Althea Healthcare Properties Limited

Hadleigh Nursing Home

Inspection report

1 Friars Road
Hadleigh
Ipswich
Suffolk
IP7 6DF

Tel: 01502502702

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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

Hadleigh Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service does provide nursing care. The service accommodates up to 54 people and there were 29 people living in the service when we inspected on 15 May 2018. This was an unannounced comprehensive inspection.

The service did not have a registered manager. Since the last registered manager left the service it has been managed by an operational manager for the company. A new manager has been appointed and is seeking registration with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

This was the first inspection of the service. There were systems in place designed to keep people safe from avoidable harm and abuse. Staffing levels in the service were organised to provide people with the care and support they required. There was a robust recruitment process in operation to check staff were fit to care for the people using the service.

People were provided with their medicines as prescribed. The environment was appropriate for people using the service. Staff were provided with training and support. All of the qualified nursing staff had maintained their status to practice as qualified nurses. People were supported as needed to see health and social care professionals. People's nutritional needs were assessed and met.
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 were treated with dignity and respect by the staff. People had positive relationships with the staff who supported them. There was a system in place to manage complaints.

People were provided with the opportunity to participate in activities that interested them. People's views were valued and used to plan and deliver their care. People's views were listened to and acted upon relating to their end of life care.

The service had a clear vision to deliver care and support to people with regard to their assessed needs. There was a governance framework in place to check upon the quality and safety and service and systems in place to address improvements in the service once identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had been trained in how to keep people safe from abuse.

Staffing levels meant that staff were available to help and support people when they needed them.

The systems for the safe recruitment of staff were robust.

People were provided with their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were supported through supervision and had received training to meet the needs of the people who used the service.

People had access to appropriate services for their ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

The service was working within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People's choices were listened to and respected.

People's independence was supported.

Is the service responsive?

Good

The service was responsive.

The service carried out assessments of people's needs and their care plan was written in a person-centred way of how to meet those needs.

There was a system in place to manage people's complaints.

People were provided with the opportunity to participate in activities.

Systems were in place to support people at the end of their life.

Is the service well-led?

Good

The service was well-led.

The service had policies and procedures designed to provide quality care to people.

Appointments to senior positions of manager, deputy manager and clinical led had been made and these staff were supported by visiting senior staff.

Quality assurance reports were carried out to a planned timetable and actions identified for improvement were implemented.

Hadleigh Nursing Home

Detailed findings

Background to this 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 was planned to check 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.

This unannounced comprehensive inspection took place on 15 May 2018 and was undertaken by two inspectors, a nurse specialist advisor and an expert-by-experience. An expert-by-experience is a person who has experience of using or caring for someone who uses this type of care service

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

We spoke with seven people who used the service and five relatives. We also spoke with nine members of staff including the operational manager, quality manager, service manager, clinical lead, qualified nurse, senior carer, chef, activities co-ordinator and a member of care staff. We also spoke with a visiting healthcare professional. We observed the interaction between people who used the service and the staff.

We looked at records relating to five people's care. We looked at records relating to the management of the service including fire safety records, three staff recruitment files, training and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person told us, "I am safe knowing I have a buzzer to call staff when I need them. They always come." Another person explained to us that they were not able to use the call bell system with their hands. The staff had arranged with them an alternative which they could use to summon support when needed.

Staff had received safeguarding training and understood their responsibilities in keeping people safe from harm. One member of staff told us, "I had safeguard training when I joined the service and we looked at the different types of abuse. I know how to report anything of concern and seek advice." Where a safeguarding concern or incident had happened, the service had reviewed the situation and taken action to reduce the risks of future incidents. The service had reported incidents appropriately to the local authority. We saw that safeguarding training was planned for the staff on a yearly basis.

Each person had a care plan and this included a risk assessment with regard to their assessed needs. This included how to support people with diabetes, Parkinson's disease, moving and handling and how to reduce the likelihood of pressure ulcers. Staff had also sought the support of health professionals through planned meetings and calling for support in response to a person's new health care need having been identified.

A member of staff told us about how they kept people safe, "We all work hands on together and any changes to a person's care are recorded on our [computer tablets]." They further explained all care staff have a handover and we all have to listen and read the most up to date information about people. The member of staff told us, "If we've got any concerns about people, we report them straight away to the nurse or the management team."

There were personal evacuation plans in place for each person to guide staff on the support that people needed should the service need evacuating. Risks to people injuring themselves or others were reduced because equipment, including hoists, the passenger lift, and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Fire safety checks were undertaken on a weekly basis.

A member of staff demonstrated good knowledge about the needs of the people they supported and was able to explain people's individual care requirements, as well as any identified risks. For example, they described how one person had a complex medical condition and a physical disability. The member of staff explained what the risks were for the person and how they were managed. The staff member explained how everyone's information was on hand via the I-pads, which meant they could easily access or check anything they needed to.

