

Havengore House Residential Care Home Limited

Havengore House Residential Care Home

Inspection report

27 Fairfield Road,
Eastwood,
Leigh on Sea,
Essex
SS9 5RZ
Tel: 01702 529243
Website:

Date of inspection visit: 11 June 2015
Date of publication: 24/07/2015

Ratings

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

Overall summary

The inspection was completed on 11 June 2015 and there were 21 people living at the service when we inspected.

Havengore House Residential Care Home provides accommodation and personal care for up to 22 older people and people living with dementia.

A registered manager was in post. 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.

Summary of findings

People and their relatives told us the service was a safe place to live. There were sufficient staff available to meet their needs and appropriate arrangements were in place to recruit staff safely.

Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety. Care plans accurately reflected people's care and support needs. People received appropriate support to have their social care needs met.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service and their relatives were involved in making decisions about their care and support. People told us that their healthcare needs were well managed.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were being protected.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

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?

The service was safe.

Staff were supported by appropriate numbers of staff.

People and their relatives told us the service was a safe place to live.

The provider had systems in place to manage safeguarding matters and to ensure that people's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff were appropriately trained and received regular support and supervision.

The dining experience for people was seen to be positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Where a person lacked capacity, Mental Capacity Act (MCA) 2005 best interest decisions, had been made. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

Good



Is the service caring?

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff and our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good



Is the service responsive?

The service was responsive.

People's care needs were assessed so as to ensure that the delivery of care met people's needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Good



Is the service well-led?

The service was well-led.

The home was managed well. The manager was highly regarded by staff and people who used the service.

Good



Summary of findings

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the manager and senior management team.

Havengore House Residential 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 11 June 2015 and was unannounced.

The inspection team consisted of one inspector, a bank inspector and an expert by experience. An expert by experience is a person who had personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people who used the service, four relatives, four members of staff, the chef and the manager. We also spoke with two healthcare professionals.

We reviewed four people's care plans and care records. We looked at six staff support records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

People told us that they felt safe and secure. One person told us, "I've been here a year and I'm very well looked after. I feel very safe." Another person told us, "I feel very safe here. All the carers are very nice." One relative told us, "I never have to worry about [relative] being well looked after, as I know they are. We can go on holiday now knowing they are safe. I have no worries."

People were protected from the risk of abuse. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. One member of staff told us, "If I had any concerns at all about any of our residents I would tell the manager or the person in charge of the shift." Staff were also able to demonstrate their understanding and knowledge of whistleblowing procedures. One member of staff stated, "I understand that I am responsible for reporting concerns higher. I would not hesitate to do this." Staff were confident that the manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing such as the risk of poor nutrition and mobility, staff were aware of people's individual risks. For example, staff were able to tell us who was at risk of falls or poor nutrition and the arrangements in place to help them to manage this safely. In addition, risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe.

People told us that there were sufficient numbers of staff available and their care and support needs were met in a timely manner. One person told us that when they used their call alarm to summon staff assistance at night, staff were prompt to attend to their care and support needs.

Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Staff told us that they could meet people's day-to-day needs and although there were times when it was busy, staff always worked as a team in meeting people's needs. One staff member told us, "In my opinion I think the staffing levels are fine. When we get busy we knuckle down and get on with what we need to do for our residents." Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was promptly provided.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed within the last 12 months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people. The manager advised that people living at the service were included in the decision making process regarding the employment of prospective staff and records were available to confirm this.

People told us that they received their medicines as they should and at the times they needed them. The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for six of the 21 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Staff involved in the administration of medication had received appropriate training and checks to assess their competency had been completed.

We found that the arrangements for the administration of covert medication for one person had been assessed and agreed in their best interest by the appropriate people involved in their lives. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink.

Is the service effective?

Our findings

People were cared for by staff who were suitably trained and supported to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff comments included, "The training here is brilliant" and, "The training here is very good. It helps us to understand our residents' needs better. We are told when updates for training are due and it definitely includes the areas needed for the people I support."

An effective induction for newly employed members of staff was in place which included an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. One member of staff told us that they had found the induction provided to be thorough and this had included opportunities whereby they had shadowed a more experienced member of staff. This was so that they could learn the routines of the service and understand the specific care needs of people living there.

Staff told us that they received good day-to-day support from work colleagues, formal supervision at regular intervals and an annual appraisal. They told us that supervision was used to help support them to improve their work practices. Records confirmed what staff had told us. Staff told us that this was a two-way process and that they felt supported by senior members of staff and the manager. A member of staff told us, "I get regular one-to-one meetings and I have found these very good for discussing things about my work role and training."

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had a basic understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions

assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Appropriate applications had been made to the local authority for DoLS assessments. People were observed being offered choices throughout the day and this included decisions about their day-to-day care and support needs.

Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "Oh, the food is very good and I like it all." Another person stated, "Lunch was really nice today and I had a nice little chat with my friends." Our observations of the lunchtime meal showed that the dining experience for people within the service was positive and flexible to meet their individual nutritional needs. Although people were not offered a choice of lunchtime meal, an alternative to the menu was offered without hesitation by staff as and when required. One person told us, "There's always an alternative if you don't like the menu." Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's dietary needs. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, such as, dietician.

