

Havenmere Health Care Limited

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Inspection report

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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 ●

Summary of findings

Overall summary

About the service: Havenmere Health Care Limited is a care home that provides nursing care and residential care to younger adults. The home is registered to accommodate 40 people. It is purpose built and provides disabled access.

People's experience of using this service: People receive a service that provided them with safe care. The provider had systems in place to safeguard people from abuse. Medicines were managed safely. Staff followed infection prevention and control practices. Staffing levels were monitored.

Staff received appropriate induction, training and support They applied their learning effectively in line with best practice.

Where people had been assessed as at risk from any activity, support plans provided guidance for staff which enabled them to deliver safe care and support. Staff received appropriate induction, training, and support and applied learning effectively in line with best practice.

Records confirmed people's input and where they were unable to consent the provider followed appropriate legislation to make sure any decisions were in the persons best interest.

People told us they were happy with the service provided. Staff understood the importance of providing person-centred care and developed positive relationships with people. People received support and staff encouraged their independence to live fulfilled lives free from unnecessary restriction.

Caring, kind and compassionate staff supported people living at the service. People and their relatives were supported to receive information in an accessible way to enable them to be involved in their care and support.

Staff worked closely with healthcare professionals and sought their advice, guidance and support on how to best meet people's needs. People's rehabilitation and independence was promoted and encouraged. People's dietary needs were met. Where appropriate, plans were in place to ensure people's end of life wishes were taken into account and respected. Complaints raised were dealt with appropriately.

The provider used a range of audits to check quality and safety at the service. Continuous improvement, learning and innovation was encouraged at the service. Community links were promoted. People and relatives had the opportunity to provide feedback about the service. Data security was maintained.

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

Rating at last inspection: At the last inspection the service was rated Good (report published on 01/09/2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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?

Good ●

The service was 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?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Havenmere Health Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector 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. Their area of expertise included health and wellbeing including residential care.

Service and service type: Havenmere Health Care Services is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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: The inspection was unannounced.

What we did: Before the inspection we checked information, we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority's adult safeguarding, commissioning and quality monitoring team as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share. We used this information to help plan our inspection.

Some people who used the service were unable to tell us about their experiences. 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.

During the inspection, we spoke with five people living at the service and with one visiting relative. We spoke with the registered manager, regional and clinical services manager, three-unit managers, one registered nurse, five carers, a chef, four activity co-ordinators, one housekeeping assistant and with the maintenance person. We also spoke with two visiting professionals.

We reviewed a range of documentation including three people's care records, medicine administration records (MARs), quality monitoring checks and audits, policies and procedures and three staff recruitment, training, supervision and appraisal records. We also looked at the compliments and complaints received.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm; legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information which helped ensure people remained safe.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider reported abuse to the local authority safeguarding team when it was recognised.

Assessing risk, safety monitoring and management; learning lessons when things go wrong.

- Risk's to people's health and wellbeing were assessed, monitored and recorded. This information was reviewed and updated as people's needs changed.
- Staff understood the risks present for each person in their care. They followed the information in their risk assessments to help promote their safety, whilst promoting people's freedom and independence. People had personal evacuation plans in place. These described the help they required in an emergency.
- Accidents and incidents were recorded and monitored. The registered manager looked for any trends or patterns and recorded how lessons were learnt to prevent re-occurrence.
- There was an open culture in which people living at the service, staff and visitors could raise safety concerns. Health and safety was monitored by the management team to maintain the health and safety of all parties.

Staffing and recruitment.

- On the day of our inspection there were two staff less than usual providing care and support to people. The registered manager told us staff throughout the service worked as a team to support people. One person told us, "Carers respond quickly when I press the call button."
- People's dependency was monitored to help determine the staffing levels required to meet people's needs.
- Staffing levels were increased to support people to attend appointments or undertake activities.
- Recruitment was robust. One person living at the service helped the recruitment panel conduct their interviews for new staff.

Preventing and controlling infection.

- Staff were provided with personal protective equipment to help them maintain infection prevention and control.
- Food hygiene training was provided to people living at the service and staff.
- People told us the service was clean and well-maintained.

Using medicines safely.

