

Rex Develop Limited

New Haven Care Home

Inspection report

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Date of inspection visit:

06 November 2018

12 November 2018

Date of publication:

10 January 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection of New Haven Care Home took place on 6 and 12 November 2018 and was unannounced on the first day. The service was previously rated good in all domains.

New Haven is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. New Haven accommodates 50 people in one adapted building. On the day of the inspection there were 40 people living at New Haven, three of whom were on respite care.

There were two registered managers who job-share the role, and both were present on each day of the inspection. 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.

We found numerous issues with medication including stock levels, administration and record keeping. This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment as medicines were not managed safely.

People were safe from abuse as staff could recognise and knew how to respond to possible safeguarding concerns. Risks were managed well as assessments reflected individual need and provided staff with clear guidance in each instance. Falls were effectively managed as the number in the home was low.

Staff were visible and knew people well, although there were intervals where staff were not in communal areas. Staff worked well as a team and communicated efficiently, providing support to each other when needed. They displayed kindness and compassion and were highly supportive of people's specific needs. Staff ensured people's dignity and privacy was respected at all times.

The home was clean and well maintained. People utilised the dementia friendly signage. Seating was available in alcoves and at the end of corridors and we observed people access the whole home freely, making full use of the pleasant environment.

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. Some staff did need further support in understanding the significance of Deprivation of Liberty Safeguards (DoLS).

The registered managers demonstrated current best practice knowledge and staff responded quickly to people's changing needs, which was reflected in care documentation. People were supported with a balanced and nutritional diet and staff understood people's specific needs, and were also supported to

access health and social care services as needed.

Complaints were handled well and the home had received many compliments.

New Haven was clearly people's home and people were happy and settled. Support offered by staff was discreet and promoted people's independence. A calm atmosphere pervaded the home during both days of the inspection and this encouraged people's wellbeing.

Quality assurance measures showed scrutiny over all aspects of care delivery took place, and the registered managers were responsive to feedback from both people living in the home and their relatives. The medicines audit system was not robust or frequent enough to identify the issues we found but we were confident the registered managers would take immediate action to remedy the concerns as they did with other concerns they themselves found.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We found risks associated with medicines management and administration.

People were supported by staff who knew how to respond to concerns and individual risks were managed in a person-centred manner.

Staff were pro-active in supporting people and the environment was clean.

Is the service effective?

Good ●

The service was effective.

Best practice was demonstrated by the registered managers and staff were supported with regular supervision and training.

People were supported well with their nutrition and hydration needs. Staff worked well as a team, showing respect for each other and a sound knowledge of their role.

People's consent was sought in line with the requirements of the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good ●

The service was caring.

Staff displayed thoughtfulness and sensitivity in their support of people, showing discretion and empathy where needed. They were very alert to people's needs.

People were involved in all aspects of their care provision.

People's privacy and dignity was always respected.

Is the service responsive?

Good ●

The service was responsive.

People received care in accordance with their wishes and records supported this person-centred approach.

Complaints were responded to in a timely and appropriate manner with full investigations where needed.

Is the service well-led?

The service was not always well led.

People were happy and comfortable and spoke positively of living at New Haven. Staff felt equally supported and valued.

The quality assurance systems were thorough and showed effective analysis and oversight apart from those relating to medicine management where a number of concerns were found. Lessons were learned from concerns and adverse incidents.

Partnership working was evident in relation to external health and social care services alongside the local community.

Requires Improvement 

New Haven Care 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 inspection took place on 6 and 12 November 2018 and was unannounced on the first day. The inspection team consisted of two adult social care inspectors 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 provider had completed a 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 spoke with nine people using the service and four of their relatives. In addition, we spoke with six staff including three care assistants, the deputy manager and the two registered managers.

