

Rex Develop Limited

New Haven Care Home

Inspection report

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Date of inspection visit:
30 November 2022
07 December 2022

Date of publication:
06 January 2023

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

New Haven Care Home is a residential care home providing accommodation for up to 50 people, who require personal care. The service provides support to people who have physical health needs and conditions such as dementia. At the time of our inspection there were 37 people using the service, this increased to 39 by the end of the inspection.

The home is set out across 3 floors, one floor was dedicated to providing care for people living with dementia. Two floors contain communal areas and each bedroom has an en-suite. There is also a hairdressers and beauty space available for people.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We found people being deprived of their liberty without the principles of the Mental Capacity Act being followed. This practice was addressed by the registered manager during our inspection.

We found people were at risk of harm as medicines and risks associated with people's care were not safely managed. Risk assessments and care records for people were either not in place or not reflective of people's needs. We found staff and the management team were not always assessing risks and reporting incidents appropriately.

The provider was not actively involved in the running of the service and we found no evidence of provider audits. The provider hired a consultancy firm to complete periodic reviews and provide support at the service, however the provider had not acted on concerns raised by the consultancy. The head of the consultancy firm was the nominated individual of the service and was not completing audits on behalf of the provider.

The shortfalls from previous inspections had not been adequately addressed. There was a new registered manager in post at the service who had identified multiple concerns with poor care and was actively working to improve people's experience. The governance processes in place had been implemented by the new registered manager but needed embedding in practice.

We found staff were not knowledgeable about mental capacity, consent and dementia care. The consultancy firm confirmed they would provide additional training after the inspection.

We found staff were not always reporting safeguarding concerns to the management team and potential safeguarding concerns were not always appropriately reviewed by the management team.

People, relatives and staff raised concerns about staffing levels. We saw some positive interactions between staff and people; however, people were not always supported in a timely manner and staffing was not calculated in line with people's needs. The registered manager was actively working to improve the dining experience for people.

Feedback from staff was mostly negative about the culture of the service and the support they received.

People and their relatives told us they felt people were safe. Recruitment was managed safely. Staff were trained in safeguarding and some staff could give examples of different types of abuse. The service was well maintained providing a spacious and hygienic environment. People and relatives spoke positively about the care provided by care staff. We saw evidence of and gained positive feedback from visiting professionals around good partnership working to meet the needs of people living at the service.

The registered manager and consultancy firm were responsive to our inspection findings and responded during the inspection. We received updates about what actions they were taking to address concerns.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 04 March 2020) and there were breaches of regulation. At this inspection we found the provider remained in breach of regulations and found new breaches of regulation. This service has been rated requires improvement for the last 2 consecutive inspections and is now rated inadequate.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was prompted in part due to concerns received in relation to the management team at the service. As a result, we undertook a focused inspection to review the key questions safe, effective and well-led. The provider has taken action to mitigate some of the risk identified at this inspection. Please see the safe, effective and well-led sections of this full report.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

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 requires improvement to inadequate based on the findings of this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, need for consent, staffing and good governance. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

New Haven Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 inspectors 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

New Haven Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. New Haven Care Home is a care home with nursing care however they do not currently provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there were 2 registered managers in post. During the inspection, 1 of the registered managers cancelled their registration with us.

Notice of inspection

This inspection was unannounced on the first visit and announced on the second visit.

What we did before the inspection

We reviewed all the information we had received about this service since its last inspection in 2020. We requested feedback from stakeholders, including local safeguarding, infection control and commissioning teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity which took place on 14 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 4 relatives about their experience of care provided. We gathered feedback from 21 staff members including 2 registered managers, the deputy manager, the provider, the nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked around the building and observed people being supported.

We reviewed a range of records including 8 people's care plans and risk assessments. We reviewed 16 medicines records. We looked at 3 staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies, action plans, compliance reports and quality assurance records.

We had a meeting with the registered manager, nominated individual and provider during the inspection to discuss concerns in relation to safe care, consent, staffing and governance. We made a second site visit following this meeting to review further information. We shared our concerns with the local safeguarding, infection and prevention control and commissioners of care teams.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had not implemented systems that were effective in ensuring people received their medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely, which placed people at risk of harm.
- Records of controlled drugs and cream application records were incomplete.
- Thickening agents for people's drinks were not stored securely. There were no instructions for staff to ensure people's drinks were of the right consistency and there was no record of thickeners being used on fluid charts. This placed people at risk of harm.
- Not all staff were able to tell us how to administer medicines safely. For example, a member of the management team told us one person had 6 scoops of thickener when the record stated 2 scoops.

