

South Tyneside Integrated Care Limited

Haven Court

Inspection report

South Tyneside District Hospital
Harton Lane
South Shields
Tyne and Wear
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Date of inspection visit:
24 September 2020

Date of publication:
11 December 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Haven Court provides residential care for up to 80 people. At the time of inspection, 61 people were using the service.

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

People's needs were assessed to ensure they received care which was effective and appropriate to their needs. One person told us staff were very kind and patient and were quick to support them when they asked for help. Staff made sure people had access to a range of other healthcare professionals for example their GP, optician and dentist. People received a balanced and healthy diet and where necessary, people's food and fluids were monitored to support their well-being. Staff had the correct level of skills and experience to care for people safely and to support their well-being. Feedback from one relative was very positive regarding the staff team in place, they told us "We can't praise them enough. They go above and beyond." The home had made some environmental improvements since the last inspection and further improvements were planned once the impact of the pandemic improved.

People's care plans were reviewed and updated on a regular basis to ensure their level of care was current to their needs. For those people who had been admitted to the reablement unit, analysis seen, indicated the successful and positive transition from hospital, to Haven Court and then back to their family home. The home employed a number of activities co-ordinators and people were supported to engage in either group or one to one activities. Further plans were in place to engage with local museums to provide a greater range of dementia themed activities.

The registered manager and their staff team had worked hard to improve the overall performance of the service. Feedback from one visiting professional was very complimentary about all of the staff working at Haven Court. The registered manager and provider had a range of quality assurance processes in place which allowed them to monitor the overall level of care and service provided.

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

The last rating for this service was requires improvement (published 20 December 2019).

Why we inspected

This was a planned inspection based on the previous rating to determine if the provider had made the required improvements.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. Please see the effective, responsive and well-led sections of this full report.

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?

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

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

The inspection team consisted of one inspector.

Service and service type

This service 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 a manager who was 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

We gave the service 17 hours' notice of the inspection. This supported the home and us to manage any potential risks associated with COVID-19.

What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adults' team.

During the inspection

We spoke with one person who used the service, the registered manager, the deputy manager/clinical lead and the deputy director of nursing. 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 three people's care records. We looked at a variety of records relating to the management of the service, including various policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We also spoke to the clinical lead/deputy manager, one activities co-ordinator, two care staff, four relatives and one visiting professional.

Is the service safe?

Our findings

S5□ How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received appropriate food and fluids to support their wellbeing. Dietary requirements were taken into account, and this was reflected in people's care plans.
- People were encouraged and supported to choose their meals. Staff showed people a small sample of the food available and people, who were able, were encouraged to select the items they wished to eat directly from the serving counter. The food available looked appetising and people were seen to enjoy their lunch.
- One person who walked with purpose was drinking soup from a beaker whilst they walked. When asked if they enjoyed their soup, they said, "Yes, it's nice." Their relative told us, "We can't praise them enough. They go above and beyond. They have looked at him as an individual – he walks and walks and won't sit down for a meal, so they give him lots of finger foods. They've involved the dietitian too. I have the utmost admiration for them."
- People's weights and fluids, were monitored to allow staff to identify any issues and subsequent action/referral to other professionals for their input.

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

- The environment was adapted and decorated to meet people's needs. The service had undergone certain changes to make the environment more suited to those people living there. This included an increase in dementia appropriate signage to support people with their orientation.
- Further improvements were planned for the near future. The registered manager explained that certain elements of work had halted due to the current pandemic. Staff comments included, "I think it could feel a bit more homely, with pictures etc. The coronavirus is to blame because they can't have the decorators in."
- Those bedrooms seen, had been decorated with personal belongings to support people to feel comfortable and relaxed in their room.

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 service was working within MCA principles. Where people lacked capacity approved DoLS were either in place or had been applied for.
- Best interest decisions to keep people safe and well had been completed. For example, where people required a wheelchair lap belt to keep them safe and more recently for monthly screening regarding coronavirus testing. Appropriate people had been involved in these decisions.
- People were supported to make their own choices. One member of staff told us, "Most of our residents can make simple day to day choices, others need more support but we encourage them to be as independent as possible."

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

- People's needs were fully assessed prior to admission to the service. Assessments were carried out using nationally recognised tools.
- Care plans reflected people's personal needs and choices. For example, one person's care plan included how they preferred smaller portions of food, as larger portions was off-putting for them.
- The service provided care to people who were in transition from hospital to their own family home. People had access to a variety of facilities on the lower ground floor, including a small therapy kitchen and a physio gym.

Staff support: induction, training, skills and experience

- Staff received appropriate training and had the correct skills to support and care for people safely. People, their relatives and a visiting professional were very complimentary regarding staff skills. Comments included, "The information we get access to is both reliable and relevant. I've got confidence in the staff and their know-how, as well as their knowledge of residents," and, "The lead nurse, [person's name], is very good and knows their stuff."
- New staff completed a full induction programme and were supported in their role until they felt confident. Where agency staff were used, there were robust processes in place to ensure they had the correct level of skills to care for people safely.
- Staff had received regular supervision sessions and annual appraisals with their line manager.