We looked at nine care records including risk assessments in depth, three staff files including all training records, minutes of resident and staff meetings, complaints, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

All people and relatives we spoke with said they felt safe and were pleased with the care. One person told us, "I am safe and have got all the support I need." Another person said, "I am definitely safe here; it's just like family." One relative said how safe they felt their relation was, and another said they could come and go as they pleased and had never had any concerns. Another relative said, "They are happy and safe here." A further relative told us, "[Name] is in a safe place where all their needs are met."

Staff members spoken with told us that they had received safeguarding training. When asked they were able to describe the different forms of abuse and what action they would take should they feel this was required. They told us that they would first speak with the senior or manager, if this was not appropriate they would follow the whistleblowing procedure and contact the local authority safeguarding team or CQC. All incidents had been reported and responded to appropriately with detailed investigations where required showing lessons learned.

Safe staffing levels were maintained in the home. One person told us, "I have never had to ring my buzzer." Another person said, "They come straight away." Some staff found being moved between the different units unhelpful but appreciated this was to ensure they got to know everyone in the home. We found there were periods where communal lounges were unattended but this was not often.

We looked at staff recruitment records and found appropriate checks had taken place, including checking gaps in employment history. References were obtained and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

People said they had access to all equipment they needed such as walking frames and they were always kept clean. Risk assessments reflected people's specific needs in relation to the use of equipment such as the use of lap belts for wheelchairs. Falls management plans showed equipment was used to promote independence but reduce the risk of harm. Risk assessments also demonstrated how different conditions impacted upon all aspects of a person's health and showed the assessments were holistic.

We looked at accident management and found appropriate reviews had taken place, to ensure risks were minimised as far as possible. Accidents were reviewed on a monthly basis to assess if there were specific issues such as time of day or location where they were more prolific. This analysis was then assessed by the area manager which provided a further level of scrutiny.

The home was visibly clean and people told us their rooms were always well looked after. One person said, "It is clean; when there are crumbs they come straight away and Hoover them up."

We found medicines were not managed safely. One person said, "They get all my tablets for me." People's medication profile had a photograph, although not always dated, their name and date of birth, with details of the GP and the pharmacist. People were supported sensitively and patiently with their medication. No

one was on covert (hidden) medication. However, we observed the medication rounds and found a number of issues.

One person had refused their medication a number of times and although the staff member knew why this had been done, there was no reason noted on the medication administration record nor evidence of any approach to the GP for further medical advice. We observed medication being given to a person but when checking the records saw they had been signed before the person had taken them rather than just dotted as required under good practice.

We looked at stock levels and found some discrepancies. On Poppy Unit we found one person had 16 sachets of laxido in their box rather than 15 as indicated on their MAR sheet, and there were seven levothyroxine tablets in the box rather than six as recorded on the MAR. This meant there were extra tablets in stock which staff had not given in accordance with the directions on the MAR. Staff had not paid due diligence to stock levels. We also checked controlled drugs and found although stock levels did match the amounts recorded, there were errors in the record book which although highlighted, did not show what action had been taken. This was discussed with the registered managers who agreed this needed further scrutiny.

PRN, or 'as required' medication did have specific guidance for staff detailing dosage, frequency and intervals of medication. However, when we looked at PRN records we did not see evidence of why people had taken medication at specific times. We were advised this was because it was recorded in a separate book after the medication round had been completed. When we looked at the PRN books we found this was not the case – one had no entries since August 2018. The PRN medication book contained 'stock level' sheets but the totals on these did not tally with the contents of the medication trolley, as they were so out of date. One medication could not be found in the trolley and the senior staff member advised this was 'probably because it was no longer prescribed.'

We also looked at topical medication administration records (TMAR) and whilst these contained a body map to indicate where creams were to be applied, entries were ad hoc. In one person's record we saw they were to have a pain relief gel applied three times a day but the last entry we noted was 19 October 2018. There was no indication whether the person had been offered the pain relief or if it had been applied. This was reflected in other records we read. When we spoke with the senior staff member they felt it was a recording issue rather than non-application, although we were unable to confirm this.

