

# Review of compliance

Amocura Limited Haddon Court Nursing Home	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	High Street Beighton Sheffield South Yorkshire S20 1HE
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	August 2011
<b>Overview of the service:</b>	<p>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.</p> <p>Haddon Court is a large purpose built three-storey care home. It provides nursing and personal care for older</p>

	people who have a physical disability, nursing needs or have dementia.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Haddon Court Nursing Home was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review to check whether Haddon Court Nursing Home had made improvements in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 08 - Cleanliness and infection control
- Outcome 12 - Requirements relating to workers
- Outcome 13 - Staffing
- Outcome 14 - Supporting staff

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 8 August 2011, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

A number of people who live at Haddon Court have conditions that mean they have difficulty talking with people and therefore have varied methods of communication. Some people were able to express their views, others were not able to verbally communicate with us. Due to people's communication needs, during the site visit we sat with people in communal areas and observed them closely. This meant we were able to ascertain whether their needs were met.

Throughout the observation we saw all staff treat people kindly and with courtesy.

During our observation period there appeared to be sufficient numbers of staff to meet the needs of people who use the service.

We saw occasions where staff interactions with people could have been handled more appropriately.

People that were able told us that overall they were happy living at the home and satisfied with the care and support they were receiving. People's comments included:

"I like it here".

"The staff look after me well".

"I'm OK no problems".

## **What we found about the standards we reviewed and how well Haddon Court Nursing Home was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

Staff had received training in caring for people with dementia, however some practices we observed demonstrated that some people were not being supported appropriately to meet their complex needs.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Steps are taken to ensure that people are protected from receiving inappropriate or unsafe care and treatment.

### **Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

Appropriate standards of cleanliness and hygiene are maintained.

### **Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

The service has effective and fair recruitment policies and procedures.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

There are sufficient numbers of qualified, skilled and experienced persons employed at the home.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Some staff were not engaging and supporting people which was having a negative effect on their care.

## **Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this

report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

One person said:

"I've been here for many years and everyone's been alright with me".

##### Other evidence

Following our last review at the service on 12/05/2011, we had the following concern:

"The concept of privacy, dignity and human rights were not fully understood by all staff, resulting in a variation in the care and support provided to people".

This was because we observed that staff were very busy carrying out 'tasks'. This meant that little or no time was spent with individual's actively listening and involving people in making decisions. People were heard asking staff things, but the staff were so preoccupied with completing tasks they didn't respond, so people were ignored. We also observed that not all staff were skilful in engaging with people effectively.

Following the last inspection the provider sent us an action plan detailing the action taken in response to the inspection report. The provider told us:

"The manager has combined good practice meetings with staff meetings where she has discussed privacy dignity and human rights. Evidenced in minutes which are available at the home.

The manager tried to contact Birmingham College to arrange training however this was unsuccessful therefore; training has been arranged through Local Care Force training covering privacy dignity and human rights and is to take place on 9th August 2011.

Also arranged through the same provider is training on DOL's and Mental Capacity. The training provider will evaluate the staff's level of understanding of the training by providing a short quiz at the end of the session.

Equality and Diversity training was provided by the local authority on 11th March 2011.

As part of our Provider Visit and in line with Outcome 1 the auditor observes how staff interact with service users, how they conduct themselves and how they support and discuss treatment with service users. Staff are also observed how they respect privacy, dignity, choice and independence when assisting service users. E.g Knocking on doors, ensuring doors are closed when delivering personal care, staff interactions at mealtimes. The provider visit report is discussed with the manager and an action plan devised to ensure any non compliance is rectified. A copy of the report is left in the home and is checked at the next visit to ensure that the recommendations have been actioned".

At this visit we spent a period of time sitting with a group of people in the main lounge areas. We were able to observe people's experiences of living in the home and their interactions with each other and the staff.

The atmosphere in the home was generally relaxed, the TV was on in both lounges but the volume was at an acceptable level.

During our observation period there appeared to be sufficient numbers of staff to meet the needs of people. There was one or more staff within the lounges for the majority of the morning. Much of the interaction we observed between staff and people was more 'practical' rather than warm and focused. We saw that 'quieter' people received less attention than others. People that slept between morning tea and lunch appeared to have a general lack of engagement with staff. One person occasionally opened their eyes and began talking to herself though this was not acknowledged by carers.

