

Vmaria & Rawther UK Ltd

Havendene Residential Home

Inspection report

Front Street
Prudhoe
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Havendene Residential Home provides residential care for up to 25 people, some of whom were living with dementia. There were 21 people living at the service at the time of our inspection.

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

Improvements needed to be made with regards to medicines management, including in connection with their storage in a designated medicines room and record keeping.

The premises were being improved and refurbished, however, this had not been done in a timely manner, including in relation to fire safety.

Records were not well maintained, including care plans and risk assessments. Oversight of the governance and safety procedures within the service was not robust, including failing to identify omissions in connection with medicines management and the upkeep of the premises.

Infection control procedures were not robust, as the home was dirty in many areas. Staff followed the safe use of PPE and encouraged visitors to do the same.

There were enough staff at the service, although at times agency was used to cover staff sickness and holidays. We have made a recommendation the provider reviews staffing levels in light of the work at the home which needs to be undertaken. Staff were supported but this was not always formally documented. Staff training needed to be improved in some areas.

People told us they enjoyed the food provided; however, a choice was not always offered.

People and relatives told us the registered manager and staff worked hard to ensure their care needs were met and were complimentary about their caring nature. People said they felt safe and relatives said their family members were safe too.

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 but records were not always up to date.

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 good (published 3 December 2021).

Why we inspected

This was a focused inspection and was prompted by concerns received about the care people received and

the environment. A decision was made for us to inspect and examine those risks.

We looked at the safe, effective and well-led domains. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. 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 found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. At the end of the inspection, the provider was asked to send us an action plan on how they would immediately address the issues we found.

Enforcement and Recommendations

We have identified 3 breaches in relation to safe care and treatment, premises and equipment and good governance. We made one recommendation to review staffing to support the work which needed to be undertaken.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority and fire service 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 effective?

The service was not always effective.

Details are in our effective 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 ●

Havendene Residential 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 Care Act 2014.

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 team consisted of one inspector, a specialist advisor who specialised in tissue viability 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.

Service and service type

Havendene Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. Registered managers 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 safeguarding and commissioning teams and professionals who work with the service, including the fire service, infection control and district nurse teams. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to support our planning of this inspection.

During the inspection

We met every person at the home, completed observations on those unable to share their experiences in detail and spoke with 15 people. We spoke with 14 relatives to gather their feedback.

We spoke with, or contacted via email, all staff, including the nominated individual, the registered manager, cooks, domestic staff and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records in full and parts of other people's; and multiple medication records. We looked at 4 staff files in relation to recruitment and staff support. We also viewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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 good. At this inspection this key question has deteriorated 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

- Fire safety measures required improvement. There had been a delay in fitting of new fire doors as current doors had been identified by the fire service as inappropriate earlier in the year. These had now been ordered and were due to be fitted. The provider had increased the amount of staff at night to mitigate risks to people while this work took place.
- Risks related to day to day care and support were considered and action was taken to manage these. However, not all risk assessments had been put in place.
- Risk assessments relating to other areas of the home were not always in place, including in connection with legionella and hazardous chemicals.
- Safety monitoring had taken place, although not always effectively. For example, monitoring of mattress settings was not in place and not all wardrobes were secured to the wall. The registered manager completed most of the safety checks; however, they needed further support and training to ensure they could do this effectively.

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

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this in a short timeframe.

Using medicines safely

- Medicines were not managed safely. The medicines room was not fit for purpose, including being used as an office. The area was cluttered and not conducive to safe working practices with staff being constantly interrupted while administering medicines.
- There were gaps in medicines administration records, so it was not clear if those medicines had been administered. This included oral medicines and topical creams and ointments.
- Controlled drugs were not stored in line with best practice guidance.
- 'As required' medicines had protocols to describe when these should be administered, however, these were not always in place.
- Staff had not had their medicines competencies checked in line with best practice.

Although we found no evidence people had been harmed, medicines procedures were not effective or followed best practice. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this in a short timeframe.

