

Sun Healthcare Limited

Havenfield Lodge

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Havenfield Lodge is a nursing home registered to provide accommodation and nursing care for up to 46 people who have a learning disability and or mental health and or physical disabilities. There is a separate flat within the home shared by three people with its own staff team. At the time of this inspection 40 people were using the service.

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

The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. This guidance helps ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. The service promoted independence and provided person-centred support. However, this was within the constraints of an environment where a large number of people shared communal facilities. This had a negative impact on people and did not always meet their needs.

The provider had an audit system in place. However, these were not effective and had not been completed at the providers required frequency. Issues raised during our inspection had not been noted as part of this system putting people at risk. During our inspection we noted incidents and safeguarding issues had not been reported to CQC. Effective staff recruitment and selection processes were in place and although staff told us they felt they were supported they did not have regular supervision and appraisal.

People told us they felt safe at Havenfield Lodge, although this is not what we found during inspection. People's needs were not always properly managed, putting them and others at risk of harm. Medicines were mostly managed in a safe way and there was adequate staffing to meet peoples assessed needs. Risks assessments were individual to people's needs to minimise risk whilst promoting people's independence. However, these were not always followed and had not been reviewed to reflect peoples changing needs.

We observed staff interacting with people and found they were kind, caring and patient. Staff respected people's privacy and ensured their dignity was upheld and people were supported to be as independent as possible. Care plans contained enough information for staff to deliver person-centred care, although some information had not been updated. The provider had a complaints procedure and when people raised concerns they were appropriately dealt with. End of life care was discussed with people and recorded in their care planning documentation.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 12 January 2019). At this inspection improvement had not been sustained and they have deteriorated to inadequate. The provider is in breach of

regulations.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Havenfield Lodge

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 Care Act 2014.

Inspection team

Two inspectors undertook the inspection.

Service and service type

Havenfield Lodge 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did before inspection

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

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with thirteen members of staff including the registered manager, deputy manager,

nurses, senior care workers, care workers, domestics and cook. We also spoke with two professionals who were visiting the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Following the inspection, the registered manager provided CQC with further information we had requested.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have effective systems in place to protect people from the risk of abuse.
- People were not safe. Although, people told us they felt safe, systems and processes did not operate effectively to prevent the abuse of people. We identified people had been put at risk of harm due to ineffective management of peoples' needs. We received information from the local authority's contracts and commissioners and other healthcare professionals which highlighted concerns about the safety of people using the service. The concerns were considered as part of the inspection.
- Safeguarding referrals were not consistently made to the local authority safeguarding team when allegations of abuse were made, or incidents were witnessed in the service.

This was a breach of regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection we recommended the service ensure all risk assessment that requires a specific plan be put in place.

- At this inspection the service had made some improvements but not enough to ensure peoples safety.
- Risks were not managed or effectively monitored to ensure people's safety. We found risk assessments were not followed, putting people at risk of harm. For example, one person had a detailed assessment completed by the speech and language therapist (SALT) which gave staff clear instructions on safe food options. Records showed that there had been an incident when the person had eaten foods that were considered high risk and should have been avoided. Therefore, the person's choking risk had not been managed and they were put at serious risk of harm.
- Risk assessments were not always reviewed and updated in line with the people's changing needs or the frequency determined by the providers policy. For example, one person's care plan indicated that they had bed rails on their bed when sleeping. Bed rails can present a risk of entrapment if not carefully managed. There was a risk assessment in place in relation to this, but it had not been reviewed at the providers required frequency to ensure the person's safety.

Learning lessons when things go wrong

- Accident and incident analysis was not effective.
- There was no evidence that trends or patterns were being identified and actions taken to reduce hazards in relation to people's care. For example, one person had displayed both verbal and physical aggression towards staff and people on a regular basis. The provider had failed to analyse the incidents. This meant

they didn't have a full and clear picture of the incident's occurring and the lack of analysis meant that there had been no action taken to reduce these known risks..

The provider's failure to manage the risks to the health and safety of all people receiving care or treatment and to do all that is reasonably practicable to mitigate any such risks placed people at an increased risk of harm.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we recommended the service ensure all staff have evacuation drills, so they knew what to do in an emergency.

