

# Havengore House Residential Care Home Limited

# Havengore House

# Residential Care Home

## Inspection report

27 Fairfield Road  
Eastwood  
Leigh On Sea  
Essex  
SS9 5RZ

Tel: 01702529243






Date of inspection visit:  
13 July 2017  
14 July 2017

Date of publication:  
05 October 2017

## Ratings

Overall rating for this service

Requires Improvement 

|                            |   |
|----------------------------|---|
| Is the service safe?       | <b>Requires Improvement</b>  |
| Is the service effective?  | <b>Good</b>                  |
| Is the service caring?     | <b>Good</b>                  |
| Is the service responsive? | <b>Requires Improvement</b>  |
| Is the service well-led?   | <b>Good</b>                  |

# Summary of findings

## Overall summary

This inspection took place on 13 and 14 July 2017.

Havengore House Residential Care Home is registered to provide accommodation with personal care to up to 22 older people, some of whom may be living with dementia related needs. There were 21 people receiving a service at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements were needed to ensure newly employed staff to the service received training at the earliest opportunity and other staff received refresher training in a timely manner. Additionally, improvements were needed to ensure people's care records were accurate and reflected people's current care and support need. Minor improvements were required in relation to medicines management so as to ensure people received their prescribed medication as they should. A review of the number of hours provided for people using the service in relation to social activities was required as currently these were very low and meant that people's social care needs were not consistently met.

People told us the service was a safe place to live and there were now sufficient staff available to meet their care and support needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed to ensure their safety.

Staff felt supported by the registered manager and received appropriate formal supervision at regular intervals and an annual appraisal of their overall performance. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure theirs' and others' safety. Staff were friendly, kind and caring towards the people they supported and care provided met people's individual care and support needs.

People who used the service and their relatives were involved in making decisions about their care and support. People's capacity to make day-to-day decisions had been assessed. The registered manager was up-to-date with the law regarding Deprivation of Liberty Safeguards and knew how to make a referral if required.

The dining experience for people was positive and people were very complimentary about the quality of meals provided. Where people were at risk of poor nutrition or hydration, this was monitored and appropriate healthcare professionals sought for advice and interventions.

People and their relatives told us that if they had any concerns they would discuss these with the registered manager or staff on duty. People were confident that any complaints or concerns would be listened to, taken seriously and acted upon.

The service had a number of ways of gathering people's views including talking with people, relatives and other healthcare professionals. The registered manager carried out a number of quality monitoring audits to help ensure the service was running effectively.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was safe.

Improvements were needed in relation to medicines management.

Appropriate systems were in place to ensure that people living at the service were safeguarded from potential abuse.

Proper arrangements were evident for managing and reviewing risks to people's safety and wellbeing.

Suitable procedures were in place to recruit staff safely.

Staffing levels were suitable to meet people's care and support needs.

### Is the service effective?

**Good** 

The service was effective.

Staff felt supported and staff had received regular supervision and an annual appraisal of their overall performance.

Improvements were required to ensure staff received training and refresher training at the earliest opportunity.

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

The dining experience for people was positive and people were supported to have adequate food and drinks throughout the day.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

### Is the service caring?

**Good** 

The service was caring.

People and their relatives were positive about the care and

support provided at the service by staff. We observed that staff were friendly, kind and caring towards the people they supported.

Staff interactions were person centred and not task and routine led.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

### **Is the service responsive?**

The service was not consistently responsive.

Not all people's care plans were sufficiently detailed or accurate to include all of a person's care needs and the care and support to be delivered by staff.

Although 'in house' activities were provided, provision and opportunity was not afforded for people to access the local community. Improvements were required to ensure people received regular social activities.

People knew who and how to make a complaint.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well-led.

The management team were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager.

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the provider and registered manager to monitor the service provided.

**Good** ●

# Havengore House Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 July 2017 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 spoke with three people who used the service, three people's relatives, four members of staff, the registered manager and the deputy manager.