People told us that they felt that there were enough staff in the service to support them. This was confirmed by the relatives we spoke with. One person told us, "There are enough staff here day and night." A relative explained to us that they had been concerned over the Christmas period with regard to there being enough staff but things had improved. They thought they had gone from strength to strength and now there were

sufficient numbers of staff to care for people. We spoke with the senior staff about how they ensured there were enough staff to meet people's needs. They informed us they used a dependency tool taking into account people's needs to determine the number and skill mix of staff required. We saw the staffing rotas for the previous three months and saw the staffing establishment was stable. Staff annual leave had been covered by other staff to ensure there were enough staff on duty to meet people's needs.

We saw that staff responded to people requests for assistance, including call bells promptly. We also noted that during our inspection staff had time to talk with people and were not rushing away to perform tasks. We also noted that staff frequently knelt down beside people so that they could engage and listen carefully to what people were telling them.

The service had a robust policy and procedure in place for the recruitment of staff. One member of staff told us, "I could not start until all the checks had been carried out." Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service. We saw that all of the nurses had revalidated so that they were fit to continue to practice as a qualified nurse. The nursing staff told us how the service was supporting them to maintain their registration. We saw that the revalidations dates for each member of staff was recorded so that the manager could check future revalidations were all in order.

Records showed that staff who were responsible for administering medicines had received training. We observed the lunchtime medicines administration and the staff were knowledgeable about the reasons why the medicines had been prescribed. Each person had a Medication Administration Record (MAR) with their name, up to date picture and any allergies all recorded. Where people were prescribed medicines to be taken as required (PRN), protocols were in place to inform staff how and when these were to be administered. MAR charts were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time.

We spoke with the Clinical lead nurse about the policies and procedures for ordering medicines and how any unwanted medicines were returned to the pharmacy. The clinic room was well stocked with dressing packs and other equipment for the purpose of providing support to people with regard to their nursing needs.

Staff had received infection control training and we observed that appropriate hand hygiene was followed to ensure the risk of spreading infections was minimised. The service was clean and free from any offensive odours. A member of staff explained to us how the cleaning schedule for the service was organised. This comprised each day a number of people's rooms were cleaned as well as all of the communal areas. Staff consulted with people to check upon a convenient time they could carry out the cleaning. The chef showed us a number of records and systems that were used to ensure the kitchen remained safe and hygienic. The records we looked at were completed appropriately and up to date.

Systems were in place to report concerns to appropriate organisations for information and advice. The senior staff sought to speak with relatives on a regular basis to determine if they had any concerns about people's well-being and on one occasion this had led to the review of a person's one to one care for particular activities known to be of benefit to them.

Staff reported incidents and accidents including falls to the senior staff as they had occurred and these were reviewed on a monthly basis to determine any lessons that could be learnt for the overall improvement to the service. The service had learnt lessons regarding safe medicines management and had worked with the

falls prevention team to reduce the risk and likelihood of falls.

Good

Is the service effective?

Our findings

There was a section in people's care plans to record their assessed needs. Some people required assistance with daily living tasks while other people required support with their physical needs and support with memory problems. Assessments reflected the individual needs of the person. The care plans were person-centred to reflect those needs. Staff had engaged with people to discuss their choices about how they wished to spend their time and support required to meet those needs had been recorded. We saw that the care plans were reviewed by the staff monthly and with the person every six months or more frequently as the need arose.

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. This was supported by the relative we spoke with. One person told us, "I have seen the GP since I have been here the staff arranged that for me." A relative explained, "I have no concerns the staff get on with it when a doctor is needed and let me know what is happening." People's records showed that where there had been concerns about their health the staff had referred to health professionals for advice and this information had been recorded.

There were systems in place to provide staff with on-going training to meet people's needs effectively. All new staff were provided with an induction course, which included training such as moving and handling and the care for people 'living with dementia'. Staff told us that they received training that helped them in their role at the service. One member of staff told us, "I enjoyed the training as it was well organised and informative."

Another member of staff told us that the most effective training they had completed was by wearing an age simulation suit (Gert). They explained that this enabled the wearer to experience what it felt like to have conditions such as a visual impairment, hearing loss, joint stiffness, compromised mobility, tremors and reduced grip ability. They told us, "It was quite scary and upsetting but it gave me a proper insight to how hard it must be for people to manage with problems like these; especially when people also have dementia. I always try and imagine things from other people's perspective now and I think it's helped me to be a better carer."

Staff spoke to us about how they were supported by senior staff to care for people. As there had been many changes in senior staff since the service opened the planned supervision had not been delivered consistently. Staff considered that they were supported as they could approach any of the senior staff including the qualified nurses for help. The senior staff had arrangements in place to provide consistent planned supervision and were also planning once this was established for annual appraisals later in the year.

