

Monarch Consultants Limited

Haddon House Nursing Home

Inspection report

32-34 High Street
Clowne
Chesterfield
Derbyshire
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Tel: 01246811106

Date of inspection visit:
05 February 2019

Date of publication:
28 February 2019

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

About the service: Haddon House provides accommodation, personal and nursing care for up to 40 people. Some people using the service were living with dementia. The home is divided into four units. The service is located in the Clowne area of Chesterfield. At the time of our inspection there were 34 people using the service.

People's experience of using this service:

People were supported by enough staff to ensure their needs were met. Staff had time to interact with people in a positive way. People's medicines were managed safely. Risks associated with people's care had been identified and were managed in a way that did not restrict their freedom.

We carried out a tour of the home and found it was generally clean and well maintained. However, we identified some areas which required attention. The registered manager told us these areas were being addressed in their development plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to healthcare professionals when required. People received a nutritious diet which met their needs and preferences. However, the mealtime experience could be improved on. Staff received training and told us they were supported by the management team.

We spent time observing staff interacting with people who used the service and found they were kind and caring. People's relatives we spoke with commented highly of the care and support their family member received.

We looked at people's care records and found they reflected their current needs and preferences. A range of activities were provided which gave people opportunity to access social stimulation. The service had a complaints procedure and complaints were acted on.

The home had a registered manager who conducted a range of audits in areas such as infection control, medicine management, health and safety and documentation. Actions raised as part of the audits were addressed.

More information is in the full report.

Rating at last inspection: Good (report published 12 August 2016)

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led

Details are in our Well-Led findings below.

Good ●

Haddon House Nursing 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Haddon House is a 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with people who used the service and their relatives. We spent time observing staff interacting

with people. We also 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. We spoke with nine staff including care workers, the registered manager, cook, a nurse, activity co-ordinators and the regional manager. We looked at documentation relating to three people who used the service, three staff files and information relating to the management of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to ensure people were protected from the risk of abuse.
- Family members we spoke with told us they felt their relatives were safe living at the home and that their possessions were safe. They told us they would feel comfortable raising any safety issues with members of the staff team or the registered manager and were confident any concerns would be taken seriously. One relative said, "I sleep at night now because I know [relative] is safe here." Another relative said, "We've talked about risk assessments with the carers and the nurse and we think [relative] is as safe as it's possible to be."

Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure people were supported in a safe way. Risk assessments documented any hazards and how these may be minimised.
- Where people required assistance of a hoist to mobilise safely, staff supported them in line with their care records. For example, details such as loop configuration of the sling and the size and type to use were documented.

Staffing and recruitment

- The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks.
- Through our observations and from speaking with relatives we found people were supported by enough staff to ensure their needs were met, and to engage with people in a positive and meaningful way.

Using medicines safely

- People's medicines were managed in a safe way and administered as prescribed.
- Medicines were kept in appropriate storage and temperatures were taken twice daily of the room and fridge. This ensured medicines were stored in line with the manufacturers guidelines.
- The home operated an electronic system where medicines were signed as administered on an electronic medicine administration record (EMAR). We looked at a sample of these records and found them to accurately reflect medicines administered.

Preventing and controlling infection

- We completed a tour of the home with the registered manager and found the environment was clean. However, we saw a bath seat which had started to rust, a door which was damaged and a kitchen unit which required attention. We raised these issues with the registered manager who told us they were being

addressed on their home development plan.

Learning lessons when things go wrong

- The provider responded to accidents and incidents and measures were put in place to help minimise them reoccurring. One person's chair had been adapted following a fall.
- Accidents and incidents were monitored to identify trends and patterns.

Is the service effective?

Our findings

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

Good: 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's needs were assessed and care was delivered in line with people's needs and preferences.
- Support plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- Relatives we spoke with felt their family members were supported to live as good a quality of life as possible. One visitor said, "[Name of person] is lively in the morning and needs to rest in the afternoon, so the carers accommodate that."

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training to fulfil their roles and the responsibilities. Relatives we spoke with told us staff were well trained to care and support their family members.
- Staff we spoke with told us training and support was good. They felt skilled and supported by the management team.
- We saw a training record which indicated that staff had received appropriate training. However, supervision sessions had not been delivered in line with the providers policy. The registered manager had already identified this and commenced a plan to resolve the issue.

Supporting people to eat and drink enough to maintain a balanced diet

- People received sufficient food and drinks to ensure they maintained a healthy and balanced diet. During our inspection was observed meals were of a good quality with thought being given to how meals were presented. We also saw regular drinks and snacks being offered.
- We spoke with the catering staff who were aware of people's dietary needs. This included any known allergies, special diets and food preferences.
- We spent time observing lunch being served in two areas and found some minor concerns. Some people appeared to struggle to eat the food they were presented with. We saw dining tables were not cleared of resource boxes, magazines etc, so some people were distracted from their meals by these items and the dining experience for them was less focused and dignified than it could have been. We also saw that in both areas, puddings were left going cold while people were finishing eating their main course. We raised these concerns with the registered manager who told us that they would be addressed.

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

- The design of the service and decoration met people's needs. We saw the home had good signage which supported people living with dementia to navigate around the service. Corridors and lounge areas had

colourful and interesting displays, such as film stars, fashion and bird watching. We saw staff used these when communicating with people as a point of interest.

