

South Tyneside Integrated Care Limited

Haven Court

Inspection report

South Tyneside District Hospital
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Date of inspection visit:
23 September 2019

Date of publication:
20 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Haven Court is a service providing personal and nursing care to up to 80 people, including people who may live with dementia in one purpose-built building. On the day of inspection there were 56 people using the service. The resource provides long term care and also a short-stay service to maximise people's independence following illness or injury and to facilitate an early discharge from acute hospital. A multi-disciplinary team of health and social care professionals provide care and treatment to people.

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

Improvements had been made since the last inspection and these included improvements to the premises, people's safety, displaying the rating from CQC and governance. People, relatives and staff were positive about the changes.

There was a stronger governance system in place, but some improvements were still required to ensure person-centred care. Two managers had been appointed since the last inspection who were responsible for the daily running of the service.

People told us they felt safe with staff support and staff were approachable.

Due to our observations we have made a recommendation to keep staffing levels and staff deployment under review to ensure timely and person-centred care to people at all times.

Records reflected the care provided by staff and they were regularly evaluated but improvements were required to ensure people received person-centred care.

The service was well-maintained with a good standard of hygiene.

We have made a recommendation about following best practice guidance for the design of the environment to ensure people who live with dementia are kept orientated and engaged.

Improvements were required in relation to activities to keep people engaged and motivated.

People received their prescribed medicines. People were supported to access health care professionals when required. People had food and drink to meet their needs.

We have made a recommendation with regard to catering arrangements so people receive their meals in a timely way and at regular intervals.

Appropriate checks were carried out before staff began work with people. Communication was effective, staff and people were listened to. Staff said they felt well-supported and were aware of their responsibility to

share any concerns about safeguarding and the care provided.

People were provided with care by staff who were trained and supported in their roles. One person told us, "The staff are really good and pleasant. A relative said, "Staff create a home from home and a lovely ambience, but more importantly treat [Name] as one of their own family."

Risk assessments were in place which identified current risks to people as well as ways to reduce those risks. Staff worked well with other agencies to ensure people received appropriate care.

People were supported to have maximum choice and control of their lives with staff supporting them in the least restrictive way possible, the policies and systems in the service supported this practice.

People and relatives told us the service was well-led and said they would recommend it to others.

The management team carried out a regular programme of audits to assess the safety and quality of the service. Processes were in place to manage and respond to complaints and concerns.

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 28 September 2018) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Since the last inspection we recognised that the provider had failed to display their rating. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Haven Court

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, a specialist nursing advisor and an Expert-by-Experience carried out the inspection. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Haven Court 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.

The service had two managers, one registered and one waiting to be 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 inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 18 people who used the service and eight relatives about their experience of the care provided. We spoke with 16 members of staff including the deputy manager for quality and safety, the head of quality assurance, the manager, one registered nurse, an occupational therapist, one team leader, one senior support worker, seven support workers, one domestic worker and one maintenance person. 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 reviewed a range of records. This included eight people's care records and five medicines records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the environment was safe to reduce the risk to people's health and safety. There were breaches of regulation 12 (Safe Care and Treatment) and regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12 and 15.

- Systems were in place to assess and monitor risk and to keep people safe. Regular checks took place to ensure people were kept safe and windows were now all fitted with window restrictors to reduce the extent they could open. Cupboards in communal kitchen areas, where hazardous items may be stored, were kept locked to reduce risk to people's safety. Equipment was regularly serviced and personal emergency evacuation plans (PEEPs) were in place.
- Information from risk assessments was transferred to people's care plans to ensure people were supported safely. For one person who was at risk of pressure damage, the airflow mattress setting was not correctly set to reduce the risk. After the inspection we were informed a weekly check had been introduced to ensure all mattress settings were accurate.
- Staff understood where people required support to reduce the risk of avoidable harm. One person told us, "I feel very safe, I used to fall but staff support me and I've had no falls here."