No activities occurred during our period of observation although staff did talk to people about having a sing-song later in the day.

We saw occasions where staff interactions with people could have been handled more appropriately.

One person wanted to get out of the chair and move around. They were told and assisted to sit back down. This made the person unhappy and they hit out at the staff member who then loudly said "look at my war wounds".

Another person was repeatedly going to staff and asking for his watch. One staff member was completing records and when the person went up to them and asked for his watch the member of staff totally ignored him, didn't look up and carried on writing records. Another member of staff said "I've only got one pair of hands I'll get your watch when I have time". The response of the carer's demonstrated that they had developed an accepting acknowledgement of this person and therefore failed to respond

appropriately to meet their needs.

Generally, we saw people's needs were being met; staff did not seem unkind and talked to people. However the interaction tended to focus on more vocal people which may suggest that staff do not always feel comfortable or have the necessary skills to communicate with people who are either quiet or more withdrawn. The provider should consider some communication training to help in developing staff abilities to communicate verbally and non-verbally with all people.

**Our judgement**

Staff had received training in caring for people with dementia, however some practices we observed demonstrated that some people were not being supported appropriately to meet their complex needs.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People said:

"Staff are kind and give me help".

"I can see the doctor whenever I'm not feeling well".

"The nurses are very good at sorting out my dressings".

##### Other evidence

Following our last review at the service on 12/05/2011, we had the following concern:

"People had an assessment and plan of care but these were not reviewed and updated in a meaningful way. This could result in people not experiencing effective, safe and appropriate care, treatment and support that meets their needs and protects their rights".

This was because we reviewed the care plan of one person, whose support needs had changed, however these changes were not reflected in their care plan.

Following the last inspection the provider sent us an action plan detailing the action taken in response to the inspection report. The provider told us:

"The manager has addressed the concerns highlighted in the report at the trained staff

meetings, this is documented in the minutes. The manager has randomly checked care plans and discussed her findings with the nurse on duty at the time".

At this inspection we looked at the care plans for 3 people. We saw that further work had been completed to ensure that all care plans were kept up to date and relevant. The Audit Manager was also working with the manager to improve the quality of information in the care plans.

We saw that some changes to care plans were needed so that they fully reflected the current support and care needs of people. However this had not had a detrimental affect on the quality of care people were receiving.

**Our judgement**

Steps are taken to ensure that people are protected from receiving inappropriate or unsafe care and treatment.

## Outcome 08: Cleanliness and infection control

### What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

### What we found

#### Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

We did not have specific evidence about what people told us in this outcome area.

##### Other evidence

Following our last review at the service on 12/05/2011, we had the following concern:

"There were insufficient resources available to prevent and control infections and there was a need for clarity around the roles and responsibilities of some staff".

This was because the Infection Control Lead Nurse from NHS Sheffield had visited the home and carried out a review. We were sent a copy of the report completed by her and found there were a significant number of actions that the home needed to take to improve infection control. On the day of our inspection some of these had been actioned, others were being dealt with.

Following the last inspection the provider sent us an action plan detailing the action taken in response to the inspection report. The provider told us:

"The lounge on the ground floor has had a new floor covering fitted. The corridor carpets on the lower ground floor were replaced on 23rd May 2011. The home has recruited new domestics to ensure there are sufficient resources available to maintain the homes standard of cleanliness.

The schedule for the cleaning of carpets has been put in place to ensure regular cleaning of carpets.

The infection control report from NHS Sheffield has been shared with staff. We can confirm that the manager is working with Nikki Littlewood of NHS Sheffield and the

action plan is currently being worked through. The progress of the action plan is checked on a regular basis".

At this inspection the manager told us there were only 2 outstanding actions to be completed.

We looked around the environment and found that most actions had been completed. New soap dispensers were fitted, there were more hand gel machines and each bedroom had a pedal bin and toilet brush in situ.

New floor coverings had enhanced communal areas and further re-decoration work was planned.

Infection control audits were being completed by the manager and audit manager and staff spoken to were aware of their own responsibilities in maintaining a clean environment.

**Our judgement**

Appropriate standards of cleanliness and hygiene are maintained.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

We did not have specific evidence about what people told us in this outcome area.