- Staff followed best practice guidance to manage people's medicines. They undertook medicine management training and had competency checks.
- Suitable systems were in place for the ordering, storage and disposal of medicines.
- People were assessed and assisted to find suitable equipment to enable them to gain their independence with medicine management, where this was possible.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs and this information was kept under review.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported them to have a good quality of
- The staff team were committed to ensuring people's diverse needs were met.

Staff support: induction, training, skills and experience.

- People received care and support from skilled and knowledgeable staff. A relative said, "Staff know how to meet [Name's] complex needs."
- There was a comprehensive induction and training programme in place for staff. Supervision and a yearly appraisal was undertaken by staff so they could discuss their performance and any further training needs.
- Nurses working at the service had to complete periodic re-validation with the Nursing and Midwifery Council (NMC) to continue to practice.

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

- People's nutritional needs were met and choice was provided. Information on people's dietary needs and preferences was obtained on admission. Staff offered people appropriate support with eating and drinking and different options of meals. Healthy balanced diets were encouraged. Vegetarian meals were bespoke to ensure the food and thickeners used were appropriate.
- People chose what they wanted to eat. One person said, I like hot curries and the kitchen does these for me."
- Kitchens were adapted to meet the needs of people living with a disability which promoted people's independence.
- People's food and fluid intake was monitored and advice from speech and language therapist (SALT) was sought, when necessary. People's weight was kept under review; GP's and dieticians were contacted by staff when weight loss occurred to help maintain people's wellbeing.

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

- Staff contacted other services and relevant health care professionals to gain advice and help to support people to maintain their wellbeing. People had 'Hospital passports' in place that informed other health services and professionals of their needs. These were detailed and provided information about how to deliver person-centred care. Visits by healthcare professionals were recorded to inform staff.
- People confirmed they were supported to access healthcare professionals to maintain their wellbeing.

- Staff valued supporting people at the service. A member of staff told us, "We seek to make life as normal as possible for our residents, based on an individual assessment of their needs and interests. We seek to stretch and challenge them for greater achievement and fulfilment."

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

- The service was purpose built. A fully equipped multi-sensory room was available for sensory stimulation and relaxation. A member of staff said, "I like the working environment which resembles a hotel. Equipment is available and it is well-maintained."
- Bedrooms were personalised and spacious. Furniture was arranged so that equipment such as hoists and profiling beds could be used. People chose how their room and communal areas were decorated.
- Maintenance occurred and a programme of re-decoration was in progress.
- Pictorial signage assisted people to find their way around.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were protected appropriately. People with capacity had signed their care plans and there was evidence of best interest's meetings being held where people lacked capacity to make choices and decisions around their care.
- Staff had undertaken training and demonstrated a clear understanding of how to support people with decision making.
- Staff supported people in the least restrictive way possible. The policies and systems in the home supported this practice. Where required appropriate applications had been made to deprive people of their liberty within the law.

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.

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- There was a person-centred culture at the service where staff built positive relationships with people and their relatives. A member of staff said, "I like the interaction with residents and giving back."
- Staff were trained in different communication systems to help them communicate with people.
- Staff talked with people about their relatives and the things they were interested in. They assisted people to go out on family outings to special venues.
- People told us staff were kind and caring. One relative told us, "[Name] has responded so well to the exemplary care provided by all the staff. They go the extra mile to provide focused care."
- People's equality, diversity and human rights were respected and promoted. Care and support was delivered in a non-discriminatory way; people were supported to follow their faith and live their lives the way they wanted to.

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

- Staff enabled people to make decisions about their care; and knew when people wanted help and support from their relatives. People had a 'My preference' record. This informed staff about their personal choices.
- People's care plans guided staff about how to communicate and share information in an accessible way. People had time to respond and staff re-phrased questions to make it easier for people to understand what was being said.
- Staff were friendly and showed consideration for people's individual needs. They provided comfort and support to people if they were anxious or upset and encouraged them to provide feedback about their care and support.
- Regular reviews of people's care were held so that goals achieved could be celebrated and new goals could be set.
- Staff supported people to access advocacy services to help them raise their views.

