

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Haddon Court Nursing Home

High Street, Beighton, Sheffield, S20 1HE

Tel: 01142511318

Date of Inspection: 08 April 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Amocura Limited
Registered Manager	Mrs. Judith Margaret Nicholas
Overview of the service	<p>Haddon Court is a nursing home registered for up to 83 people 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, nursing needs or have dementia.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by other authorities.

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

What people told us and what we found

People that we were able to communicate with told us that overall they were happy living at the home and satisfied with the care and support they were receiving. Their comments included, "the staff are excellent, in fact they're brilliant," "I am happy here," and "the food is good."

During the inspection we spent time sitting with people in the communal areas of the home. We found that care and support was offered appropriately to people. People that we were unable to fully communicate with looked content and we observed positive interactions with staff and people living at the home.

Each person living at the home had a care plan. We found that the information in these was detailed and complete.

We spoke with three relatives/friends who were visiting the home and they confirmed that they were satisfied with the care provided.

During the SOFI we observed people having lunch. Overall we found the mealtime was a positive experience for people.

Our conversations with people, relatives and staff, together with observations on the day of our inspection evidenced that there were sufficient staff available to meet people's needs.

The provider had an appropriate system in place for gathering, recording and evaluating information about the quality and safety of care the service provided.

We found that records required to be kept to protect the safety and well being of people

living in the home were held securely.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During this visit, we spoke with people individually in their bedrooms and in the communal areas of the home. We also spoke with two relatives and one friend who were visiting the home. People told us that they were happy with the way staff cared for them and felt their needs were being met by staff. One person said, "It's good here, all the staff are nice." Another person told us, "I have a nice bedroom, there's enough staff, some staff are much better than others."

One relative told us that staff noticed when their relative was becoming unwell and would inform them and then arrange for the doctor to visit if necessary. The relative said that their family member "looked clean and well cared for whenever I visit".

We saw that staff had positive interactions with people. Staff spoke patiently and kindly whilst offering choices and involving people. Whilst people occasionally remained silent and withdrawn, they were not ignored by staff and appeared to enjoy watching interactions between other people and listening to music that was playing as background noise in the lounge and dining rooms.

During our visit, we found that people were provided with the support they needed when they needed it. One person told us that they rang the 'buzzer' when they needed assistance and staff would come to them as soon as possible. The person said they sometimes had to wait a while, depending on how busy staff were.

We found that staff treated people with respect and in a kind manner. It was clear that staff knew people well and were aware of their individual preferences.

We saw people approach staff and engage in conversation, or ask for something and staff responded to requests made by people. Staff also proactively engaged with people in communal areas and with people who due to their dependency needs remained in their rooms.

We examined three people's care files. All the care files contained good information about the person's biography, physical, medical and personal support needs. They also included people's likes, dislikes and preferences. All the care files had a range of individual risk assessments.

The provider may find it useful to note that associated care plans, for example, food and drink and diet and weight loss, were not linked together. This meant that some information did not correlate and was therefore confusing as it was not clear which was the accurate information.

There was evidence in the care files that a range of health care professionals were involved in supporting staff to meet the needs of people as required. The files recorded information provided by relatives which was reflected in the care plans as appropriate.

People living at the home and staff spoken with said that there was a selection of activities provided to people. The service employed two activities workers that worked during the day between Monday and Friday. Examples of activities on offer were crafts and games, bingo and exercise sessions. Parties for occasions like Christmas and Easter were organised and performers were brought in to entertain people. There were also opportunities for people to go on outings to shopping malls and to the seaside.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We issued a compliance action following our last inspection in July 2012. This was because we found people using the service were not protected from the risks of inadequate nutrition and dehydration. We found that not all people had a choice of suitable food and drink to meet their needs and were not supported to eat their meal in an appropriate way.

Haddon Court submitted an action plan following our inspection. This detailed the actions they intended to take in order to achieve compliance with this outcome area. In order to check compliance we carried out a SOFI observation during lunch, spoke with people living at the home, visiting relatives, the company director and seven members of staff. We also reviewed care plans and other documentation relating to meeting nutritional needs.

During the SOFI observation we saw that most staff, with the exception of one, had very positive interactions with people. Staff spoke patiently and kindly to people whilst offering them food choices. Staff were observed sitting with people that needed assistance with eating and drinking. People were not rushed and in the main staff talked with them and explained what they were eating and drinking. We observed one member of staff that was not as skilled as other staff in their interaction with people using the service. For example when the member of staff assisted a person with eating they did not talk to the person or explain what they were going to do. We saw that this caused the person to become agitated and upset. This was feedback to the company director on the day of the inspection.

We saw that some people were provided with food and drink that had been prepared according to the instructions given by the Speech and Language Therapist (SALT). This meant that people were being provided with the necessary nutrients and vitamins to maintain their health and well being.

We saw that lunch was presented in an appetising manner and that people's dignity was considered during the meal. Due to the high dependency needs of people using the service, we saw that some people did have to wait for staff assistance. However staff made sure that meals were served at an appropriate temperature and drinks were provided to people whilst waiting for their meal.

We observed that tables were not 'set' prior to lunch being served. Staff told us that

tablecloths and cutlery were put on the tables just as the meal was given. They said this was because people using the service "disrupted" the tables if they were set earlier. We saw that when tablecloths were put on tables, they were clean but very creased. The provider may find it useful to note that this did not promote people's dignity and independence.

We spoke with five people. They all told us that they were "satisfied" with the food provided. One person said, "I haven't been very well so the staff made sure there were plenty of weetabix in because they know I like them and can eat them at any time". Another person said, "I'm very fussy about food. There's lots of things I don't like but the staff always find me something I like". All five people told us that food and drinks were available throughout the day and night. One person said, "I only need to ask and the staff will bring me a drink".