We reviewed four people's care plans and care records. We looked at the staff personnel records for four members of staff. Additionally we looked at a further three members of staff's supervision and appraisal records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

# Is the service safe?

## Our findings

We looked at the systems in place for managing medicines. The medication rounds were evenly spaced out throughout the day to ensure that people did not receive their medication too close together or too late. We looked at the medication administration records for nine out of 21 people living at the service. These were in good order and provided an account of medicines used and demonstrated that the majority of people using the service were given their medicines as prescribed. However, the MAR form for one person showed that one of their prescribed medications [pain relief gel] which should be applied three times a day was only applied twice daily by staff over a 12 day period. This was not in line with the prescriber's instructions and no information was recorded on the reverse of the MAR form to explain the rationale. Additionally, the MAR form for one person recorded them as not receiving one of their medicines over an eight day period even though the prescriber's instruction recorded it to be administered three times a day. Nothing was recorded on the reverse of the MAR form to explain why the code 'W' withheld or other reason was used. The registered manager was unaware of either issue.

Although staff involved in the administration of medication had received appropriate training, they had not had their competency assessed at regular intervals so as to ensure they remained competent to undertake the task safely. The registered manager stated they would discuss this with the provider following the inspection. Following the inspection the provider wrote to us. They advised that staff who administer medication to people using the service are observed by either the registered manager or pharmacist every six months to ensure staff are competent. Additionally, the provider stated this was documented, however at the time of the inspection robust evidence to demonstrate this was not presented.

We asked people whether they felt safe living at the service. People confirmed to us that staff looked after them well, their safety was maintained and they had no concerns or worries. One person told us, "I think the staff care for me well. Yes, I think I am as safe as could be." Another person stated they were safe and they were happy with the care provided and delivered. Relatives spoken with verified they had no concerns about their member of family's safety and wellbeing. One relative told us, "I feel my family member is absolutely kept safe." This was also endorsed by a further two relatives.

Staff training information provided for five members of staff showed that not all staff employed at the service had up-to-date safeguarding training. We discussed this with the registered manager and they confirmed this was booked to take place in August 2017 and September 2017 respectively. Although the above was noted staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff told us they were confident if safeguarding concerns were brought to the registered manager's attention, these would be dealt with in a timely manner. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. Staff confirmed they would do this without hesitation in order to promote people's safety and wellbeing.

Staff knew the people they supported and were aware of people's individual risks and how these could impact on a person's health and wellbeing. Where risks were identified, suitable control measures had been

considered and put in place to mitigate the risk or potential risk of harm for people using the service. These assessments covered a range of risks, such as the risk of poor nutrition and hydration, poor mobility and falls, the risk of developing pressure ulcers and moisture lesions and people at risk of choking. Staff were aware of people's individual risks and our observations showed that staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people as safe as possible.

Environmental risks to ensure people's and staff's safety and wellbeing were in place. For example, those relating to the services fire arrangements. The registered manager stated that the provider had received a recent letter from the Care Quality Commission regarding their legal duties with respect to fire safety following a recent nationally reported major fire incident in June 2017. A fire risk assessment had been completed and the registered manager confirmed that appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. This ensured that the provider was able to respond effectively to fire related emergencies that may occur at the service. Fire drills within the service were last completed in June 2017 and the staff training matrix showed that staff had received fire safety training. However, the registered manager confirmed individual Personal Emergency Evacuation Plans (PEEP) were not in place for people living at the service. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency. We discussed this with the registered manager and were advised they were not aware of the need to complete this assessment. However, an assurance was provided that this would be implemented as a priority.

Prior to our inspection concerns were raised with the Local Authority about staffing levels at the service. The Local Authority conducted a visit to the service and met with the provider to review staffing levels as it was felt that these were not adequate to meet people's needs. As a result of the Local Authority's intervention staffing levels at the service were reviewed and an additional member of staff deployed throughout the day. Relatives told us at this inspection there were now sufficient numbers of staff available to meet their member of family's care and support needs. Staff confirmed that staffing levels were much improved and they now had time to sit and talk with people using the service rather than it being routine and task led. Our observations showed the deployment of staff was suitable to meet people's care and support needs. Staff were attentive and responsive to people when assistance was requested and required. However, it was noted there was no formal arrangements in place to assess people's dependency needs and to use this information to determine and inform the staffing levels provided.

The provider's recruitment and selection procedures confirmed that relevant checks had been undertaken when appointing new staff. This was to make sure the right staff were employed at the service. Staff recruitment records for four members of staff appointed since our last inspection in June 2015 showed minor improvements were required in relation to the provider's recruitment procedures in line with their policy and procedures. The recruitment procedure included processing prospective staff member's employment applications, conducting interviews, seeking references and undertaking a Disclosure and Barring Service [DBS] check. However, where verbal references had been undertaken for two applicants, a record of the discussion had not been recorded or retained and the written references for one of these staff members was not received until after they had commenced employment.