The registered managers had conducted medication audits at quarterly intervals in 2018. Although these were thorough and had identified many issues, they did not ensure medication practice was consistent across the home as evidenced by the inspection findings.

This meant a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not administered safely in line with the required guidance.

Staff had received training in medication and were due to attend further training as the home was about to change to a different system from the week beginning 12 November 2018. We also saw records to show staff's competence in handling and administering medication had been assessed at regular intervals. The treatment room was clean and tidy, and temperatures recorded as required for both the room and the fridge.

We spoke with staff about their role in relation to infection control. They understood the principles, explained measures taken to manage it and how to handle an outbreak of an infection. The home had

plentiful stocks of personal protective equipment. The infection control log was reviewed monthly and an annual audit had taken place in February 2018 resulting in a score of 97%.

People had personal emergency evacuation plans (PEEPs) providing guidance to staff on how to support a person to evacuate the building safely in the event of an emergency. This information was also held in the reception area for easy access by the emergency services and staff. Regular fire drills and equipment testing took place in line with statutory requirements and on a regular basis within the home. Any maintenance issues were duly recorded and actioned.

Is the service effective?

Our findings

The environment was well designed, with clear and frequent signage enabling people to access all areas of the home with ease. There were plenty of pictures and furniture to encourage people to sit and rest. People had little display cabinets outside their rooms containing significant memories for them and to aid orientation. People's rooms were spacious and homely, and one person said, "I like my room."

The external environment was as accessible as the internal one. The garden area was well kept and people encouraged to go outside. There were bird tables decorated by people living in the home and one person took charge of ensuring sufficient bird food.

People had access to chiropodists, opticians and dentists who visited the home. Some also the opportunity to attend a dentist in the nearby locality. One person told us, "Yes, they would get a doctor for me if I needed one." One relative said, "Staff would recognise if [name] was ill." We saw in people's care records relevant health professionals were called as required and their advice acted on.

We observed mealtimes to be pleasant, relaxed and enjoyable. Tables were nicely presented with cloths, mats and cutlery. Food was plentiful and people were offered seconds. One person told us, "It's fantastic food," and another described the food as "brilliant." Staff were attentive and ensured people who needed assistance were offered this discreetly and sensitively. We observed one person be encouraged to eat and they responded well to the interaction. The cook and care staff were aware of people's specific dietary requirements including required food consistency in line with speech and language therapy advice and whether fortification was needed. People were offered drinks and snacks throughout the day.

One person told us, "The staff are well trained." One relative told us, "Yes, all their needs are met. The staff seem to know what they are doing." Another relative said, "They make good use of [name's] care plan. My relative shouts so they talk about their past which helps them to relax and calm down."

Staff told us they received supervisions on a regular basis and felt that these were useful to air any concerns or to request further training or assistance. Sessions included discussion around medication procedures, the use of equipment to reduce the risk of falls and safeguarding. Where there were particular issues, we saw this had been addressed in a positive manner with staff to promote improvement and learning. We also saw staff had annual appraisals to review their performance and we saw staff were praised.

We looked at training records and saw staff had received recent training around mental capacity and DoLS, nutritional needs, fire safety, infection control, food hygiene, safeguarding, moving and handling, medication, and dementia care among other areas.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

One person told us, "I can do what I want." We observed one person with a key to their room and said they liked to lock it when they were not in it. We noticed other people had notes on their doors stating they would like their rooms locked when they were not in them. However, we spoke with the registered managers about this as it was not always clear who had made the decision. They agreed to follow the requirements of the MCA to action this. Where people were deemed to lack capacity to make decisions, assessments had been conducted although some needed to be more specific. They gave sufficient detail to evidence how the decision regarding capacity had been reached.

Staff knowledge of the significance of a DoLS was mixed. One staff member was able to state they always presumed a person had capacity unless proven otherwise and that this could vary according to different circumstances. They were also able to explain the best interest decision making process. However, a different member of staff did not appreciate the authority a DoLS gave. The registered managers said some staff were due to have an update regarding this soon and would be required to complete an assessed workbook which would promote better understanding. We found DoLS applications had been made appropriately and where authorised, conditions were being adhered to.