- At this inspection we found that although fire drills had been completed they had not included all staff. We contacted the manager after the inspection and they confirmed they had organised a number of fire evacuations which would include all staff.
- Records were kept of regular health and safety checks. There were regular checks on safety equipment, such as fire alarms and emergency lighting.

Preventing and controlling infection

- Staff were knowledgeable about their responsibilities with regards to infection prevention and control.
- There were gloves, aprons and hand soaps and sanitisers in various places throughout the home, accessible to staff. However, the service was inspected by the local authority food hygiene team on 11 November 2019 and a number of concerns were found. The food hygiene inspection stated urgent improvements were required. Once this had been identified the provider put an action plan in place to address the concerns found and this was ongoing.

Using medicines safely

At our last inspection we recommended the provider recorded topical medicines consistently. At this inspection the provider had made improvements.

- Medicines were received, stored, administered and disposed of safely.
- Medicines were stored securely and administered by trained nurses or care workers. The nurse we spoke with had a good understanding of people's medicines.
- Medicine Administration Records were well completed and showed people had received their medicines as prescribed.
- Medicines were reviewed regularly which helped to make sure people were not taking unnecessary medicines. However, we identified a serious medication error that had not been appropriately dealt with by the registered manager. This meant people could be at risk of further harm.

Staffing and recruitment

- There were sufficient staff available to support people to meet their needs.
- Staff we spoke with felt there were enough staff working with them and told us they worked well as a team.
- The provider had a safe recruitment process in place to ensure staff employed were suitable to carry out their role.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were confident that they had the skills and knowledge they needed to meet people's needs, but their training, supervision and appraisal had not been updated in accordance with the provider's policy.
- We found that staff received a good level of training, however, there were outstanding mandatory training requirements, which the provider's own records identified.
- Following the inspection, we found the management team engaging with the local authority to access further training and guidance.

The provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs

- Overall people's individual needs were met by the adaptation, design and decoration of the service. It was homely and spacious and had a range of communal spaces which were used for a range of activities. However, there were large communal areas that were not conducive to meet the complex needs of people who used the service. The type and layout of the building did not meet the principles of registering the right support. Although, the premises had been upgraded in areas, we found areas that required attention. The carpets were particularly worn and, in some areas, taped down to stop people tripping over them. We spoke to the manager about this and they said they would take immediate action to address this concern.
- People were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs.
- The outside area was accessible to the people who lived at the home and easy read signs were used throughout the building.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider mostly ensured people received person centred care which met their needs and took into consideration their wishes.
- We looked at a selection of care plans and found they mostly reflected the support people received.
- Specific information regarding people's likes, dislikes, things that are important to them, good days and bad days and people's preferred routines was included in documentation.
- We observed staff interacting with people and found they knew people very well and were able to respond

to their general needs appropriately.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they got enough to eat and drink within the home.
- People had a choice of meals each day,
- People's care records highlighted any special diets or nutritional needs people required and daily nutritional records were completed. However, we found where people were assessed as requiring special diets the advice was not always followed.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People had access to a range of healthcare professionals.
- We saw healthcare professionals such as dentists, dieticians, chiropodists, and learning disability nurses had been involved in people's care.
- We looked at care plans and found people had been appropriately referred to healthcare professionals when required.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager had applied for DoLS authorisations when required. Some people had DoLS authorisations in place. Any conditions in place were met. The registered manager had a system in place to ensure DoLS were reapplied for when they were coming to an end.
- Staff understood the importance of giving people choice in their daily lives. We observed people being offered choices of what they wanted to eat or drink and how they spent their time.
- When people had been assessed as not being able to make a decision, one was made in their best interest.
- The decision-making process included people who knew the person well such as staff, relatives and health professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection we observed staff interacting with people who used the service.
- We found staff were kind, caring and polite when speaking with people. It was clear that staff knew people well and understood their needs.
- People we spoke with felt staff were caring and approachable. One person said, "The staff are very good."