People told us that they were provided with choices of food. One person told us, "There are choices every day and if none of that takes your fancy they will do some soup or eggs you do not go hungry." The chef told us about the arrangements for preparing meals of people's choice. They informed us how the staff provided them with information about people's dietary needs. We did notice one person was provided with a pureed

diet on the day of the inspection when their actual care plan stated they required a soft diet. We discussed this with the staff and on the day they checked the accuracy of all the other records. The staff also informed us that they would work with the person with regard to providing them with a soft diet of their choice going forward.

When we arrived at the service some people were enjoying breakfast in the dining room and other people had breakfast in bed. One person did not wish for breakfast and informed us they liked a lay in sometimes and would come to the dining room for lunch. Records showed that people's dietary needs were assessed using the malnutrition universal screening tool (MUST). There were systems in place if people lost weight, which included referring them to health professionals including a dietician or the speech and language team (SALT). This meant people had a choice of where and when to eat their meals and their nutrition and their nutrition was monitored as needed.

The service was freshly decorated throughout with clear notices on doors so that people could identify the lavatories and bathrooms. There was no signage in many of the corridors to direct people and we understood this was being addressed by the service. On the day of the inspection we noted a problem with the tiling in a lavatory and this was immediately addressed. The service benefits from pleasant gardens and we saw people taking advantage of this during our inspection. Staff supported people in the grounds and this included an enclosed garden which people were encouraged to use.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The senior staff understood when applications should be made and the requirements relating to MCA and DoLS. Staff explained to us how they had supported a person and their family with a particular difficult situation when providing respite care. The service had worked with all concerned and taken immediate advice from the local authority to keep a person safe.

Staff had received training in the MCA and DoLS. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service.

A member of staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty and explained how people were assumed to have capacity to make decisions for themselves, although some people sometimes needed support to make more complex decisions. They told us, "Sometimes people's capacity changes from day to day and sometimes in the same day. Even if people don't have the capacity to make decisions for certain things, we still offer choices and encourage people to choose things for themselves."

Good

Is the service caring?

Our findings

People spoken with informed us the staff were caring and treated them with respect. One person told us, "All of the staff are very nice indeed." A relative informed us that they were very pleased that they had found this service.

The atmosphere throughout our inspection was relaxed and peaceful. One person did become upset at lunch time regarding a split drink but they were quickly supported by the staff. Another person wished to help the staff clear up as they were concerned that people could slip. They were also provided with reassurance and took comfort from the quick and appropriate response of the staff.

The staff we spoke with were knowledgeable about the needs of the people they supported and showed empathy. We saw examples of caring and compassionate care. Staff spoke with people in a pleasant unhurried tone of voice and used hand gestures to help to explain points to people.

People's records identified how people's privacy was to be respected. We saw that staff knocked on doors and sought permission before entering. People were discreetly escorted to the bathroom. People told us how their independence was promoted and respected. We were aware of how people using the service for respite care had been supported to increase their independence and had left the service as a result.

Care plans clearly showed people had been involved and supported in how their care was planned and delivered. People at the service and their relatives told us that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care and support. People told us that they were supported to maintain contact with their relatives and friends. One person told us, "My family come regularly to visit me and they are pleased as am I about the place."

People were cared for and supported by staff that knew them well and understood their preferences and dislikes. Support plans described people's needs and how they wished to be cared for in a personalised way. A member of staff told us, "We do have time to read the care plans and to get to know people. We can share a joke with them and can talk about what they did before coming here and what they wish to do here."

Staff had recorded important information about people including their life histories. Care plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner. Staff told us that information they obtained to plan people's care had helped them to provide care and support in a way that was preferred by the person. One person told, "The staff always respect my dignity and that is very important to me."

Good

Is the service responsive?

Our findings

People and their relatives informed us the staff were responsive to their needs and preferences and provided them with a quality person centred service based on individual needs. One person told us. "I think the staff know all what they need to, as they did ask me a lot of questions before I came here about how to look after me."

Relative's told us a detailed assessment of the person's needs was carried out before they came to the service. Senor staff informed us about how people were visited to determine their needs and to provide information about the service to them. The information gathered at the assessment of the person's needs was then used to develop their care plan so that staff had the guidance they required to provide safe and appropriate care.

Peoples care plans were personalised so that they included information which was very important to them such as any religious views. We saw that staff were responsive throughout our inspection to people's needs. Frequently we saw staff checking with people how they were and call bells were responded to quickly.

People told us that there were social events that they could participate in. We saw people participating in activities throughout the day. There was an activity plan in place which was a guide so that it could be changed on the day if people so wished.