- People had photos outside their bedroom of how they looked now and when they were younger. This helped some people find their room as they recognised different images of themselves.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare professionals when they required their interventions.
- Relatives we spoke with all told us they felt day to day health needs of their family members were met. They told us that a familiar GP visited the home regularly and that staff would call for a GP if their relative was unwell. One relative said, "The other day I noticed [name of person] was behaving unusually, so I told the nurse and she called a doctor straight away, even though it was a Sunday. [Name of person] got antibiotics for a chest infection the same day, so I'm really grateful." Another relative said, "They [staff] have had to call a doctor for [relative] on many occasions and they've always let me know."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The service was working within the principles of the MCA. Restrictions on people's liberty had been authorised and conditions on such authorisations were being met.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives we spoke with were complimentary about the care and support their family member received. One relative said, "These carers are fantastic. You couldn't get any better carers anywhere." Another relative said, "The carers are really caring, so it feels like home. I'd be happy being looked after here."
- We observed staff interacting with people and saw they were patient and understanding. One person said to a care worker, "I love you." The carer responded saying, "I'm very fond of you too." They exchange a smile.

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

- People were supported to express their views and be involved in their care. We saw staff spoke sensitively and respectfully with people living in the home, explaining what they were about to do if a care intervention was needed, and allowing time for people to respond to requests where appropriate. We saw that one person sitting in the corridor told staff they did not want to move to go to the dining area for lunch and so care workers offered them a choice of where to eat their meal. Staff were very kind and sensitive and the person moved independently to the dining area.
- We saw that staff knew the preferences of people well, such as their beverage preference and that they knew how best to reassure or motivate individuals. We saw one member of the care staff used a favourite soft toy to help reassure a person who was becoming distressed about not knowing where she was. The member of staff was also able to talk to them about a family member who was due to visit later in the day. This sensitive intervention helped the person to recover from their distress quickly.

Respecting and promoting people's privacy, dignity and independence

- Relatives we spoke with felt their family members were treated with respect and their dignity was upheld. One relative said, "I've seen the carers bring a screen out to put round a resident if they've needed some urgent attention, to keep their dignity." Another relative said, "It's heart breaking when I have to go home and leave [relative] but I know [relative] is in the best possible hands. These carers are just brilliant. I can't thank them enough."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We looked at care records and observed staff interacting with people and saw people received person-centred care and support.
- We saw that people were supported to be as comfortable as possible throughout the day, depending on their individual care needs. We saw people with pillows and cushions carefully placed to support them in arm chairs and people using footstools or reclining chairs. We saw that staff checked during the day if people were comfortable and made adjustments as necessary.
- We observed one person being assisted to use a stand aid to mobilise. The staff said, "Now [name] shall we sing a song to help you stand and get you moving." The person said, "Yes," and together started singing 'It's a long way to Tipperary.' The person joined in with singing and stood with the staff and equipment in a happy way. The staff and person laughed and the person was moved safely but in a very person-centred way, which did not distress the person.
- Relatives we spoke with told us they had been fully involved in their family members care plan and regular reviews took place. One relative said, "We've got a review coming up next week and I know I can talk about how [relative] is doing and if we need to look at changing anything."
- The home employed three activity co-ordinators who ensured people received social stimulation and activities. One activity co-ordinator said, "I do lots of research to find out how we can help all residents with their interests and what they like to do. I think technology is great for opening up the world to people. They [people] can see their favourite performers or clips about planes or trains or whatever they like. I can show relatives photos and videos of their loved ones enjoying themselves."
- We observed activities being provided during our inspection and found they were meaningful and people enjoyed taking part in them.
- Relatives we spoke with felt the activities added value to the service. One relative said, "Last week we had a couple of singers performing here and they were excellent." Another relative said, "Whenever I visit, there's always something going on. It's great to see the residents doing something that they enjoy. I like visiting because it always feels like everyone is happy as they can be."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people we spoke with told us they would raise concerns if they needed to. Relatives were confident their issues would be resolved appropriately and in a timely way.

End of life care and support

- The provider had systems in place to ensure people were supported at the end of their life's. One person had a care plan in place to ensure their comfort and maintain their privacy and dignity at this time.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: 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

- The home had a registered manager who was supported by a deputy manager and a team of nurses and senior care workers. Staff knew their roles and responsibilities.
- Relatives we spoke with knew who the registered manager was and felt they and all the staff were approachable. One relative said, "The manager is very approachable. You just need to knock on her door and she'll see you any time."

Continuous learning and improving care

- The registered manager conducted a series of audits to ensure the service was operating effectively. Where concerns had been raised, action plans had been devised to ensure issues were addressed promptly.
- The regional manager completed monthly visits which focused on the manager's action plans, care records, accidents and incidents, training and personnel and the environment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, their relatives and staff, were involved in the home and their views and opinions mattered.
- Two of the family members we spoke with attended the relatives' meetings regularly and told us they found them useful, although very few people attended. One relative said, "I was nervous before the last relatives' meeting because there was a speaker who came to talk about end of life care and I didn't want to discuss that. But they were excellent and actually I now feel I can talk to staff about the subject, which I couldn't have done before."

Some family members told us they did not know about the meetings and had not received any notes from them.

- The registered manager told us that relatives had raised concerns over the lack of car parking facilities. The regional manager told us this was being addressed.

Working in partnership with others

- The provider had addressed issues raised by other professionals as a result of visits and audits. For example, actions had been taken following a fire inspection.