## Is the service effective?

### Our findings

Staff training records viewed showed that not all staff had received training in key areas as part of their initial induction programme and not all staff had received refresher training thereafter. For example, the training records for one newly appointed member of staff showed that the majority of their training had taken place prior to them being employed at Havengore House Residential Care Home and refresher training had not been provided. This referred specifically to safeguarding, first aid and manual handling. As detailed above the same was noted for a further three members of staff. We discussed this with the registered manager and they confirmed a range of training was booked to take place in August 2017 and September 2017 respectively.

The registered manager confirmed and records showed that all newly employed staff had received an 'in-house' induction. Although records showed that none of the newly employed staff had commenced or completed the Skills for Care 'Care Certificate' or an equivalent induction programme, all had already attained a National Vocational Qualification [NVQ]. The registered manager told us that staff who did not have a NVQ would be expected to undertake the Care Certificate or an appropriate equivalent robust induction so as to ensure staff had the competencies and skills to undertake their role and responsibilities.

Staff told us they felt supported. One member of staff stated, "The registered manager is very good and I receive good support." Staff told us they had a formal structured opportunity to discuss their practice and development. Four members of staff told us they received regular formal supervision and records confirmed this. Staff confirmed this was a two-way process and they often received positive praise. Staff employed longer than 12 months had received an appraisal of their overall performance.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

Records showed that each person who used the service had had their capacity to make decisions assessed. Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval. Where these had been authorised by the Local Authority the registered manager had notified the Care Quality Commission. Although staff's practice relating to the above was good not all staff had received training in MCA and DoLS. We discussed this with the registered manager and they

confirmed this was booked to take place in August 2017 and September 2017 respectively.

People were positive about the meals provided and received. One person told us, "The food is very nice." A second person stated, "The meals here are very nice and you get plenty." Relatives confirmed they were happy with the quality of meals and food provided for their member of family. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. Where appropriate people were encouraged to eat and drink as independently as feasible and according to their abilities.

People told us that their healthcare needs were well managed. Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments, to see their GP, Dementia Nurse Specialist and support from the local palliative care team. Questionnaires from healthcare professionals about the quality of the service provided were positive. One healthcare professional wrote, 'I think each individual client's needs are met to a high standard. Staff are always polite and willing to assist and communication is very good.'

## Is the service caring?

### Our findings

People using the service were satisfied and happy with the care and support they received. One person told us, "I like being here." Another person told us, "The staff are very nice and they look after me." Relatives told us they were happy with the care and support provided for their member of family. All relatives spoken with were complimentary about staff's kindness and caring attitude all commented they would recommend the service to others.

We observed that staff interactions with people were positive. The atmosphere within the service was seen to be relaxed, calm and friendly throughout the inspection. Staff were noted to have a good relationship and rapport with the people they supported and there was much good humoured banter during the inspection which many people appeared to enjoy and welcome. We saw good staff interaction and people were seen to be comfortable and relaxed in staffs' company. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink, supporting people to mobilise within the home environment or just talking with people.

Staff understood people's care and support needs and the things that were important to them in their lives, for example, members of their family and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their capabilities and strengths. For example, where appropriate people were encouraged to maintain their independence with eating and drinking and with some aspects of their personal care. People could choose where they sat and whether or not they wished to participate in social activities.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us the care and support was provided in the least invasive way and they were treated with politeness, consideration and respect by staff. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. People who needed support with personal care were assisted discreetly to protect their modesty. For example, staff spoke quietly with people about matters relating to personal care so as to respect their dignity. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes that they liked, that suited their individual needs, were colour co-ordinated and suitable for the time of year and occasion.

People were supported to maintain relationships with others. People told us their relatives and those acting on their behalf were able to visit them at any time. Relatives confirmed there were no restrictions when they visited and that they were always made to feel welcome. Visitors told us they always felt welcomed when they visited the service and could stay as long as they wanted.

## Is the service responsive?

### Our findings

Appropriate arrangements were in place to assess the needs of people prior to admission so as to ensure that the service was able to meet the person's needs. However, although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not as fully reflective or accurate of people's care needs as they should be and improvements were required with these records. Nonetheless, there was no evidence to show that as a result of this people received poor care.

The care plan for one person in relation to their skin integrity had not been reviewed since January 2017 despite recent changes to the person's skin integrity needs and the involvement of healthcare professionals for interventions and advice. Additionally, the person's care plan reflected they were able to mobilise within the service using specific walking aids, however at the time of this inspection, the person was being cared for in bed and was no longer to mobilise. The care plan had not been updated to reflect there had been a change to the person's mobility needs and the information recorded was no longer accurate or relevant.