Staffing and recruitment

- We received mixed comments about staffing levels. They included, "There are enough staff" and "Staff chat to me even though they are rushed off their feet, we can be short staffed, but I must stress we don't suffer." We considered staffing levels and staff deployment needed to be kept under review and consistently maintained to ensure people were supported in a timely and person-centred way. A staff member told us, "It's a good place to work but we could do with more staff." Observations showed that staff did not always have time to spend people with people unless they were providing care.

We recommend that the provider keeps staffing levels and staff deployment under review to ensure people receive person-centred care.

- The home used agency staff when staff were absent and they were recruiting permanent staff to replace staff who had left. A staff member commented, "I think there are enough staff they [management] try and get cover if someone is off, morale has improved."

- Effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- People received their medicines safely.
- Improvements were required to the management of some medicines. We received information immediately after the inspection to show that this was addressed.
- Systems were in place for the ordering, storage, administration and disposal of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns about abuse.
- People and relatives said people were kept safe at the home. One person said, "I'm quite safe here, staff are around when I need them."
- Information was available for people, relatives and staff about adult safeguarding and how to raise concerns.

Preventing and controlling infection

- The premises were clean and there was a good standard of hygiene. Staff received training in infection control to make them aware of best practice.
- Gloves and aprons were available to staff to reduce the risks of infections spreading.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

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 to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's nutritional health was assessed and supported to ensure they were eating and drinking enough. A relative said, "[Name] gets plenty of drinks."
- Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. Food charts were used but they referred to 'full amount', 'small amount' and didn't state what amount had been served for monitoring purposes. Some people's daily fluid target record was inconsistently completed and actions were not recorded where people had not drunk the required amount.
- Timely and proactive referrals to dieticians were made for those at risk of malnutrition.
- Improvements were required to meal time arrangements to ensure people received hot food and at regular intervals. At breakfast time, trays of hot food were left waiting in some people's bedrooms, where they required assistance to eat, and the food could become cold as people waited for staff. At lunchtime people waited until 1:45pm, to be served on the top floor. People were still sitting at the table at 3pm and tea was then served at 5pm, so there was only a two-hour gap between meals. We discussed this with management who told us it wasn't usual and that it would be addressed, food was delivered from the main hospital kitchen. We were informed after the inspection this had been discussed with the meal provider.
- Some improvements were required to keep people who lived with dementia involved in decision making about their food. Menus were not available to remind people what they had ordered. People were verbally informed at the meal what was available, but they were not shown two plates of food to help them make a choice, by sight or smell, if they no longer understood the spoken word. In the afternoon we saw people were verbally helped to complete menu cards for the following day but on the top floor pictorial prompts were not used to help them make a choice. We discussed this with the manager who told us pictures were available but we observed they were not used during the inspection.

We recommend that catering arrangements are reviewed to ensure people receive their meal in a timely way, at regular intervals and people are appropriately involved in decision making.

- There was a range of food available. People spoke positively about the food provided although some commented they would like "more fruit and salads." We received information straight after the inspection that this was to be addressed. People were to be asked specifically for their views about food and menu suggestions.

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

- The building was well-decorated, light, spacious and airy. A relative commented, "The place is always

clean and tidy." We discussed with the manager the carpet on the Maple unit that was stained and showing signs of wear and tear and we were told that this had already been identified and was being addressed.

- Bedrooms were not all personalised and homely. Communal areas and hallways were not interesting and stimulating with themed areas, to keep people orientated and engaged. We discussed this with the manager who told us families had been encouraged to personalise their relative's bedroom.
- There was appropriate signage around the building to help maintain people's orientation.

We recommend the provider follows best practice guidance to ensure environmental design is appropriate to the needs of people who live with dementia to keep them engaged and stimulated.

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 submitted DoLS authorisations appropriately.
- Records showed people's capacity to consent to various aspect of care or treatment had been assessed. Where a person lacked capacity to make a decision, a best interest decision had been made with family members and other professionals, such as social workers or GPs.
- Staff asked people whether they wanted any support and respected their decisions.