Staff worked well as teams with robust handover procedures in place detailing significant changes to people's needs and health. Changes were recorded and acted on.

Is the service caring?

Our findings

People were happy and settled and interacted comfortably with staff. People spoke positively of living at New Haven. One person said, "I am quite happy" and another told us, "They are very caring and kind." Other comments included, "I get on with them lovely," "The girls are good" and "Oh yes, they honestly couldn't be more caring. Nothing is too much trouble. They are really good, just like close family."

Relatives were equally positive about staff. One relative said, "Anyone would ring if they had any concerns." Another relative said, "They know what they are doing and would phone me straight away." A further relative said, "The staff go above and beyond. Little things, like they will put mousse on their hair which they like even when staff are busy." A different relative said, "You can ask them anything." Relatives also said staff often went the extra mile.

We observed staff to be warm and caring in their approach, and people looked happy and content. People were supported to be as independent as possible. One person said, "I feel independent and they support this." Another person said, "You can talk and they listen to you. I feel comfortable here." We observed one person supported with their walking aid to a chair. Two staff assisted with standing while another staff member supported the chair they were about to sit in. During the transfer, staff spoke in a friendly and encouraging manner, providing clear descriptions of their next actions so the person was fully aware.

We heard one staff member say to a colleague one person would be joining them soon but was in the process of having their hair dried and styled as they had just had it washed. This showed staff were taking time with people to ensure they had support with all aspects of personal grooming. A bit later we saw a person knock a drink over and staff were quick to intervene to ensure they were not harmed and to offer support in changing their clothing which was wet. Another staff member promptly dealt with the spillage ensuring the area was safe.

Privacy and dignity was respected and promoted wherever possible. One relative explained, "No problem; they always maintain privacy and if the doctor comes they would take them to their room." Another relative said, "My [name] is always very clean and comfortable."

We observed many relatives visiting, who were clearly known by staff and made to feel welcome. We saw one person was taken into the garden by their relative and observed staff gave them a blanket.

Is the service responsive?

Our findings

One person told us, "All my needs are met. I feed the birds and I buy the food." Another person said, "You cannot go out on your own but they will take you; it's a good thing." A further person said, "I can have a bath when I want."

People had access to a variety of activities including bingo and a disco. We also observed people accessing the garden. People told us they frequently went into the local village to go shopping and enjoy a coffee. Some also attended the local pub. One person told us about the celebrations they had held for the royal wedding in May 2018. Another said, "They would take me out if I wanted."

There was a full weekly programme on offer including arts and crafts, puzzles, film mornings, coffee mornings with the local community and music and dance. One person said, "I have got everything I need." Another person told us, "I like the entertainment." Other people said they were happy doing their own thing and were supported in this as well, such as doing knitting.

One relative said they had they had seen their relation's care plan. They explained it was a joint process as "If we feed [name] we have to write it down because they may not be hungry at teatime and then they may think they are not eating." This shows the home had good communication methods, as staff and relatives worked collaboratively.

Care records showed detailed pre-assessments considered a person's mobility needs, skin integrity, mental capacity and other significant needs. Records detailed people's physical health, nutritional needs, mobility, falls risk, mental health and communication needs among other aspects of care. People's specific preferences were also recorded, such as one person stated "I like real butter" which was relevant due to their significant weight loss and noted as an incentive to encourage their appetite. Where significant changes occurred, these were integrated into the person's care plan and guidance for staff amended promptly. For people with more complex behaviour, risk assessments and care plan guidance gave staff different options to follow depending on the situation.

Care plans focused on what a person could do for themselves and what their objectives were. Only then was the support required from staff noted to ensure this was achieved. The support was written in a person-centred style ensuring the person's preferences were followed wherever possible. Daily notes were recorded which gave an overview of what support a person had received, their mood and appetite, and also whether any equipment had been used and in place as specified under their care plan. Records were reviewed at least monthly.