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

- Staff worked closely with other professionals regarding people's health and well-being.
- Care plans included intervention from a variety of professionals. Feedback from a visiting professional was very positive, they told us, "The nurses are very proactive in diarising any issues. Communication is really good, and the nurses are in touch on a daily basis if there is anything to follow up."
- People and their relatives gave positive feedback regarding staff action. Comments included, "I asked a member of staff to contact my GP on my behalf and they did this for me," and "Whenever there needs to be a change with medicine or if there is input from a GP for [family member] they are always in touch."

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care from staff which was individual to each of them, ensuring people's own preferences were accommodated.
- Care plans seen identified where there had been a change in people's needs, records had been updated to reflect this change. Staff were kept updated about people's changing needs. One staff member told us, "When I went back to work after an absence, we had a blue file which gave me all the information I needed about them. The care plans tells you everything. They get updated regularly."
- Most care plans reflected people's preferences in the way they wished to be cared for, for example how people wished to be known as and what food they liked/disliked. We did however identify a lack of detail in one care plan for one person living in the reablement unit. We spoke to the deputy director of nursing regarding this. They agreed to align this element of care plans in the reablement unit to those care plans in the residential/nursing side of the service.
- A review of the provider's own analysis, revealed a steady decrease in the length of time people spent in the reablement part of the service. This supported good outcomes for people meaning people could return to their family home earlier

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.

- People's individual communication needs were assessed as part of their pre-admission assessments. For one person this included how they were able to talk but this was done slowly and staff had to listen carefully before responding.
- Information was available for people in pictorial format to help people communicate with staff, for example, if they were in pain, or if they were feeling okay.

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

- People were supported to engage in a variety of activities, either as a group or as an individual. People's care plans included what activities they preferred. One relative told us, "I'm really pleased with the activities they put on, even though people aren't getting out and about. My mum loves jigsaws and bingo and they've been doing plenty of that. That gives me confidence that she is doing well."

- The registered manager told us how people enjoyed being out in the upstairs garden area and how people had been encouraged to engage with gardening. Plans were also in place to link in with a local museum who had a range of activity ideas/resources which people would benefit from. Unfortunately, this had been placed on hold due to the current pandemic situation, but the registered manager assured us this would be picked up again in the future.
- We received mostly positive feedback from relatives regarding communication with people living in the service. Comments included, "We have lots of video calls and we had outside visits when they were allowed. The service have made this surreal time as normal as possible for us. They deserve a lot of credit."

End-of-life care and support

- People's end of life wishes were considered. Care plans seen included information regarding people's end of life wishes. The appropriate people had been involved in these important discussions.
- Staff had received end-of-life care training.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Three complaints had been received since the last inspection. All had been actioned in line with the provider's own policy.
- People and relatives knew how to raise concerns. They told us they had not complained or raised concerns but would not hesitate to do so if 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was registered manager in post. The registered manager, supported by other members of staff, completed a range of quality checks within the service. These checks allowed staff to identify any issues and for actions to be recorded to ensure issues were resolved. Audits were also completed at provider level to provide further quality assurance within the service.
- Staff and professionals provided very positive feedback regarding the registered manager. Comments included, "The registered manager fits in really well. I feel like I've been supported really well by them," and "The management has improved since the new manager came on board. She's very approachable."
- The registered manager had submitted appropriate notifications to CQC in line with legal requirements.

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

- People received person centred care. The registered manager and staff strived to provide care which supported good outcomes for people, and this was evidenced during the inspection and within people's care plan documentation.
- Staff provided care which was unique and inclusive to each person. This included supporting people to eat their preferred choice of lunch, styling one person's hair for them in their chosen style, or simply engaging people in light-hearted 'banter.' One person who was laughing with staff turned to us and said, "She [staff member's name] is great, we always have a good laugh."

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

- People were involved in decisions about their care. One person told us, "Yes I feel listened to and staff are always patient and kind." Relatives told us they felt listened to. They told us, "It's my first experience of anything like this and they've been very good on the whole. Whenever I've contacted the manager they have responded quickly."
- Staff had regular staff meetings and felt listened to by all of their line managers. They told us, "The registered manager has just put out a confidential staff survey about how we feel working here and how the staff work. It's a really good idea."

Continuous learning and improving care; Working in partnership with others

- Continuous learning and improving care was evidenced during the inspection.

- The provider had implemented of a nationally recognised tool to calculate staffing levels more effectively. They had also improved people's dining experience, for example people were now shown a small sample of food choices as opposed to just selecting from a menu. The provider had also introduced a staff excellence award, which allowed nominated staff to be formally recognised for their contribution to the service and the people they cared for.
- Partnership working was at the heart of the service. The registered manager and staff recognised the important role this provided to people's care. The reablement unit within the service reflected good examples of this, in particular how strong partnership working had supported people to safely transition back to their family home.

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 role regarding the duty of candour. Where incidents had happened, they had taken action to inform people involved and carried out appropriate investigations