Preventing and controlling infection

- Infection control procedures were not always safe. The home was dirty and dusty in many areas, including individual bedrooms, communal bathrooms, toilets and lounge/dining areas. A small number of rooms had an odour.
- Furniture and equipment were not robustly sanitised and often left in an unclean state.
- Paint work within the home was bare in places which meant it could not be cleaned effectively.
- Two members of staff were not bare below the elbow to minimise cross contamination.
- Cleaning schedules had not always been completed or monitored.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure infection control procedures were effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this in a short timeframe.

- Staff wore PPE appropriately and visitors were encouraged to do the same.
- Visiting was taking place in line with government guidance.

Staffing and recruitment

- There were enough staff working in the service, including the use of agency staff when needed. However, due to the amount of work to be completed additional resources needed to be utilised to support the registered manager and ensure safety at the service was maintained.

We recommend the provider reviews staffing levels in all areas as part of the action plan to ensure enough staff support is in place to complete tasks required and to ensure people's needs continue to be met fully during this period.

- Staff were recruited safely. This included checks from the Disclosure and Barring Service (DBS) and obtaining references. We suggested a small number of minor improvements to further enhance the providers processes, which the nominated individual said they would use.

Learning lessons when things go wrong

- The provider was working with the local authority commissioning and safeguarding teams to improve the service.
- Accidents and incidents were recorded, and action take to prevent further concerns arising.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Relatives confirmed those views. Comments included, "I am safe here, they look after me well and check on me all the time" and "[Person] is very safe as the staff are exceptional, they care for [person] so well. I have no worries at all about how they are cared for."
- Staff received training and could explain what abuse was and how they would report concerns.
- Policies and procedures regarding safeguarding and whistle blowing were available.
- Any safeguarding concerns had been reported.

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.

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

- The home was not always adapted or decorated to meet the needs of people living there.
- Flooring in many areas of the home was damaged and needed to be replaced, including hallways, bedrooms and kitchen areas.
- General painting and decorating needed to be updated in many parts of the home, for example some areas had ripped wallpaper or damaged walls.
- Furniture in some rooms needed to be replaced or repaired, including dining chairs, and furniture in some people's bedrooms.
- There were substantial gardens, including a smoking area for people and staff. These areas were not completely safe as there were amounts of rubbish and this posed a trip hazard, particularly to those using the smoking area.
- The kitchen area needed refurbishing as it had not fully met environmental health standards during a recent visit.

Although the provider had started to address issues, they were not being addressed in a timely way. These concerns were a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this in a short timeframe.

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

- Kitchen records were not always in place to confirm people's individual dietary needs or allergies. Although care staff ensured the correct food and fluids were provided to individuals.
- Where necessary people's nutritional intake and weight was monitored, although records were not fully maintained.
- The mealtime experience needed to be enhanced. This included having napkins, condiments and staff not standing over people while supporting them with meals.

The above shortfalls were a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were

working to complete this in a short timeframe.

- People were not always offered choice at meal times and people confirmed they were often only offered one type of meal. People, however, confirmed they enjoyed the food served. We spoke with the provider about this and they told us it would be addressed immediately.

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

- People's needs, and choices were assessed and written in their care plans. However, when changes or issues relating to people's care had occurred or been reported; records had not always been updated or reviewed.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this in a short timeframe.

Staff support: induction, training, skills and experience

- Staff training needed to be improved in some areas to ensure all staff had up to date training. People and their relatives felt staff were well trained. We received some concerns about staff moving and handling techniques but found no evidence of poor practices during the inspection. The provider confirmed some training was out of date and had planned updates to take place.
- Staff felt supported by the registered manager, although some staff indicated the provider did not always support the effective running of the home. Support sessions were not always completed or recorded regularly, including with the registered manager.
- Staff received an induction and completed the care certificate as required.
- Staff were encouraged by the registered manager and provider to enhance their skills by completing various levels of the diploma in health and social care.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this in a short timeframe.

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 was aware of people subject to DoLS and records were maintained to ensure these approvals were up to date. Some applications were still being updated and were in the process of being reviewed.

- Best interest's decisions were made. One relative said, "They have discussed aspects of [persons] care with me, as they have asked permission to carry out injections and they ask permission for [person] to be able to go out on trips." However, records were not always fully reflective to confirm this or who had been involved. The registered manager was aware of this and was working to address it.

