

Tamaris Healthcare (England) Limited

Haddon House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Haddon House Care Home is a nursing care home providing personal and nursing care to up to 23 people, in one adapted building. The service provides support to older people, many of whom are living with dementia. At the time of our inspection there were 23 people using the service.

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

Improvements were needed to ensure people's care and risk support records were up to date and gave sufficient guidance to staff so they could provide safe care. Monitoring of some risks associated with people's care required strengthening. Some areas of supporting people who may show distress required improvement.

The registered manager worked openly and transparently. They were working at pace with the management and staff team to prioritise, embed and sustain a range of improvements. This included improvements to quality assurance processes, care records and documentation, the environment, staff training and support to the team. The majority of staff felt well supported and also thought the team worked well together.

People's care and specialist health needs were met and timely referrals were made to health professionals when needed. People were protected from harm and the risk of abuse.

Staff were recruited safely. Staffing levels were calculated using a dependency tool and were sufficient on the day of inspection. Mixed feedback was received about staffing levels. Ongoing recruitment was taking place and use of agency staff had reduced, which provided better consistency for people's care.

Medicines practices were safe and people received their prescribed medicines in the way they preferred. Checks and audits ensured any issues were identified and prompt action taken. Good infection prevention and control practices were followed. This was supported by ongoing improvements to the environment such as flooring and furniture.

Lessons were learned when things went wrong. Accidents, incidents and falls were recorded and followed up appropriately.

The majority of feedback from relatives and people was positive about the care and support people received, and the friendliness of the staff team. People and their representatives, where appropriate, were involved in people's care and decision making.

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

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

Rating at last inspection and update

The last rating for this service was good (published 18 March 2020).

Why we inspected

We received some concerns in relation to nursing practices in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haddon House Care Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Haddon House Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and a specialist nurse advisor. We visited the service on the first day. On the second day we made phone calls to gather feedback from staff and relatives.

Service and service type

Haddon House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Haddon House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who lived in the service and spent time observing people who may not be able to share their views verbally with us. We received feedback from 4 relatives. We spoke with 12 staff which included the registered manager, regional support manager, deputy manager, nurse, care staff, domestic and housekeeping staff, chef and administrator.

We reviewed aspects of 9 people's care records and multiple medicine records. We looked at 2 staff files in relation to recruitment. We looked at a range of other records including quality assurance checks, meeting minutes and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Not all care and risk support plans reflected people's current needs or gave guidance to staff on how to provide safe care. Risk assessment tools were regularly used to monitor risks such as falls, skin integrity and malnutrition but care plans did not always contain clear or up to date information to provide guidance for staff to follow. This placed people at heightened risk of unsafe care.
- Monitoring of people's known risks was not always effective. For example, when people's fluid intake was recorded to help ensure they were drinking enough, their target intake was not always noted and the daily amounts not totalled up. Staff could not be sure some people were drinking enough to stay healthy.
- Some people living with dementia became anxious or distressed at times. Care planning, monitoring and recording of events was not always detailed or person centred. For example, daily notes stated a person was agitated and hitting staff, but no other detail was recorded and there was no care plan to give guidance to staff. This meant opportunities were missed to understand the person's behaviours and needs to ensure appropriate care and support could be given. A care plan was immediately put in place during the inspection.
- People did not have hospital grab sheets in their care records. These are one-page summaries containing key information which can be handed to medical staff should a person be admitted to hospital. This increased the risk of key information not being shared in an emergency situation.

We did not find people were harmed but planning and monitoring of known risk areas to people's health, safety and welfare was not always effective. This placed people at risk of harm. This was a breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of the shortfalls we found and was working hard with the staff team to make and embed improvements.
- Staff took timely action to ensure people's known risks and specialist health needs were met. For example, referrals were promptly made to health professionals such as the dietician, falls clinic or tissue viability nurse.
- Positive feedback was received from health professionals working with the service. One professional told us, "The main issue is not having permanent nursing staff but they really do try their best, I have no concerns about people's care."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. There was no-one who had any specific conditions attached to their DoLS.
- Mental capacity assessments were in place for key decision such as having a DNACPR decision. This showed proper processes were followed when people were not able to make specific decisions independently.
- The staff team had received recent training in dementia care, and further training was planned. This enhanced staff knowledge and skill in supporting people with fluctuating capacity to make their day to day decisions within their abilities.