End of life care planning was scarce but we could see evidence of some conversations where people had agreed to discuss this aspect.

People were aware of how to complain if they had any issues. One person told us, "I would go to the office," another said they would speak to staff. Another person was confident they would be heard and responded

to. One relative said, "I have no complaints." We saw the home had received three complaints during 2018, both of which were investigated fully and satisfactory resolutions reached.

New Haven had received many compliments. One comment read, "To all the staff who took such good care of [name]. I cannot praise you enough for the thoughtfulness, kindness and sensitivity you showed my [relation] and gave to me in the last few days of their life." Another stated, "Thank you for all the love and care you gave to [name]". A further note read, "Thank you for all the kindness, care and understanding you showed towards our [relation]. We have fond memories of [name] with their second family in the Poppy Unit."

Is the service well-led?

Our findings

The service was not consistently well led because we identified a breach of regulation relating to safe care and treatment. Systems and processes should have operated to prevent this breach of regulation from occurring.

The home had a number of quality assurance measures in place. Monthly audits of all safeguarding concerns and accidents took place, as well as reviewing any pressure care issues. Where people had home-acquired pressure sores, we saw appropriate measures had been implemented to manage these such as the provision of suitable equipment and regular support with re-positioning. Regular liaison took place where necessary with relevant health professionals to ensure every necessary action was taking place. We saw people improved quickly where their general health allowed.

There was also a monthly care plan audit in place which looked in depth at a minimum of 10% of people's records. This considered whether they were person-centred, sufficiently detailed and appropriately signed by the necessary people. Additionally, people's weight, number of falls and whether there were any significant changes was also noted. Where specific action had taken place this was recorded, such as a dietician called, or if the person had been unwell was noted to ensure all reviews were holistic and covered every aspect of people's care.

The provider had completed a 'compliance' visit in July 2018 where various action points were identified. All aspects of the management and running of the home had been reviewed. We saw most of these had been completed through our observations and findings. The concerns we had around medication had partly been identified in this audit, and subsequent monthly meetings but the actions taken were insufficient to address all aspects. This has resulted in this domain being rated as requires improvement.

Not everyone we spoke with knew who the registered managers were but they spoke positively of the home, many stating how much they liked living there. One person told us, "I get on well with all the staff." Another person said, "The friendship is the nicest thing." A further person said, "I'm happy here, I laugh every day." The atmosphere was warm and pleasant, and one person said, "I feel welcome here," and another said, "Yes, I am well looked after."

People and relatives felt involved in the running of the home. One person said, "I go to the meetings. They act on things." Another person told us, "I would recommend this home." One relative told us, "My relation comes to the meetings. The manager is approachable and will act on things." Another relative said, "There is nothing to change. Everything is OK." A further relative told us, "I have good contact with the management and they will act on things. They are brilliant. They will phone me if I am needed straight away. They are always approachable."

We saw evidence of resident and relative meetings where activities and events were discussed. People had the opportunity to add ideas and these were implemented and reviewed wherever possible.

Staff spoke equally positively of the home. They advised us meetings were held which discussed any changes and provided updated information. We saw staff had had regular meetings since August 2018 where all staff were expected to attend. Topics discussed included night staffing arrangements, expected duties to be undertaken during shifts, documentation requirements, working patterns and best practice for specific areas of care delivery. Training updates were also offered. Meetings also evidenced lessons learned discussions. Staff felt comfortable and confident in raising any issues with the registered managers, and that they would be listened to and taken seriously.

One staff member advised us they had requested further training and this was being looked into. They said, "I love my job and feel appreciated." Another staff member told us how they had stayed behind to support staff one evening due to some difficult circumstances, and this had been recognised and acknowledged by the registered managers.

The registered managers and area manager regularly met with other senior staff. Guidance was reviewed and best practice discussed.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely.