommodation and personal care for up to 50 people including those people living with dementia. Accommodation is located over two floors. There are communal areas for people and their visitors to use. There were 36 people living at the service when we inspected.

At the time of this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People's medicines were stored and disposed of safely. Accurate records were held. People were supported to take their medication as prescribed and medication was managed by staff whose competency had been assessed. However, people's 'as and when required' medication protocols did not always detail what steps staff were to take prior to the administration of this medication for pain relief or to manage people's anxieties.

The majority of people's records, including records to monitor their assessed risks, were accurate and complete. Care plans informed staff of people's individual needs and recorded people's choices, and any assistance they required. Risks to people who lived at the service were identified, and plans were put into place by staff to minimise and monitor these risks.

There were infection control procedures and cleaning schedules in place to reduce the risk of cross contamination and promote infection control prevention.

We saw that there was a sufficient number of staff to meet the needs of people living at the service during our inspection. Consistent agency staff were used to fill any staff shortfalls, whilst the registered manager recruited new staff. A dependency tool (people's assessed dependency support needs) was used by the registered manager to determine safe staffing levels.

Whilst improvements had been made we have not revised the rating for the key questions; is the service safe? Is the service well-led? To improve the rating to 'Good' would require a longer term track record of consistent good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

People's prescribed medications were stored, managed, and disposed of safely. 'As and when required' medication protocols did not detail what steps staff were to take prior to this being given.

There were enough staff to provide the necessary support and care for people.

Infection prevention control procedures were in place to reduce the risk of cross contamination.

This meant that the provider was now meeting the legal requirements.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve the service under well-led.

Improvements had been made to the accuracy of the majority of people's care and support records. This included records to monitor people's deemed risks. However, not all monitoring records were completed consistently or in full by staff.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating at the next comprehensive inspection.

Requires Improvement ●

Hardwick Dene

Detailed findings

Background to this inspection

We undertook a focused inspection of Hardwick Dene on 24 May 2017. This inspection was undertaken to check that improvements, to meet legal requirements planned by the provider after our comprehensive inspection on 15 November 2016, had been made.

We inspected the service against two of the five questions we ask about services: is the service safe? Is the service well-led? This was because the service required improvement under these questions. Following on from concerns raised with the CQC prior to this inspection we also looked at staffing levels, the cleanliness of the service and the management of infection prevention control and cross contamination processes.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the service. This included the provider's action plan, which set out the action they would take to meet legal requirements. We made contact with a representative of the local authority prior to this inspection to aid with our inspection planning.

During the inspection we spoke with two relatives of people who lived at the service. We also spoke with the operations manager; the registered manager; the deputy manager; a senior care worker; the laundry assistant, and a housekeeper. We used observations to help us understand the care provided to people who had limited communication skills.

We looked at three people's care records; accident and incident records, risk monitoring records; quality monitoring, and medication administration records. We also looked at staff rotas, cleaning schedules and the dependency assessment tools, which were used to assess people's dependency needs.

Is the service safe?

Our findings

At our comprehensive inspection of Hardwick Dene on 15 November 2016, we found that people were not protected against the risks associated with the unsafe management of their prescribed medication. People did not always have their medication available. Also, protocols for medicines prescribed to be administered 'when required' did not always provide guidance for staff about when the medication should be given.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment.

During this inspection on 24 May 2017 we found that the provider had made the majority of improvements needed for the safe management of peoples prescribed medication.

People's relatives told us that they had no concerns on how their family member's medication was managed. A relative told us, "As far as I can see medication is given...if [family members] medication is changed...I have had a call [from staff]." Another relative said, "[Family member] has never run out of their medication." Staff said that they had attended training and refresher training in the management of people's medication. Audits, both internal and external, were carried out to help identify and resolve discrepancies promptly.

We saw that medication was stored and disposed of securely. Medication administration records (MARs) showed that medication had been administered as prescribed. We noted that guidance for staff when administering medication to be given only when the person required it, had improved. The guidance included the frequency the medication could be administered and information for staff on when to administer medication to people who could not communicate verbally. For example, the signs the person displayed to show that they were in pain or in discomfort.

However, although staff demonstrated to us their knowledge, step-by-step information on what to attempt prior to resorting to 'as required' medication had not been recorded as guidance for staff. We spoke with the registered manager and deputy manager about this and they told us that they would make the necessary improvements.

Prior to this inspection concerns had been raised with the CQC about staffing levels at the service. The concerns were that there were not enough staff on duty to meet people's needs. Relatives told us that they had no concerns on whether there were enough staff to meet their family member's requirements. One relative said, "I feel that there is enough staff." Another relative told us, "[Staff] observe the necessary things...there are processes in place, regular toileting [of people] and assisted meal-times happen." A staff member confirmed to us, "We have enough staff, we record tasks to support people and there are enough staff to be able to do what needs to be done. Management are amazing and will step in and help if we [staff] are struggling."

The registered manager advised us that the number of staff needed was based on people's individual needs.

Records confirmed this. They told us that they were currently recruiting for night care staff and consistent agency staff were currently used to help with the shortfall. During this inspection we saw that there were enough staff to meet people's needs. Staff were busy, but did not rush the people they were assisting. This meant that there was a process in place to make sure that there was sufficient staff on duty to meet people's assessed needs.

Concerns had been raised with the CQC prior to this inspection about the cleanliness of the service and the cleanliness of people's bed linen. During our inspection, areas of the service seen were visibly clean and tidy. There were processes in place to manage the cleaning of people's rooms, communal rooms, people's laundry, and linen. We saw records documenting this and they showed that there was a cleaning schedule in place that was followed. However, on the day of the inspection we noted that there was only one house-keeping staff member working in the service instead of the three that usually worked there. We spoke with the registered manager about this staff shortfall and they told us that they were actively recruiting to cover sick leave or absences.

Staff spoken with were knowledgeable of what coloured mops/buckets they were to use, in line with national guidance, in different areas of the service when cleaning. Staff were also able to demonstrate to us their knowledge about the safe disposal processes of soiled or clinical waste.

Relatives we spoke with told us that they visited regularly and had no concerns around cleanliness. One relative said, "I've no concerns around the cleanliness of [family members] bed linen or laundry, their room is clean and staff are quick to clean up after any spills. [Family members] room is cleaned daily apart from weekends – perhaps. [Staff] give [family member] a duster as [they] like to dust – to maintain their life skills." Another relative told us, "The home is visibly clean when visiting; [family members] room gets done on a regular basis. [I've] no concerns around the cleanliness of bedding." Personal protective equipment (disposable gloves and aprons) were available for staff around the service. Staff confirmed to us that they did not run out of this equipment and that it was changed and disposed of after every use.

Is the service well-led?

Our findings

At our comprehensive inspection of Hardwick Dene on 15 November 2016, we found that the provider failed to maintain accurate and complete records in respect of each person. This included documentation of the care and support they received and monitoring records of people's deemed risks.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Good governance.

During this inspection on 24 May 2017 we found that the provider had made the majority of the improvements needed.

Care and support plans contained up-to-date information for staff with guidance on how a person was to be assisted. We noted that the majority of records included information of what staff were to do to minimise the people's assessed risks. This included how often a person, with assessed poor skin integrity, was to be repositioned to reduce the risk of skin breakdown. However, we noted that although improvements had been made, documents for monitoring people's food and fluid intake were not always a complete and accurate record. We saw that people's daily fluid intake was not totalled up at the end of each day and the amount of fluid drunk not always recorded. This meant that for people deemed to be at risk of dehydration there was an increased risk to their well-being.

We spoke with the operations manager and registered manager about this. The operations manager told us about the new electronic records system that they were about to introduce. This system would automatically total people's fluid intake and 'flag up' any concerns, such as low fluid intake. This showed us that systems were being introduced to reduce the risk of incomplete or inaccurate records being held.