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

- Before people received care a detailed assessment took place to check if people's needs could be met.
- Part of the service provided rehabilitation. The staff team provided assessment and a package of care to meet people's needs. This was to help people become more independent in aspects of daily living and rebuild their confidence in order to return home. One relative told us, "I know a lot about care homes and rehabilitation homes. So far I think they [staff] are excellent and very knowledgeable."
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as re-positioning to prevent pressure ulcers, were completed consistently.
- Information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- Staff received training including any specialist training to ensure people were supported safely and their needs were met. A person told us, "They [staff] are very well-trained, they attend to me, if needed as they've had the training. I'm learning to care for myself again, as I've had an operation." One staff member said, "We get lots of training, some face-to-face training but most is by e-learning."
- Staff were competent and knowledgeable and carried out their roles effectively. There were opportunities for personal development and career progression.
- Staff completed an induction programme at the start of their employment, that included the Care

Certificate. New staff shadowed experienced staff until they, and management were satisfied they were competent.

- Staff received supervision and appraisal. They told us they were well-supported by the registered manager and other senior staff. One staff member told us, "I have supervision with a senior every two months."

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

- There were care plans in place to promote and support people's health and well-being. The service was staffed by social and health care staff.

- In the re-enablement unit weekly multi-disciplinary meetings took place to discuss people's care needs and to help people become more independent and return home after a hospital stay.

- Where people required support from other healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals or if they were returning home.

- Access to regular primary health services, such as GPs, chiropody and opticians was well-documented.

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

- People were provided with kind and compassionate care. People and their relatives were all positive about the care provided. There were several cards of appreciation. One person told us, "You can always have a joke and a laugh here, which means when you are down in the dumps, staff bring you out of it" and "I can't think of anything staff wouldn't try to do for you. The care is excellent."
- Staff interactions with people were attentive, kindly, encouraging and appropriate. A person said, "Staff chat away when they're not too busy." We observed if people became distressed, staff responded immediately and knew how to support them to reduce their anxiety.
- Staff had completed equality and diversity training where people are treated as unique individuals with different and diverse needs.

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

- People confirmed they were supported to express their views and to be involved in making decisions. One person said, "I can get up and go to bed when I want, I like to be up early which is my choice. If I don't feel well I stay in bed and staff look after me."
- People and their families were informed and involved in their family member's care. One relative told us, "I'm involved in [Name]'s care planning and get regular updates every time I visit."
- Guidance was available in people's care plans which documented how they communicated and about their level of understanding to help them be involved.

Respecting and promoting people's privacy, dignity and independence

- The re-enablement unit provided rehabilitation to help people re-learn skills to become more independent and build up their confidence. A relative said, "At home [Name] was constantly falling, but here they have been fine, the rehabilitation is outstanding. Hopefully they will be home soon-staff are even going to check their home to make sure they are safe there."
- Staff understood the importance of people maintaining their independence and the benefits it had for their well-being. A person said, "I do everything that I can reach when having a shower and staff do the rest" and "Staff instil a confidence in me and keep me independent."
- People's dignity and privacy were respected. Staff respected people's personal space and were observed knocking on people's bedroom door before entering. A person commented, "Staff keep my dignity and close the door when I'm having a shower."

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 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

- People were supported by staff who had a good understanding of their care and support needs. One person told us, "Staff, if I need to walk accompany me, although they don't need to. It's nice to know staff care." A relative said, "Staff shower [Name], cream them, they had bed sores before, but none here-I can't speak highly enough of the care provided here."
- Care records contained some information for staff on how to support people. For example, "Needs the support of two staff," but guidance was not available that detailed how support was to be provided to the person to ensure consistent care was provided. Information was not available for people on the re-enablement unit about their likes, dislikes and preferred routines. For one person with diabetes, a care plan was not in place about how to manage the diabetes by diet. We discussed this with the manager who told us it would be addressed immediately.
- People's needs were reviewed on a regular basis and any changes were recorded accordingly. Staff handover meetings provided staff with information about people's changing needs and how to meet them.

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.

- The manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. We observed that advertised information was not always in an accessible form to people who lived with dementia, who may no longer recognise the written word. For example, in a pictorial format. We discussed this with the manager who said it would be addressed.
- Information was available in people's care records about how they communicated.

