Regal Care Limited

Havencroft Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This inspection was unannounced, which meant the provider and staff did not know we were coming. At our last inspection in May 2013 the provider was not meeting the essential standards of quality and safety. This is because the provider did not have systems in place to ensure that people were not at risk of receiving inappropriate care and support. At this inspection the registered manager had made improvements so that checks were undertaken to assess the quality of the service people received.

Summary of findings

Havencroft Nursing Home is a care home that provides personal and nursing care for up to 32 people. Care and support is provided to older people with dementia, nursing and personal care needs. At the time of our inspection 25 people lived at the home.

There was a registered manager in post at the time of our inspection and staff who we spoke with told us that they were approachable at any time to support staff with any concerns they had. It was important to staff that there was management stability as this had been lacking in the past. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who lived at the home told us that they received good care from staff and staff were there when they needed assistance. However, staff practices did not always promote people's rights to make informed choices about their care or that staff would respond to their individual needs in the right way and at the right time.

We found the provider needed to make improvements to ensure people's needs were met and their human rights protected. There was an inconsistent approach in applying the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) in order to support people's rights by staff who had limited knowledge about the law. Providers are required under DoLS to submit applications to a supervisory body for authority so that decisions about depriving people of their liberty are assessed and decisions are made. This ensures people receive care in the least restrictive way. The registered manager had knowledge about the DoLS and the people whose liberty was potentially restricted but they had not submitted applications to the supervisory body. This meant the required standards of the law related to the MCA and DoLS were not being met as some people's movements were potentially unlawfully having their movements restricted. You can see what action we told the provider to take at the back of the full version of the report.

Staff had the knowledge and skills to know how to identify and report any incidents of abuse or poor practices so that people were protected from harm.

Risks to people's health and wellbeing were well managed. People's nutritional needs and risks were monitored and professional advice was sought. However, improvements were needed at meal times so that people's individual nutritional needs were effectively managed and met.

The views of people who lived at the home and their relatives were looked at regularly by the registered manager to look at any areas for improvement.

The registered manager had improved the arrangements in place that checked people received good quality care and that people were safe. During our inspection the registered manager listened and responded when people did not always have interesting and fun things to do so that people's wellbeing was further promoted.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe.

Improvements were needed to ensure that the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards were consistently applied. So that people were not potentially being deprived of their liberty without permission.

People told us they felt safe. There were risk management plans in place and health and safety arrangements for people to protect them from harm.

Safeguarding procedures were in place and staff knew about their responsibility to reduce the risk of harm. There were sufficient numbers of staff available to meet people's needs.

Good

Is the service effective?
This service was not always effective.

Improvements were needed to fully promote people's individual nutritional needs at meal times so that these were managed and met effectively.

People told us that staff knew how to care for them and health care professionals told us positive things about how staff worked with them to meet people's needs.

Staff had received the training and the support they needed to carry out their role effectively.

Requires Improvement

Is the service caring?
The service was caring.

People we spoke with were positive about the way they were cared for by staff. We saw that staff were caring and knew how to promote people's dignity and privacy during care tasks.

Good

Is the service responsive?
The service was responsive.

People that we spoke with told us that they did not always have interesting things to do.

All professionals who we spoke with were positive about how the registered manager and staff had worked with them. This enabled people to receive responsive care to meet their different needs in a 'joined up' way.

People and their relatives knew how to make a complaint if they were unhappy and we saw that complaints had been responded to.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a registered manager in post to provide management stability. We saw that the quality of the care provided was checked so that improvements could be made to promote people's needs and keep people safe.

Staff we spoke with told us they felt well supported and were happy in their work.

Havencroft Nursing Home

Detailed findings

Background to this inspection

We carried out an inspection at Havencroft Nursing Home on 21 and 22 July 2014.

This inspection was led by an inspector who was accompanied by a Specialist Advisor 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. The Expert by Experience spent time with people and relatives to gather their views about life at the home. The specialist advisor followed the care and support that some people received to meet their nutritional needs.

Before we carried out this inspection we reviewed all the information we held about Havencroft Nursing Home. This included the requested information from the provider about how they are meeting the five questions we ask about whether the services people receive are safe, effective, caring, responsive and well led.

At this inspection we spent time in the communal areas of the home and observed the care and support that people received to meet their different needs over the course of the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not always talk with us. We used SOFI to capture the experiences of people who lived at the home.

We spoke with seven people who lived at the home and four relatives. We spent some time with the registered manager and six members of staff. This included nursing, care staff and the cook who all told us about people's care and life at the home.

Following our inspection we spoke with two health care professionals. They were happy to provide their views about the care and treatment people received at Havencroft Nursing Home.