Staff told us there were some people who could become anxious or distressed. Improvements were required to ensure that the care plans for these people considered the reasons for them becoming anxious and the steps staff should take to reassure them. Guidance and directions on the best ways to support the person were not recorded so that staff had all of the information required to support the person appropriately so as to reduce their anxiety and inappropriate behaviours. Where information was recorded detailing the behaviours observed, the events that preceded and followed this and staff's interventions, improvements were required. There was little evidence to demonstrate staff's interventions and the outcome of incidents so as to provide assurance that these were effectively being dealt with and positive outcomes were attained for the person who used the service and others living at the service.

Although people's social care needs were assessed there was a lack of information detailing how people's social preferences were to be actioned and delivered by staff. People confirmed that activities provided were very good but these opportunities were not very frequent, for example, every day. While the service employed a member of staff who was responsible for the implementation and delivery of activities it was noted that the delivery of these was only between four to six hours per week for 21 people using the service. The outcome of questionnaires for people using the service in June 2017 recorded they were asked if they were satisfied with the leisure activities available. Fourteen responses in total were received from people using the service. The results showed that six out of 14 responses referred to the activities provided as 'good', seven referred to activities provided as 'average' and one person recorded their satisfaction as 'poor'. Where specific comments were recorded these stated, 'would like more' and, 'would like to go out more.' A sheet of paper recorded that people using the service would be asked if they wished to go out more, but provided no other information as to how this would be done and monitored.

No activities were provided for people on the first day of inspection and there was an over reliance on the television and/or radio. On the second day of inspection, staff were noted to undertake nail painting with some people during the morning and a quiz was undertaken with three people using the service.

Additionally several people were observed to enjoy a variety of games during the afternoon. The provider wrote to us following the inspection and advised that external entertainment was provided, visits by a local church were also conducted and people were able to access the local community.

Suitable arrangements were in place for people using the service and those acting on their behalf if they had a concern or were not happy with the service provided to them. The provider had a complaints policy and procedure in place and this included the stages and timescales for the process. People spoken with confirmed they knew who to approach if they had any concerns or complaints. People told us if they were not happy, they would not hesitate to talk to a member of their family, staff or the registered manager.

## Is the service well-led?

### Our findings

The service had a registered manager in post that was visible within the service and who had a very good knowledge of all the people living there, working closely with them and their families.

The registered manager was supernumerary Monday to Friday but told us this could be flexible to meet the day to day needs of people using the service. The deputy manager worked as part of the care staff team, however supernumerary shifts could be allocated but only with the agreement of the provider to complete paperwork and other responsibilities necessary to their role.

The registered manager monitored the quality of the service through the completion of a number of audits and other checks so as to assess and monitor the quality of the service provided. The registered manager told us that information was collected and recorded in a variety of ways. This included the use of questionnaires for people who used the service and those acting on their behalf. Records showed that information and data collated was recorded and reported to the provider each month, for example, information relating to accidents and incidents, complaints and safeguarding concerns.

Although the above showed that systems were in place to assess and monitor the quality of the service provided at Havengore Residential Care Home, these arrangements had not identified the improvements needed in relation to people's care records. Additionally, the arrangements had not picked up the issues relating to medicines practices and procedures. We discussed this with the registered manager and they provided an assurance that both areas would be addressed as a priority.

Staff told us they were well supported by the registered manager; however some staff did not always feel their views were respected or that they were able to express their views and opinions freely. However, staff did feel that the overall culture across the service was inclusive and that communication and morale amongst the staff team members was generally good and positive.

The registered manager confirmed that the views of people who used the service and others had been sought in June 2017. Comments recorded demonstrated people using the service and those acting on their behalf were happy and content with the service. One relative recorded, 'Staff are always friendly and welcoming.' Another relative wrote, '[Name of registered manager] and her team do a very difficult job but are always helpful and cheerful whenever I visit my relative.' A third relative commented, 'The home is run very well and to a high standard.' Where negative comments were recorded these related to relatives not feeling there were always sufficient staff available. As already stated the latter had been addressed following staffing concerns being raised with the Local Authority.

The registered manager advised the provider had an initiative to reward staff for their hard work and loyalty. This related to 'Carer of the Month' and the member of staff nominated receiving a voucher from a well-known supermarket.