

Leicestershire County Care Limited

# Hadrian House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hadrian House is a care home providing accommodation and personal care for up to 43 people with mental health, sensory impairment, physical disabilities who may also be living with dementia. At the time of our inspection 39 people were using the service. Accommodation is provided over the ground and first floor with communal lounges and dining areas being located on both floors.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Potential risks related to people's care, health and welfare were assessed and kept under review. People's records included clear guidance for staff, as to how people's needs were to be met to promote their health, welfare and safety.

Systems and processes for the reporting of safeguarding concerns, were in place and were understood by staff. Lessons were learnt and improvements made through the analysis and reporting of accidents and incidents.

People's medicines were managed safely, supported by clear guidance and protocols.

Staff had undergone a robust recruitment process and had the necessary skills and experience. There were sufficient staff to meet people's needs.

External contractors maintained systems and equipment. The passenger lift which had not been working was being fixed at the time of the inspection. There were safe infection and prevention measures in place.

The manager was committed to providing good quality care for people. Staff spoke positively of the support, guidance and approachability of the manager, and of the positive impact of the changes they had introduced.

Quality monitoring through internal audits and oversight had improved, with regular team meetings to support the sharing of information. Plans were put into place where improvements were needed and were monitored for progress.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 19 February 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of Safe and Well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hadrian House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Hadrian House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 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

Hadrian House is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hadrian House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager has been in post for 6 months and has submitted an application to register.

The manager application was subsequently approved, which means the service has a registered manager.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people using the service and 1 relative. We spoke with the manager, a care team leader, a care assistant, a member of the housekeeping team and the operations manager. We sought the views of a health care professional via e-mail. We reviewed a range of records. This included 4 people's care records and multiple medication records.

We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service. Following our site visit the provider continued to provide information, which included data to support quality assurance and staff training.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse, which included the sending of referrals to the appropriate organisations. However, the manager did not record the progress and update of referrals once made. The manager told us they would put into place a record to evidence the monitoring of safeguarding referrals.
- Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

Assessing risk, safety monitoring and management

- Potential risks to people were assessed and kept under review to promote their safety. People's care records provided guidance for staff on how to reduce risks. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.
- Potential risks associated with people's health were assessed and plans put in place to support and maintain a person's health and wellbeing. For example, a person with diabetes care records provided guidance for staff as to their responsibility in monitoring the levels of sugar in the person's blood. Along with guidance as to signs and symptoms which may indicate the person's health had deteriorated and medical advice was required.
- Staff monitored people's health and took appropriate actions where required. A visiting health care professional told us. "The staff are very proactive at requesting support, and are keen for me to refer patient's to a wide range of specialists including older age mental health, dieticians and others."
- Personalised Emergency Evacuation Plans (PEEP's) had been undertaken for each person. The PEEP identified the level of risk, any individual factors which needed to be considered to facilitate an emergency evacuation, such as equipment to be used to assist with mobility.
- At the time of the inspection an external contractor was fixing the passenger lift. People and a visiting relative spoke of the impact of the lift not working had for those on the first floor being confined. The delay in the lifts repair was outside the control of the provider.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's care records contained mental capacity assessments to record whether people were able to make specific decisions about their care. Where people could not make such decisions, best interest decisions were made.

#### Staffing and recruitment

- There were sufficient staff with the necessary training, skills and competence to support people's safety and meet their needs. People told us staff responded to requests for assistance. A person said, "Yes, staff are quite responsive." People did refer to some parts of the day being busier than others, however, they did not believe this had a negative impact on their care.
- The manager completed a dependency tool based on people's needs to determine the staffing numbers required. The operations manager monitored the dependency tool and staffing levels.
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- Staff had undertaken training in medicine management, which included assessments of competence by health care professionals for specific styles of medicine administration. For example, the administration of insulin and the application of transdermal patches.
- People were supported with their medicines in a safe and timely way. People's records detailed the prescribed medicine, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.
- Protocols for the administration of covert medicine (where medicines are hidden in food or drink and given without the person's knowledge) were in place. Protocols included information to evidence the medication had been authorised to be given covertly, which was supported by a Mental Capacity Assessment and a best interest decision.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. People told us the service was clean. A person said, "It is clean." A second person said, "Cleanliness definitely, each day in my room."
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to maintain contact with their family and friends. There were no visiting



restrictions and staff welcomed visitors to the service at any time. A person told us, "My [relative] comes once a week." A second person said, "My [relative] brings in their little dog."

#### Learning lessons when things go wrong

- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the Care Quality Commission and the local authority.
- Incidents were kept under review by the provider and action taken so similar incidents were not repeated.
- Staff referred to 'lessons learnt' being discussed within meetings. A staff member referred to the outcome of a monitoring visit at another service which had found improvements were needed to improve care records. This has been discussed to support wider learning at Hadrian House.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were positive about their care. A relative told us when we asked if they would recommend Hadrian House said, "Yes I would, I cannot fault the care." A person when we asked them said, "Oh yes, it's because they [staff] are all very helpful."
- People knew who the manager was and told us they were confident to speak with them or a member of the management team if they had any concerns. A person told us, "I can raise anything and the manager would listen."
- Meetings were held monthly for people living at Hadrian House, which provided an opportunity for people to share their views. Minutes of meetings showed topics of discussion included the quality of care, meals and activities. Other topics of discussion included employee of the month and updates on environmental issues, which had recently included the passenger lift and the progress of its repair. A person told us how the chef had listened to their feedback and cooked a meal of their choosing the following day.
- A person when we asked them if staff were kind and consideration spoke positively of the atmosphere in the service. They said, "Most of them [staff] surprise me with the care. Virtually everyone gets on very well." They went onto speak of the staff team working and caring well together.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a quality monitoring system, which provided an overview as to the service being provided. Where shortfalls were identified an action plan was developed. The action plan also included the outcome of external monitoring by the local authority and CQC. This supported the provider in making the necessary changes to bring about improvement.
- Staff were positive about the support they received from the manager and operations manager. Staff spoke of the changes implemented by the manager since their appointment, and of their inclusive approach towards staff which had helped to create a positive and supportive environment in which to live and work.

- Minutes of staff meetings evidenced the manager provided feedback to staff as to what was working well and areas for improvement. The minutes showed the focus of the service was to promote good outcomes for people and to provide a safe, caring and supportive environment.

Continuous learning and improving care; Working in partnership with others

- The operations manager spoke of the continued development of their internal quality monitoring and audits to reflect the changes being brought in by the Care Quality Commission in how we will regulate services in the near future.
- Audits were undertaken by the management team in a range of areas, which included medicine, infection prevention and control, people's dining experiences, and health and safety. The outcome of audits was shared with staff to support continuous development of the service.
- The manager was committed to the development of staff, which included the importance of undertaking training and having a better understanding of their roles and responsibilities. A member of staff told us they had personally been given additional responsibility, which included the reviewing and updating of people's care records.
- Staff consulted with healthcare professionals such as community nurses and GP's and followed their guidance and advice. People told us they had access to health care professionals. A person said, "A doctor visits every Thursday."