We also looked at the care plans for seven people who lived at the home. This included nutritional monitoring records, weight and prescription charts and various management records. These records were used to review, monitor and record the improvements made to the quality of care and support that people received. This included how the provider assessed how many staff they required and checks that were in place to reflect on-going improvements to the quality of the service people received.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at the home and staff treated them well. One person told us, "Staff go round looking to see if people are okay and help you if there is a problem." One health care professional told us that they felt people were well cared for and that there was good atmosphere when they visited the home.

We found staff had access to safeguarding procedures and all staff had received training to help them to recognise and respond appropriately to signs of abuse. We spoke with two staff members who described the action they would take to keep people safe if they witnessed an incident of possible abuse. Staff were aware that incidents of potential abuse or neglect must be reported to the local authority so that they could be investigated.

We saw people had their needs assessed and risks to their health and wellbeing had been carried out whenever a risk had been identified. This included risks associated with their mobility, nutrition and their risk of developing pressure sores. We saw plans in place for staff to follow. Staff we spoke with understood how to support and protect people where risks had been identified. Staff understood their responsibilities in relation to concerns they had about people's safety and to report this to the registered manager. During the day staff supported people with their mobility with the use of equipment such as walking frames and wheelchairs. One person told us, "They help me up from my chair and always make sure I have my frame." This showed people had the appropriate support to reduce the risk of them falling and promote their safety.

One person had a risk assessment in place for the use of a lap belt as they were at risk of falling out of their wheelchair. All the staff we spoke with knew that this person required a lap belt when in their wheelchair. However, the registered manager told us that this person lacked the ability to make this decision. We found there was no record of consent completed for a lap belt to be used. This meant proper application of the Mental Capacity Act (MCA) 2005 had not been followed to show that the decision done for or on behalf of this person was in their best interests. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Most staff who we spoke with about the MCA had a general understanding about what it meant to gain everyday consent from people when completing care tasks. This included when people preferred to spend time in their rooms and when staff assisted people with their care needs. However, one person told us that they were upset as staff had cut their finger nails even though they did not like or want this to happen. They were told by staff that, "You have to have your nails cut." We spoke with one staff member and the registered manager about this and they told us that the person could make their own choices about the care they needed. This showed staff practices did not always ensure people's right to consent to their care and treatment was followed, which is at the heart of the MCA. The registered manager gave assurances that this person's nails would not be cut again unless they consented to this.

We spoke with the registered manager about when an application to deprive someone of their liberty should be made. The registered manager showed us they were knowledgeable about the Deprivation of Liberty Safeguards (DoLS). They had recently reviewed all the people who lived at the home and had the applications but had not completed these. The registered manager told us that the person who had a lap belt was one of the people who needed an application but they had not recognised the lap belt was a potential restriction. Although they told us this was an initial oversight on their part this would be added to the application. We discussed with the registered manager that there was a need for them to fulfil their responsibility and they told us they would take immediate action by making applications to the local authority. This was a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider had not ensured that an effective system was in place and consistently prevented people being unnecessarily deprived of their liberty.

Two members of staff told us they had not received the training in the MCA and the DoLS. The registered manager told us in the information that they had provided to us they were aware of the lack of knowledge staff had in the MCA and the DoLS. The registered manager showed us training for all staff was to be completed by the end of September 2014 so that staff had the knowledge required to protect people according to the law.

Good

Is the service safe?

The registered manager told us and showed us they had assessed people's individual needs to ensure the planning of staff met each person's needs. Staff rotas reflected the numbers of staff we saw and had been planned for at the time of our inspection. We mostly saw examples where staff responded to people's care needs without delay so that any risks were reduced because people received the right care at the right time. For example, although all the staff were very busy, we did not observe any delays in call bells being responded to. However, there was one example where the inspector had to ask staff to assist one person to the toilet. When we spoke with the member of staff about not returning to assist the person to the toilet they apologised as they had gone to the toilet area and had forgotten to return. Improvements were needed so that the likelihood of this happening again are reduced as this person became emotionally distressed and did not feel safe.

Requires Improvement

Is the service effective?

Our findings

People gave us their views and experiences of how staff met their needs. One person told us, "They [the staff] do look after me. I get the help I need." Another person said, "The staff are very caring, they all know me." Relatives who we spoke with told us that they had, "No concerns" and "We feel informed about what is going on."

During our inspection we saw that people's nutritional needs were being met effectively in some areas. For example, we saw that people chose when they had their breakfasts to suit their own routines. One staff member told us that people had their breakfast, "As and when they liked it." There were choices of high and low fibre cereals and porridge as well as a full cooked breakfast if people wanted this. We observed that people were offered hot and cold drinks across the day. Two people told us that they could ask for a drink at any time and it would be sorted. Where required the food and fluids people had were monitored and recorded. This enabled staff to identify when further expert assistance would be required if people failed to eat and drink enough.