Learning lessons when things go wrong

- Monthly analyses of accidents, incidents and falls to spot any trends or themes and take appropriate action had lapsed but was due to start taking place again. We saw documentation was already printed off for the registered manager to discuss and review at a planned manager's meeting.
- Lessons were learned when things went wrong or an area for improvement was identified. Processes were in place for accidents, incidents and falls to be recorded by staff and we saw appropriate follow up action was taken.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols if required.
- Staff received training to recognise abuse and protect people from the risk of abuse. Staff told us what they would do if they had any concerns and information was available for them to refer to.
- Staff and relatives told us they felt people living in the service were safely cared for. One relative said, "Yes without a doubt [family member] is safe. We would be saying if we were not happy, we are very happy."

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.
- A dependency tool was used to calculate safe staffing levels. We saw there were sufficient staff to meet people's needs on the day of inspection. The staff rota confirmed these levels were consistent unless there were unexpected absences. We received mixed feedback about staffing levels.
- Recruitment was ongoing to fill vacancies. There were new staff joining the team which meant less use of agency staff. This provided people with more consistent care from staff who knew them well.

Using medicines safely

- People received their prescribed medicines safely from trained staff. Safe processes were in place for all areas of medicines practice including ordering, administration, storage and disposal. The clinical room was clean and clutter free and checks were done to ensure the identification of any issues promptly. For example, frequent medicine stock counts took place and checks on controlled drugs.

- Detailed medicines audits were regularly undertaken by the provider and these were used to drive improvements. We saw the deputy manager had implemented a range of positive changes in recent months which strengthened all aspects of medicines practices.
- The team took additional steps to ensure people's safety when this was needed. For example, when a new nurse was administering medicines, they were supported by a senior carer to help confirm the medicine was given to the correct person and in the way they preferred.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Ongoing refurbishment such as new flooring and furniture reduced the risk of infection spread.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting took place in line with current government guidance. There were no restrictions upon visitors. A lateral flow device (LFD) testing booth was accessed from outside for visitors to take a test for COVID19 before entering the building as needed.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

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

- The registered manager started in post several months ago and was open and transparent about the range of improvements in progress to ensure people consistently experienced high quality care. We found improvements were ongoing in all areas which the registered manager and deputy manager were keen to drive forwards, embed and sustain in practice.
- There had been turnover in the staff team which meant use of agency staff who, at times, may not know people and processes well. The registered manager prioritised the recruitment of nursing and care staff and worked hard to promote a positive and person-centred culture in the team.
- The majority of staff told us they felt supported by the management team. One staff member said, "I know I can go to them about anything," and another said, "Spirits have lifted. There is light at the end of the tunnel." Relatives also provided positive feedback about the approachability of the management team.

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

- Audits had already identified the concerns we found with care planning documentation, as well as oversight of the daily monitoring of some known risk areas. The registered manager knew key monitoring tools such as daily handover sheets and resident of the day records were completed sporadically. They were working hard with the team to prioritise, make and embed positive changes.
- There were effective systems in place to oversee the day to day practicalities of running the service. A daily meeting took place with senior staff and handover meetings were used to discuss relevant and priority issues. A manager daily walkaround also ensured any issues were identified promptly. The records required strengthening to support the processes already taking place.
- The registered manager was aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required.

Continuous learning and improving care

- The registered manager had identified improvements were needed to staff practice to support people when they were distressed, usually because of symptoms of dementia. This included more training for staff to support their skills, knowledge and confidence. Some staff told us it could be difficult supporting people showing distress. Most relatives felt their family members were well supported in this area.
- The system of individual staff supervision had lapsed which meant staff did not have regular opportunities to discuss their development and any support they may need with a senior member of staff. The registered

manager had already identified this and started group supervision sessions to support staff. They also planned for all staff to have an annual appraisal in the near future.

- Staff told us about effective team work to support each other and ensure people received good quality care. Relatives gave positive feedback about the staff team. One relative said, "I have always found the staff very approachable and helpful," and another said, "It's a difficult job, they are under pressure, they cope so well, I can't fault any of them, they're great."

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 registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. Systems were in place to ensure compliance with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service supported people with a range of abilities and equality characteristics. People, and their representatives where appropriate, were involved with their care and made significant decisions, with the support of staff and other professionals where required.

- Most relatives were happy with communication about their family member. One relative told us, "They keep me up to date, they are very good at that. They tell me how [relative's name] is doing, what sort of night they've had." One relative felt communication could be improved and felt able to discuss this with the registered manager.

- People and staff were encouraged to contribute their views on an ongoing basis informally and through regular meetings. A meeting for relatives recently took place, and these were planned to occur regularly. Feedback surveys were used, one relative told us they had received one recently.

- The registered manager and staff worked in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not ensure risks to people's safe care and treatment were consistently planned for and met. This included care and risk planning documentation, monitoring of known risks and processes to support people who showed distress.