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

- Records showed there was a programme of activities including pat-a-dog, arts and crafts, pamper sessions and chair exercises. Clergy visited regularly. One relative told us, "[Name] sees the minister on a regular basis, spiritually many are catered for here."
- We considered improvements were required to activities in the home, if people wished to be engaged. We observed staff did not have time to spend talking with people and there were no activities taking place and some people were sitting asleep or unoccupied. An activities person was employed but was on leave on the day of inspection. People and relatives all confirmed there was a need for more activities, outings and

regular entertainment. Comments included, "I don't know of activities, I've never heard of the cinema room, otherwise I would certainly go, it would alleviate the boredom", "There is very little for people, staff put a film on the television but hardly anyone watches, occasionally we do chair exercises" and "I would like to go in the garden sometimes."

- The manager told us a cinema was available but people we spoke with had not used the facility and were not aware of it. The Alzheimer's Society ran a day group in one of the rooms for people who lived in the community. We discussed this being extended to include people who lived in the service. The manager acknowledged activities needed further development. They spoke of plans including Equal Arts and the Hen Power project and IT students to do technology with people. Immediately after the inspection we were informed of action that was being taken to address this including the employment of two further part-time activities people.

End-of-life care and support

- Records showed the relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves.
- Health care information was available about people's end-of-life wishes. However, other information was not available, so their wishes could be met at this important time. For example, if there were any spiritual or cultural preferences and arrangements after their death. The manager told us this would be addressed.
- Staff had received end-of-life care training and there were plans to follow the gold standard framework accreditation for this care.

Improving care quality in response to complaints or concerns

- A complaints procedure was available. No formal complaints had been received since 2017.
- People and relatives told us they would feel confident to speak with staff about any concerns if they needed to. A relative told us, "I've no complaints, staff go above and beyond the call of duty" and "The staff would sort out any problems."

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The audit and governance processes needed to be more robust and had failed to identify deficits identified at that inspection.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 17.

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

Since the last inspection we recognised that the provider had failed to display their rating. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

- Two managers were in post, since the last inspection. One of them had been registered with the Care Quality Commission, at the time of inspection. The other manager was waiting to be registered. They worked to ensure the day-to-day management of the service.
- At this inspection improvements had been made to aspects of the running of the service to ensure people's safety. However, further improvements were needed as described throughout the report and recommendations have been made to ensure people receive person-centred care. Including to care records, activities, accessible information, mealtimes, staffing levels and staff deployment and a more dementia-friendly environment.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.
- The provider monitored the quality of service provision through information collected from comments, questionnaires, compliments and complaints.

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

- The service was no longer in breach of its legal requirements. Changes had been made to improve

outcomes for people. However, stronger arrangements were still needed to ensure people received person-centred care.

- Observation and inspection of records showed bespoke care packages were developed and provided to people at the service to help people in re-enablement to rehabilitate and regain their confidence.
- The service was committed to protecting people's rights with regard to equality and diversity. Staff were trained to understand how they supported people's rights and this was embedded in their practice.

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

- Relatives and people were involved in decisions about care and advocates were also involved where required.
- Staff and people said they were supported. They were positive about the management team and all said the management team were approachable and they were listened to. One relative said, "The atmosphere is excellent and I have full confidence in everyone from cleaners to managers."
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to. One staff member told us, "There have been changes and morale has improved."
- Staff were encouraged to develop their skills through training and personal development.

Continuous learning and improving care; Working in partnership with others

- There was an ethos of continual improvement and keeping up to date with best-practice in the service.
- A staff team was in place, led by a management team that worked together to follow best practice and achieve positive outcomes for people who were referred to the service. A scheme was in place to recognise staff that worked for the service. We discussed the scheme and gaining feedback from a wider audience.
- Partnership working was the focus for re-enablement. This was to ensure that the person's needs were paramount and understood so that they could be best supported to return to their own home. In most cases people were successfully rehabilitated and returned home.
- Records and observations showed staff communicated with a range of professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.

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

- The management team understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities, including CQC, if required.
- The registered manager understood the duty of candour responsibility, which requires them to be open and transparent when things go wrong. No incidents had met the criteria for duty of candour.