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

- The service worked with a range of other healthcare professionals. Health care professionals visited the service to treat and support people.
- The management team were currently being supported by various professionals, including the local authority to enhance systems and procedures.



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 good. At this inspection this key question has deteriorated 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.

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

- Quality checks and oversight by the provider were not robust. Audits and monitoring checks had not always been effective. The provider had either failed to identify the issues we had during the inspection or had not addressed them fully in a timely manner, including fire safety issues.
- Refurbishment work within the premises had been delayed. This meant there was now a substantial amount of work to be completed in a short period of time, including kitchen areas and the medicine room.
- Records were not always fully detailed or up to date, including care plans, risk assessments, monitoring charts or kitchen records regarding dietary needs.
- Some policies were out of date or needed to be updated in line with best practice, including the medicines policy.

Records relating to the effective management and oversight of the home had not been always been effective or fully monitored by the provider. These shortfalls were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this in a short timeframe.

- The provider showed some lack of understanding of their roles at times. The registered manager understood their role and wished to enhance this further by completing the local authority's excellence programme in adult social care.
- The provider had reported notifiable incidents to the CQC in line with their legal requirements.

Continuous learning and improving care

- Learning and improving had been limited and slow since our last inspection, however the provider and registered manager had put an action plan of improvements in place. They were also working with the fire service, environmental health and local authority commissioning and safeguarding teams to support them with its implementation.

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

- People and their relatives were involved with the running of the service. Relatives said questionnaires had been sent to gather their views, and they were well communicated with by the registered manager whom they described as 'exceptional' and 'worth her weight in gold.'
- Comments from relatives included, "The staff couldn't be faulted for their prompt actions and they were very supportive and informative. [Registered manager] is always available; she can tell me anything I need to know, and she sorts things out immediately" and "There is a care plan, they phone me if anything needs to be changed to meet [person] needs. I am happy with everything they do."

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

- The provider told us they wanted to provide good quality care, however, care staff said the provider did not always work effectively to promote a consistent, clear and positive approach.
- Some people's care records were not person-centred. At times information had been cut and pasted from one person's care records to another person's.
- Staff meetings had taken place infrequently, but this was to be addressed by the registered manager.
- Staff morale had reduced. The registered manager told us this was due in part to the scrutiny the service was under from various organisations, including the fire service and the local authority.
- The registered manager was open throughout interactions and supportive of the inspection process.
- Positive person-centred interaction took place throughout the inspection between people and the staff team. People and their relatives commented on how kind and caring the staff team were. One person said, "The staff are just lovely. They seem to be going through a tough patch at the moment, but you cannot fault how nice they are." Comments from relatives included, "[Person] had a fall and the hospital told me [person] wouldn't survive. [Person] went to the home. They have cared for [person] and now they are better than ever. They dealt with everything so well to get them back to health" and "[Registered manager] was kind, helpful and friendly, she introduced herself to me. All the staff get on well together, I can see they are a good team when I visit as I can see they support each other, and they are all hard working."

Working in partnership with others

- The service worked with other organisations and professionals such as the local authority, GP's and district nurse teams to make sure people received appropriate care. Communication needed to be improved in some instances and the registered manager was working to address this. One health care professional said, "I have a good relationship with the home and particularly the manager. Things are getting better and they respond to advice."

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 understood their responsibilities under duty of candour. Relatives said they were open and honest when things went wrong.

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
	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Medicines management procedures were not robust.
	Risk assessments relating to the health, safety and welfare of people had not always been completed or regularly reviewed.
	The provider had failed to fully monitor the service for infection control.
	The provider had failed to ensure suitable fire safety procedures were in place in a timely manner.
	Regulation 12(1)(2)(a)(b)(d)(g)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
	The provider has not ensured the home was in a suitable condition in a timely manner once issues were identified.
	Regulation 15(1)(a)(b)(c)(d)(e)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 HSCA RA Regulations 2014 Good governance
	The providers governance procedures were not robust and had failed to either identify issues we had found or had not addressed them in a timely manner.
	Regulation 17(1)(2)(a)(b)(c)(f)