In the afternoon, we observed a person happily walking round the gardens at the front of the house with a member of staff. This person was smiling and chatting about the plants and we saw that the staff member was fully engaged with the person and cheerfully interacting with them.

The person's likes, dislikes, hobbies and interests were recorded clearly. For example, likes watching television, knitting, horses, looking at pictures in magazines, talking, going out for meals and spending time with family. Dislikes being rushed, being ignored, being talked to too loudly, being cold or the dark. All areas of the care records we looked at had been reviewed regularly and in accordance with the timelines stated as required.

People told us that they knew how to make a complaint and that they were confident that their concerns and complaints would be addressed. People were reminded about the complaints procedure in resident and relative meetings and they were asked if they had any complaints about the service.

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure. We discussed a recent complaint with the senior staff of which we were aware. We were informed that the service had not fully resolved the complaint as yet but were continuing to try to do so to the satisfaction of all parties. The service considered that they had learnt lessons from the situation and had built improvements into the service as a result.

The service had received a number of compliments from relatives with regard to the care and support that had been provided to their relatives.

People's records included their decisions about the care they wanted to receive at the end of their life. For example, if they wanted to be resuscitated, where they wanted to be cared for and any arrangements they had made for their funerals. Audits were in place for the systems in place for end of life care and records, this included checking that the required forms were in place if people did not wish to be resuscitated.

Senior staff spoke with us about how they were sensitive when discussing plans with people and their relatives regarding end of life care. Emphasis was placed upon finding the right time to speak with people and their families if they so wished. The review was an appropriate opportunity and it was carefully noted if the person wished to express their preferences at that point. The service had begun to build relationships with the local doctors and nurses through monthly meetings and would use these meetings as a basis for working and planning together. This is so that the services would be joined up to support people with end of life care planning and delivery.

Good

Is the service well-led?

Our findings

People we spoke with were complimentary about the senior staff. One person told us. "One of the managers comes and see me every day to check how we are." Relatives informed us that they could approach the senior staff at any time and felt at present that all was going well. A relative had the view that the service was not full and hoped the recent improvements would not be lost as more people began to use the service.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told us that they could go to any of the senior team when they need to for advice and support. Staff meetings were held where they discussed the service and any changes in people's needs. Discussions included positive comments received from people, learning from mistakes and improvements being made in people's care plans. Staff had been informed that they could speak with the management team at any time if they had concerns about the service.

A member of staff told us they felt things had improved greatly in the service since more permanent nurses had been employed and the use of agency nurses had reduced. They also said, "I think we are all working much better as a whole team now and communication is much better between everybody." They added, "The shifts have changed now so that nurses work 7am to 7pm and hand over to each other, then the care staff work from 8am to 8pm and receive a full handover from the nurse on duty; it works much better."

The leadership structure was understood by staff and they told us the management team were supportive and provided them with clear direction and a sense of value. Staff were aware that the person that had been managing the service on a temporary basis would be returning to their full-time position. They were currently handing the management of the service over to the new manager. They were being supported by a newly appointed deputy manager.

Nursing staff were supported by the clinical lead nurse regarding nursing supervision and support. Staff told us they had been able to speak with senior staff and felt that the service had improved recently. This was because permanent staff had been appointed, clear systems were in place and staff had become used to working together.

The provider has a legal duty to inform the CQC about changes or events that occur at the service. They do this by sending us notifications. We had received notifications from the provider when required.

We saw that meetings were arranged with various staff appropriately to discuss the management of the service issues relating to the care and well-being of the people using the service. We saw that meetings had been recorded and clear actions assigned to staff to carry to be implemented.

We viewed the quality assurance audit carried out by the senior staff. Feedback received from staff, relatives, health care professionals and people at the service was positive and any comments made to improve the quality of care had been considered and included in the action plan and actions had been taken.

The quality manager carried out audits every month and this information was provided to other senior staff for their attention and action. This provided the opportunity to address any issues of identified.

We saw an audit of medicine recording that had been carried out by the clinical lead nurse. The conclusion provided praise to staff for what had been done well and minor points for improvements were pointed out with sensitivity and support arranged for the staff.

The service provides nursing as well as residential care and the nursing staff were required to deliver nursing care to some people so that their needs were met. The deputy manager and clinical lead as well as providing some of this care themselves also checked that staff were carrying out the required nursing procedures when they were on duty.

The staff worked in partnership with other professionals. This included seeking advice and guidance from the local authority safeguarding team. This was confirmed by the safeguarding team staff. All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. All reported falls experienced by people were recorded and analysed to determine how they had happened and if any actions could be taken to reduce the likelihood of happening again.

The operational manager planned to be available for telephone support and would visit the service regularly to support the manager and provide their supervision. On the day of our inspection members of the senior team were discussing how they would provide on-call support to the managers on-site at the service in the future.