##### Other evidence

Following our last review at the service on 12/05/2011, we had the following concern:

Whilst checking one person's recruitment file we found that they had a CRB which was not clear. A letter in the file said that the person had not declared any convictions at interview and had been asked by the manager to provide a statement about the conviction. The letter said the manager would then speak to the person and complete a risk assessment, in line with the organisation's recruitment policy and procedure. There was no risk assessment on the file. The manager said this had been completed but couldn't explain why it wasn't on file.

Following the last inspection the provider sent us an action plan detailing the action taken in response to the inspection report. The provider told us:

"The manager has been requested that she ensures the home follow the company procedures. The provider checks all new employees files at the provider visit".

Since the last inspection a number of new staff had been employed, however none of these staff had unclear CRB information. Therefore it was not possible to check if risk assessments were completed for people with unclear CRB checks.

**Our judgement**

The service has effective and fair recruitment policies and procedures.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

We did not have specific evidence about what people told us in this outcome area.

##### Other evidence

Following our last review at the service on 12/05/2011, we had the following concern:

"There should be a reassessment of the needs of the people who use the service and the numbers and skills of the staff that are needed in order to provide safe and effective care and support to people".

This was because during our observations we found that staff were very busy carrying out personal care tasks which left little time to spend with individuals. Staff moved from one task to another, little consideration was given to giving people quality time and asking them about their choices and preferences. We believe this was partly due to staffing numbers, but also staff's lack of skill in dealing with people that had dementia (as described in outcome 1).

Following the last inspection the provider sent us an action plan detailing the action taken in response to the inspection report. The provider told us:

"The manager has reviewed the staff rota's and amended the rota to reflect the changing needs of the residents".

At this inspection the manager told us that dependency levels are reviewed each month

at the same time that the care plans are reviewed. This information is then forwarded to the provider who advises on the number of staff required to make sure that people's individual needs are met.

Since the last inspection 10 new members of staff had been employed. The home was benefiting from increased numbers of carer's, domestics, nurses and an administrator. The manager said that agency staff were still being used but much less frequently. On the day of the inspection 2 staff had phoned in sick and the manager had to cover the home using agency staff.

Numbers of ancillary staff had increased to 4 on each day. The manager was also working full time in her management role.

**Our judgement**

There are sufficient numbers of qualified, skilled and experienced persons employed at the home.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

There are minor concerns with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We did not have specific evidence about what people told us in this outcome area.

##### Other evidence

Following our last review at the service on 12/05/2011, we had the following concern:

"Specialist training, which would improve staff skills and knowledge in caring and supporting people with dementia is either not provided or not effective".

Following the last inspection the provider sent us an action plan detailing the action taken in response to the inspection report. The provider told us:

"Dementia Awareness training was carried out at the home on 13th July 2011. The trainer's have agreed to give feedback to the home on the staff's understanding of the training provided to ensure that the training has been effective. Further training is to be arranged".

The manager told us and staff confirmed that since the last inspection, two training sessions in 'caring for people with Dementia' had taken place. Further sessions were planned as not all staff had attended. The staff who had completed the training told us that it had been very useful and beneficial to them.

Our observations on the day of the inspection was that there is still further need for staff training in caring for people with dementia. See Outcome 1 for details.

**Our judgement**

Some staff were not engaging and supporting people which was having a negative effect on their care.

## Action

we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p><b>Why we have concerns:</b> Staff had received training in caring for people with dementia, however some practices we observed demonstrated that some people were not being supported appropriately to meet their complex needs.</p>	
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p><b>Why we have concerns:</b> Staff had received training in caring for people with dementia, however some practices we observed demonstrated that some people were not being supported appropriately to meet their complex needs.</p>	
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p><b>Why we have concerns:</b> Staff had received training in caring for people with dementia, however some practices we observed demonstrated that some people were not being supported appropriately to meet their complex needs.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff

	<b>Why we have concerns:</b> Some staff were not engaging and supporting people which was having a negative effect on their care.	
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<b>Why we have concerns:</b> Some staff were not engaging and supporting people which was having a negative effect on their care.	
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<b>Why we have concerns:</b> Some staff were not engaging and supporting people which was having a negative effect on their care.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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