We received mixed responses from people and we found that the planning and arrangements for meals needed to be improved. One person told us, "I like the food." Another person told us, "You need a magnifying glass to find the fish in the fish pie" and, "They need more proper fruit and you don't get new potatoes." We observed the lunch time meal and saw that plate sizes varied but even the larger sized portions of fish were small for people with a good appetite and high energy levels. The registered manager told us that they would be looking at meal portions as they agreed that improvements were needed to ensure the fish portions met people's individual dietary needs.

The lunch time meal was not a social occasion due to the lack of planning and organisation that we observed. Although it was positive that people were asked about their choices of meals we observed this to be a rushed experience as staff were aware that meals were ready to be served. We saw that there were no opportunities for people with limited communication to make their meal choices. For example, pictures of meals or shown plated meal options. There were no table cloths and or salt and pepper for people to use on the tables which meant that there was an institutional feel. We saw some people struggled to eat their meals due to the lack of specialised cutlery to support them. One person told us they had, "To make do with a spoon." This meant improvements were needed so that lunchtime was a pleasurable experience and promoted people's nutritional needs.

People had regular access to health and social care professionals for advice and treatment for their specific needs. This included doctors, social workers, dentists and dieticians. We saw examples of people's health needs being promoted and effectively met by staff who knew when to refer people to other professionals. One health care professional confirmed that this was the case as they told us that the staff always contacted them if they were concerned about people and when advice was given staff took this on board. We saw one person had been referred to a speech and language specialist due to their swallowing difficulties and the doctor to request a review of this person's medicines. These practices supported people to receive the advice and support to meet their needs in the right way and the right time by the right people.

Staff told us, and we found from the training records, that staff could access a variety of training which included, moving and handling, dementia care, and infection control. All the staff we spoke with felt that the training that they had received gave them the skills and knowledge to meet the needs of the people that they provided care to. During the day we saw examples of staff putting their training into practice. For example, one person was unable to mobilise independently. We saw that staff supported this person to move from a wheelchair to a more comfy chair. Staff acknowledged that this person was too tired to do this and another piece of specialist equipment was used to enable this person to be appropriately supported. During this task staff were patient and used words of encouragement. This demonstrated that staff mostly provided effective support and care responding to people's needs as assessed and planned for.

We sought the views of people who lived at the home about how the environment met their needs and looked around communal areas. Some people also invited us into their rooms to speak with them. We found that people's rooms had been personalised and people were encouraged to bring items of importance with them. One person said, "I like my room it is just the way I want it." Another person told us, "I have all my things around me" and "It is a nice room." We saw there were areas of the home that could be used to hold private meetings and two

Requires Improvement

Is the service effective?

lounge areas where people could choose where they wanted to be. The registered manager told us that they were considering how to make the dining area of the lounge area a little more separated from the lounge to make it a more dedicated space for meals to take place.

Good

Is the service caring?

Our findings

People and relatives that we spoke with were happy with the way staff treated them while meeting their needs. One person told us, “They [the staff] do care and they are all friendly.” Another person said, “I am happy.” One relative told us, “Staff are very caring I have no complaints or worries.”

When we spoke with staff about the care and support they provided to people they were respectful and showed that they cared. One member of staff told us: "They know that we are here for them and we do care.” Another member of staff said: "We work really good as a team and care about people who live here.”

We observed a number of different care tasks taking place. We watched people being supported at different times and by different staff. People’s dignity was respected and we saw staff were caring and kind when they supported people. For example, one person wanted their chair in a particular position and we observed staff offered support and assistance to them. Staff were seen to be patient and gave the person full attention during this time of trying to meet this person’s wishes. The person smiled to show staff that they were happy when they were in a position that they wanted to be in. This showed that staff cared about people’s feelings and what mattered to people.

Another person needed some reassurance while staff assisted this person to remove their cardigan as they had become hot. We saw that staff spoke with this person before and while they assisted this person in a kind and caring way. These practices showed that while staff were carrying out tasks they treated people as individuals and were respectful of each person’s needs.

We saw that people’s likes, dislikes and care preferences were mostly recorded in their care records and staff demonstrated they had a good understanding of these. For example one person did not like to sit at the dining table to eat their meals and we saw that this person sat in a comfy chair to have their meal.

We saw that one member of staff took time to have a conversation with one person about their day and as they did they held the person’s hand. The person responded by smiling and a few words were shared between this person and the staff member which showed that this staffs practice mattered to this person at this time. We noticed that there were very few staff interactions like this during the day as staff were very focused upon care tasks.

We saw that people could have privacy as they wished. Each person was able to lock their bedroom door if they wished. There were a number of rooms around the home on the ground floor in addition to people’s rooms, where people could meet with friends and relatives if they wished. During our inspection we saw visitors to the home sat with people in the lounge areas of the home and some visitors also walked in the garden area. There was also a small area by the front door where a seat had been positioned so that people could sit here if they wished.