Staff that we spoke with told us that there was always at least two options available to people at each meal. Staff said that people were asked what their choices were the day before. The provider may find it useful to note that most people could not remember what they had chosen to eat at lunchtime from the day before. We also observed people deciding that they didn't want what they had chosen the day before and changed their minds. However we saw that staff accommodated their change in preference.

We saw that people's preferences in relation to food and drink were recorded in their care plans. Any individual medical dietary requirements were also recorded and monitored.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We issued a compliance action following our last inspection in July 2012. This was because we found that there were not enough qualified, skilled and experienced staff to meet people's needs.

Haddon Court submitted an action plan following our inspection. This detailed the actions they intended to take in order to achieve compliance with this outcome area. In order to check compliance we undertook informal observations in order to determine if there were sufficient staff to meet the needs of people living at the home. We also spoke with people living at the home, visiting relatives and with the company director and seven members of staff. We also reviewed the staff rota and other documentation relating to staffing levels within the home.

At the time of our inspection there were 52 people living at the home. The home is divided over three floors. On each floor there was one qualified nurse and three senior care assistants or care assistants on duty. Ancillary staff were also on duty.

Our inspection took place during the day and the staffing in place matched that documented within the staffing rota and dependency assessment completed by the home. We saw that staff were visible throughout the home and noted that they spent some one-to-one time with people. We also observed positive communication and interaction between people living at Haddon Court and the staff working on the day of our inspection. Our observations and conversations with people, visiting relatives and staff confirmed that the staffing numbers in place enabled people's day time needs to be met in a timely way.

People and relatives we spoke with on the day of our inspection were positive about the staff at Haddon Court. One person stated that the staff were, "very good " and another person said the staff were "excellent". Two relatives and one friend that were visiting the home said they could not fault the staff at all.

We spoke with seven members of staff during our inspection. They reported that the staffing difficulties present at the time of our last inspection had improved and that there were now sufficient staff to meet people's needs.

We spoke with the company director who told us that there was still an unacceptable

level of staff sickness at the home. She said that this was being managed by human resources and in the interim, when necessary staff were working additional hours to ensure that staffing levels did not drop below what was required.

We spoke with the company director about how they assessed and determined that there were sufficient numbers of staff on duty to meet the needs of people living at the home. The business support manager informed us that the number of staff in place was based upon the needs and number of people resident within the home. They said that dependency assessments were undertaken on a monthly basis for both day and night shifts and talked through and provided documents to illustrate how this was calculated. We saw evidence that the number of staff on nights had recently been increased from six to seven as a result of staff reporting that people's dependency levels had changed.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke with people using the service but their feedback did not relate to this standard.

On the day of the inspection the home did not have a registered manager. The registered manager had left the service approximately one month ago. The Area Manager was currently working at the home full time to cover the manager's post, however on the day of the inspection she was on leave. When we arrived a Registered Manager from a sister home was on site along with the Operations Facilitator. The Company Manager also arrived at the home during the morning and assisted us with the inspection process.

We saw evidence that there were some established and other new systems in place to ensure that the internal auditing of the service covered all areas. The senior managers' audited areas of the service, which included medication, complaints, accidents, staff training, care files, health and safety and premises. From the audits improvement actions were identified by the managers' and an action plan was put in place to achieve compliance.

We looked at a sample of the service's policies and procedures. We found the policies and procedures to be detailed, clearly written and easy to understand. The Company Director had a checklist which showed when each policy was due to be reviewed and updated.

A complaints procedure was in place so that people could voice any concerns. People using the service and relatives spoken with said that they had no worries or concerns, but if they did they would be able to talk to staff or the managers'. Everyone spoken with said that staff would listen to them.

We saw that the service had recently sent out a 'Quality Assurance Questionnaire' to people using the service. People had been asked their opinions on such things as care, food, premises and management. Twenty had been returned and we found that relatives and advocates had completed the surveys on behalf of their family member. Relatives that we spoke with told us that this was because their loved one was unable to complete the questionnaire themselves.

We looked at a selection of the forms and found that a high majority of people had commented positively in relation to the care and support provided at Haddon Court. The Company Director told us that when all questionnaires had been returned, a report would be completed showing what action they were going to take in response to the comments made by people.

The provider may find it useful to note that the 'Quality Assurance Audit' did not include questionnaires being sent to professionals, relatives and staff and therefore they do not have the same opportunity to give their views in relation to the standard of care and treatment provided to people.

Resident/Relative meetings were held at the home, on average four times per year. People using the service and relatives that we spoke with told us they were able to talk to the manager and the staff about their views and suggestions at any time.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

We issued a compliance action following our last inspection in July 2012. This was because we found people's 'My Care' charts were left unattended in the main lounge, which meant that unauthorised people could gain access to them if no staff were visible.

Haddon Court submitted an action plan following our inspection. This detailed the actions they intended to take in order to achieve compliance with this outcome area. In order to check compliance we undertook observations around the home to check if there were any confidential records that were not securely stored.

We found that records required to be kept to protect the safety and well being of people living in the home were held securely. We saw that records were kept in offices that were locked. When staff needed to record information into people's records they did this and then returned the records to a place of safe keeping. The home had a room that was used for staff meetings and training. We found boxes of records in this room that were awaiting being moved to a more secure location. The room was 'closed off' but did not have a lock on the door. When we brought this to the attention of the company director she arranged for the records to be moved immediately. The company director was very disappointed that the records had been temporarily placed in this room and said she would action this with the appropriate person.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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