People's healthcare needs were well managed. People told us that they were supported to attend healthcare appointments and had access to a range of healthcare professionals as and when required. Relatives told us they were kept informed of the outcome of healthcare appointments. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Is the service caring?

Our findings

People made many positive comments about the quality of the care provided. One person told us, "It's really lovely here, especially the carers, they are always smiling and very helpful." Another person told us, "I can honestly say that I am looked after well. They [staff] are all good carers."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be warm and calm. We saw that staff communicated well with people living at the service, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided. In addition, staff rapport with people living at the service was friendly and cheerful. This was clearly enjoyed by people living at the service and there was positive banter between both parties.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences.

People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities. One person told us,

"I'm very independent really. I like my own company and like to spend time in my room. Staff respect my wishes." Another person told us that they were enabled to maintain their independence with their personal care needs. However, if they required support by staff this was provided. One person's care plan documentation provided evidence that although they could not undertake all tasks relating to their personal care, they were supported to wash their hands, face and to brush their teeth so as to maintain their independence. This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this. One visitor told us, "My friend is always immaculately dressed when I visit."

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. One relative told us that they were able to visit their relative whenever they wanted.

Is the service responsive?

Our findings

People's care plan included information relating to their specific care needs and how they were to be supported by staff. Care plans were reviewed at regular intervals and where a person's needs had changed the care plan had been updated to reflect the new information. Staff were made aware of changes in people's needs through handover meetings, discussions with senior members of staff and the manager. One member of staff told us, "We have handover meetings between every shift and I think these are done properly. Handover meetings are very important in making sure we have up-to-date information about our residents needs before we start our shift." This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Staff told us that there were some people who could become anxious or distressed. The care plans for these people considered individual people's reasons for becoming anxious and the steps staff should take to reassure them. Clear guidance and directions on the best ways to support the person were recorded. This meant that staff had the information required to support the person appropriately.

Relatives told us that they had had the opportunity to contribute and be involved in their member of family's care and support. Where life histories were recorded, there was evidence to show that where appropriate these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and

to raise the person's self-esteem and improve their wellbeing. Relatives confirmed that where possible they attended reviews. Information to support this was recorded within people's care plan documentation.

People told us that they had the choice whether or not to participate in a planned programme of meaningful activities. People were supported to take part in both 'in house' and community based activities and a record was maintained to evidence this. On the day of inspection people were able to tell us about the planned morning activity and our observations showed that several people participated and enjoyed the chair exercises to music and ball games. The manager confirmed that an external transport company was used to enable people to access community based activities and fund raising events were undertaken to support this and to keep the costs down for people at the service. People told us that they were keen to access the community more frequently now the weather was improving.

The provider had a complaints policy and had procedures in place that ensured people's concerns were listened to. People and their relatives told us that if they had any concern they would discuss these with the staff on duty or the manager. People told us that they felt able to talk freely to staff about any concerns or complaints. One person told us, "I don't have anything to complain about but I'm sure if I mentioned anything the staff would sort it out for me." One relative told us, "When I have spoken to staff about any issues they have dealt with them." Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. A record of compliments was maintained to record the service's achievements and these were very positive about the care and support provided.

Is the service well-led?

Our findings

People and their relatives told us that they had a lot of confidence in the manager and staff team. They also told us that the service was well run and managed. Comments were very complimentary and included, “The manager is lovely and nothing is ever too much trouble” and, “I have no concerns about how the home is run.”

Staff told us that they received very good support from the manager and the deputy manager and that they felt valued. One member of staff told us, “The manager is an absolute diamond, they support us very well and they get fully involved with the team in meeting the day-to-day care needs of our residents. The manager is always there to go to if we need them. I love it here; the manager is very approachable if we need any support or advice.” Another member of staff stated, “This is a brilliant place to work. The manager takes notice of and actions where appropriate, what staff say about people’s needs and there is always someone on call available to go to for support.”

The manager was supported by a deputy manager. It was clear from our discussions with the manager, deputy manager and from our observations that all members of the management team were clear about their roles and responsibilities. The manager told us that they had delegated specific responsibilities to the deputy manager according to their strengths and abilities; for example, the deputy manager was responsible for care planning.

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the

quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a number of audits. Whilst some audits were seen to be robust, improvements were required in relation to the recording and analysis of complaints and medication. These were recorded in the form of a note-book and provided little information. We discussed this with the manager and were advised that these issues had been highlighted by the Local Authority prior to our inspection and as part of their quality monitoring visit to the service. The manager provided an assurance that amendments would be made to the audit format as a priority.

The manager confirmed that the views of people who used the service and those acting on their behalf had been sought in January 2015. All of the comments received to date were noted to be positive and included, “I am very pleased with my relative’s care” and, “Excellent care as always.”

The manager told us that regular meetings with staff were undertaken to facilitate effective communication and to understand what was happening within the service. Staff confirmed this and records were maintained of the topics discussed and actions taken and agreed. People living at the service, relatives and those acting on their behalf confirmed that they had the opportunity to express their views through ‘residents and relatives’ meetings. Records showed that these were quite well attended and enabled people to have a voice.