Good

Is the service responsive?

Our findings

We spoke with people about their experiences of life at the home and what mattered to people. One person told us, “They [the staff] have to see to those with more needs than me.” This person felt that it would never be possible to go out into the community. Another person told us, “I get bored.” A further person said that they really liked it when they did exercises with the person who came in to do these each week.

The planning and delivery of activities for people usually provided opportunities for people to be doing things of interest to them. People had choices on whether they did participate in the games, quizzes or exercises on their own or with other people. On the first day of our inspection, there was little evidence of interesting things for people to do for most of the day. We observed that all the staff were busy and were focused upon care related tasks. One person we spoke with confirmed that normally there were interesting things taking place and added, “This is a quiet morning but normally there is something going on.” This person also told us that they would like to attend church as they used to before moving to live at the home. However, on the second day of our inspection one staff member was made available and they organised games and also spent time with people individually, for example looking at a book. The registered manager told us they had plans to make improvements which included reminding all staff of their roles in supporting people to follow with their interests and hobbies.

We saw relatives were welcomed when they came to visit their family members during our inspection and staff were friendly and if relatives wanted to speak with them, they made time for this to happen.

There were systems in place to provide other professionals or providers with the information required to meet people’s needs and preferences in the event that care or treatment needed to be given by staff from another service. The staff told us that in the event of a hospital admission, written information about people’s communication styles and medicines would be shared.

We were aware that one person had recently returned to the home from hospital. All the staff we spoke with knew of this and had been updated during handovers about the person’s needs when they returned to the home. We saw staff had been in contact with the hospital staff and gained updates about the person’s health needs as required. These practices enabled people to receive co-ordinated care when they used or moved between different community services.

We asked people what they would do if they were not happy with their care or the way in which their care was being delivered. One person told us: "I'd tell the manager or the staff. Another person said: "I have not got any [complaints] but if I had I would tell the manager.”

The provider had a complaints policy in place. This information was available to people in the service user guide and was displayed in the home. In practice the registered manager showed that they were open to complaints and responded to these appropriately. For example, one visitor had verbally raised a concern and the registered manager responded to this with action taken to resolve the issues. The complaints policy showed how people would make a complaint and what would be done to resolve it. All complaints were recorded and monitored so improvements to the service delivery and learning took place. This meant that people knew that their complaints had been listened to.

Good

Is the service well-led?

Our findings

People and relatives who we spoke with knew who the registered manager was and told us that they felt comfortable in approaching them. One person told us, "I think we've got quite a good management team really."

We found evidence of people and their relatives being asked for their views on the care provided at the home and what could be done to improve life at the home. We saw meetings were held with people and questionnaires sent to people. In one questionnaire we saw the person stated, 'Since the appointment of the [registered manager] things are slowly being improved.' We saw that the registered manager used the comments made in the questionnaires and at the meetings held to improve outcomes for people. For example, the blinds at the windows in the lounge area had been replaced so that the appropriate shade was provided in the summer and these could be drawn in the evenings.

There were a number of systems in place that ensured people received consistent support. These included having handover sessions at the beginning and end of each shift, where each person's general wellbeing was discussed by staff. There had been staff meetings where general issues to do with the running of the home were discussed. All the staff that we spoke with told us that the registered manager was approachable and their door was always open if they needed to talk about anything. This meant that they felt comfortable to approach the registered manager on a daily basis if required to discuss people who lived there and or any concerns that they had. We saw that this happened during our inspection.

During our inspection the registered manager assisted and supported staff while meeting people's needs. One health care professional also told the registered manager had been really helpful in managing the health needs of one person they had been involved with. The health care professional said that the registered manager had made time for a meeting to take place so that decisions could be made to meet the person's needs. This showed that there was good management and leadership in the home.

When we carried out an inspection at the home in May 2013, we found the provider was not meeting all the essential standards of quality and safety. We found they required further improvements so that there were arrangements for checking the quality of the service people received.

At this inspection we found that the arrangements for checking the quality of the service had been further improved. For example, checks had been undertaken of falls, infection control, health and safety, medicines and care plans. This had been effective as care plans had improved and this had been confirmed by a visiting professional. The registered manager also told us that the local authorities were happy with the improvements that had taken place. This was confirmed by the contracts officer for the local authority who shared with us actions that needed to be completed by the provider after their visit had been done. This demonstrated that there was now management stability and improvements had been made so that people's needs and safety were consistently promoted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Although arrangements were in place for obtaining consent not all people had consented to their care and treatment.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **The provider had failed to ensure that an effective system was in place to prevent people being unnecessarily deprived of their liberty.**