Supporting people to express their views and be involved in making decisions about their care

- During our inspection we saw staff involved people in decisions about their care. One person told us, "The staff listen to me when I have a problem."
- Throughout the inspection we observed care taking place and interactions between staff and people using the service. It was clear that staff were respecting people's decisions about their care. We observed staff altering social activities and plans based on people's views and decisions.
- We looked at care documentation and found people's preferences and choices had been included. Important information such as how people preferred to spend their day and what they enjoyed doing, was considered.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with said people's dignity was very important to them. They told us about the steps they took to uphold people's privacy and dignity, and our observations showed they did this.
- Care plans showed people's independence was promoted, and we saw staff encouraging people to be independent in their day to day activities. One person told us, "The staff are kind, very helpful."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Everyone being supported had a care record. However, the provider was in the process of transferring the care records onto a new system.
- People's care plans did not always contain sufficient, relevant and up to date information to provide care and support. We found some information was not up to date and that where people's needs had changed these had not always been updated or reflected in their care plans.
- Care records had historical information about people to support staff in learning about them. Information such as what is important to and for the person, things they were proud of and important people in their life was identified.
- People we spoke with felt care was personalised and they were involved. People predominantly told us staff knew them well and they felt their care was personalised.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Easy read information was available to people in a way they could understand. For example, pictures and photographs were used as a way of communication.
- We saw communication care plans were in place which contained details regarding how people communicated and what support they may require.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to access the community to take part in a range of meaningful activities. Some people chose to attend a local community hub. Other people enjoyed gardening projects, baking, and shopping.
- People were supported to maintain relationships important to them. Relatives told us they could visit at any time and were made to feel welcome. Staff knew people's relatives well and were aware of their visiting patterns, this was used to reassure people when they became anxious.

Improving care quality in response to complaints or concerns

- The provider had a system in place to ensure people could raise concerns about the service.
- The registered manager kept a record of complaints raised and could evidence they had addressed

complaints appropriately.

- Relatives we spoke with told us they would be able to talk to staff if they had any concerns and felt they would be listened to.

End of life care and support

- The service supported people at the end of their lives. Staff worked with the GP and district nurse to support people to be as comfortable as possible. When people were becoming frail, a care plan was discussed with them or their family about how they wanted to be supported. This included if and when they wanted to go to hospital. Medicines were made available to keep people comfortable when required.
- When people had been happy and able to discuss this, these wishes had been recorded.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider had not ensured the service met the criteria of a good rating. This was evident in the tracked history of ratings for the service. Since 2017, the service had been rated requires improvement. The service has now deteriorated to inadequate.
- There was ineffective quality monitoring of the service to ensure improvements. At this inspection we found there were shortcomings in various aspects of the service. Quality assurance systems had failed to identify risks to people were not always appropriately recorded. Care plans did not always contain the most up to date information and accidents and incidents were not always analysed to reduce the chance of reoccurrence.

Current governance arrangements placed the health, safety and welfare of people at the service at risk. This was a breach of regulation 17 of the health and social care act (2008) regulated activities 2014 regulations.

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;

- Safeguarding and other incidents had not been appropriately reported. Incidents which had occurred in the service had not always been reported to CQC or the local authority in a timely way in line with the provider's statutory duties. We reminded the manager of the need to ensure these were reported.

The provider had failed to report all notifiable incidents to CQC this was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009;

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture promoted by the registered manager. However, some systems needed reviewing because the senior management team did not have access to all the relevant information. For example, the deputy manager carried out a kitchen audit but was unable to complete this fully as they did not have access to all the required information. We discussed this with the manager and they said they would take immediate action to address this concern and ensure the senior team had access to all the required information.
- People provided positive feedback about the service. Comments included, "I like the staff the people I live with and the food," and "the staff are very good, I like living here."

- Staff said they enjoyed working at Havenfield Lodge. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included; "It's a good staff team, I have never had a problem with anybody we all help each other," and, "I love working here, its hard work but I love it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought on a daily basis from staff and generally used to determine how the service operated.
- People had an influence on things such as who worked at the service and the food served.
- Meetings were held where people could air their views in relation to their individual care and support and the home in general.

Working in partnership with others

- The service worked with a range of professionals, commissioners and other organisations to help ensure the smooth operation of the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The provider had failed to report all notifiable incidents to the CQC

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider's failure to review the risks to the health and safety of all people receiving care or treatment and to do all that is reasonably practicable to mitigate any such risks placed people at an increased risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider failed to have effective systems to safeguard people from the risk of abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. T

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to robustly manage the service this meant people had been at risk of receiving poor quality care.

The enforcement action we took:

Warning notice