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was protected. People told us, "The carers are good they do respect my privacy and dignity." Personal care was delivered to people in their bedrooms or bathrooms with the doors closed. Staff helped people to dress according to their wishes and preferences.
- Staff supported people to maintain and develop their independence. Care records informed staff about the tasks people could undertake themselves.
- People set goals to achieve in small steps, for example to wash their face, then their arms. Goals achieved were celebrated. A member of staff said, "I love working here because of the residents. It is good to be promoting people's independence. For example, with eating, cleaning their teeth or washing their hair, with

only necessary support from us." People's rehabilitation was encouraged and celebrated, where this was possible.

- Information was securely stored to maintain people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's needs were assessed prior to being offered a place at the service. Information was gained from the person, their family and from health care professionals. Care was planned considering the views of all parties. One relative commented, "The manager asked about (Name's) clinical needs. They took notes about what was important to me and us, as a couple."
- People were encouraged to set goals to achieve to develop their independence over time.
- People whose care needs had diminished through rehabilitation undertaken over a period were able to move onto units to develop their independence and life skills. Two independent living flats provided helped people transition back into the community. Staff told us they enjoyed supporting people and watching them develop. A member of staff said, "It is particularly satisfying when we assist brain injured people to gain skills and the capacity to return home."
- Quarterly reviews of people's care were undertaken involving the family or their advocate. A few people had improved so they were able to leave the service and live in the community.
- Activities co-ordinators supported people to achieve their goals. Educational courses were undertaken by some people. These occurred outside of classroom hours to provide enhanced support. A computer room was provided for people to maintain their interests.

Improving care quality in response to complaints or concerns.

- The provider had a "You Said", "We Did" campaign in place. Feedback received was recorded, shared with people and acted upon.
- There was a complaint policy and procedure in place. This was provided in a suitable format for people to understand. Issues raised were dealt with appropriately. The registered manager and staff were available to people to discuss their care and any concerns they might have.

End of life care and support.

- Staff were skilled at helping people and their families to explore and record their wishes about care at the end of their life.
- Staff supported people's relatives and other people who used the service when someone died. People were helped to undertake special activities to provide memories prior to people's deaths.
- Relatives commented, "When (Name) became ill we went through a very difficult and emotional time as a family. Staff take a genuine interest in the lives of people living there and their wider family. They were enormously attentive to both physical and emotional needs. It provided us with peace of mind."

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support.

- The culture of the service was positive; welcoming and inclusive. The staff team were committed to achieving good outcomes for people.
- People told us they were satisfied with the quality of the service they received. Staff promoted individualised person-centred care and support. Relatives were taught person centred care. One relative commented, "The staff taught me how to deliver person centred care. I attended the moving and handling training."
- Staff were committed to delivering high quality care and support. The four-unit managers and staff articulated a strong and effective philosophy for successfully supporting people. A member of staff said, "I work here because the care is person-centred and is focused on providing quality for life, including stimulation."
- Staff were very clear about the provider's vision and values. A member of staff told us, "This is a good company to work for and the home has good senior leadership."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on duty of candour responsibility.

- The registered manager and staff embraced the providers visions and values. The ethos of the service was to 'make every day better for people.'
- Weekly governance meetings were undertaken and Daily 'Take 20' meetings to help staff monitor the service and feedback any success stories.
- The provider had robust checks and audits in place and all aspects of the service were monitored by the higher management team and provider. Where issues were identified action, plans were implemented. This information was shared with staff to prevent re-occurrence and improve the service.
- The registered manager was developing quality and evidence frameworks with the Huntington's Disease Association working to become an approved provider.
- The registered manager understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong. However, we found timely action had not been taken regarding one personnel issue initially. This had been addressed by the registered manager upon reflection.

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

- People were placed at the heart of the service's ethos. People's equality was promoted and celebrated by

all parties.

- People were asked for their views about the service on a one to one basis and through resident's meetings.
- Relatives, health care professionals and staff were asked for their views about the service and for ideas how it could be improved.

Working in partnership with others; Continuous learning and improving care.

- Views were sought from people who used the service, relatives and staff through daily conversations, meetings and surveys. Changes were made to the service based on feedback.
- Management worked in partnership across the region and organisation.
- The provider updated the management team about changes in guidance and legislation.
- The management team looked at how the service could be improved to benefit all parties.
- Staff were provided with specific learning to develop and enhance their skills to enable them to deliver high standards of care, for example in areas such as Huntington's and Stroke awareness.
- Strong links had been developed with the local school, medical services and colleges.