People's medicines were not always managed in a safe way. This placed people at risk of harm. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was actively working to embed better practices around medicines and had commenced a review of staff competence.

- Guidance for staff on when to administer people's 'when required' medicines was clear and up to date.
- Medication administration records (MARs) were accurate and the home had a medicines policy which clearly described processes for the safe handling of medicines.

Assessing risk, safety monitoring and management

- Risk associated with people's care were not appropriately assessed or recorded.
- Peoples' care records did not always contain risk assessments for identified risks and those in place were not always reviewed, updated or reflective of people's current needs.
- Staff told us they knew how to report incidents. However, we found incidents between people had not been investigated or reported to the registered manager. The registered manager investigated this during the inspection and wrote relevant risk assessments.

- Where analysis of risks had been completed, this was not always acted upon. For example, themes of falls were identified at particular times of day when staff were supporting with personal care however staffing had not been increased to mitigate this risk.

Systems were either not in place or robust enough to demonstrate safe care. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our site visits, the provider agreed for the consultancy firm to support the registered manager in completing a review of all care records, including risk assessments.

Staffing and recruitment

- People, relatives and all staff told us they were concerned about staffing levels and said there was not enough staff to meet people's needs appropriately. One staff member said, "We are so rushed, sometimes people aren't having breakfast till minutes before lunchtime."
- We observed numerous occasions where staff were not present in communal areas and on one occasion observed someone's call bell sounding for over 30 minutes. This person had not received support with breakfast, a drink or personal care by 10:25am.
- 19 people required 2:1 support but the service only had 6 care staff and 2 seniors on shift. The registered manager told us all staff including ancillary staff and management were available to support if required. However, staff feedback suggested management were not supporting on the floor and we found ancillary staff were not always trained to meet the needs of people.
- Two people were admitted to the service during our inspection, who were assessed as having high dependency needs. Staffing levels were not increased following these admissions.

There were not sufficient numbers of suitably qualified staff. This placed people at risk of harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment was safely managed. The registered manager had implemented a more structured recruitment process.

We made safeguarding referrals relating to people at risk. The registered manager said staffing was calculated by a dependency tool and this would be reviewed, along with people's dependency assessments.

Preventing and controlling infection

- Risks associated with infection prevention and control were not effectively managed.
- Staff were not using PPE safely. We observed several staff members in communal areas with masks below their nose or chin or not worn at all. The registered manager addressed this during the inspection.
- The service environment was clean and hygienic and domestic staff had a structured schedule for maintaining cleanliness.
- The providers infection prevention and control policy was up to date.

The use incorrect use of PPE placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

The provider's approach to visitors in the care home was in line with current government guidance and people were supported to have visitors.

Learning lessons when things go wrong

- Systems and processes in place were not being used effectively to learn lessons when things go wrong. The provider had not addressed concerns from the previous inspection or concerns raised by the consultancy firm.
- Accidents and incidents were not always recorded or managed appropriately. The registered manager was embedding a more efficient process for incident and accident management.
- Heads of department came together at 11:00 daily to discuss any concerns in the service.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the care provided was safe. One person said, "Yes I feel safe here, it is very nice."
- The registered manager had scheduled safeguarding training to ensure all staff were up to date with training. The registered manager had implemented an effective system for reporting concerns for people at risk of abuse. This needed embedding in practice.
- The provider had a safeguarding and whistleblowing policy which was accessible to staff.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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 MCA requires, 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems and processes were not in place to ensure people consented to their care. This meant people were unlawfully restricted.
- People did not always have mental capacity assessments and, those who did, had not always had best interest decision meetings to discuss the least restrictive options or if the support was in their best interest.
- People were being locked in their bedrooms without appropriate assessments in place. The service was seeking consent from relatives without the legal authorisation to do so. People who had agreed to have their door locked; this decision had not been reviewed for 4 years.
- People's consent to care records were left blank. It was therefore not clear from people's care records, if people who had capacity had consented to their care.
- The service had CCTV in communal areas. Not all people and relatives knew about this and we saw no evidence people had consented to this.

Care and treatment of people was not always provided in line with the law and with the consent of relevant people. This was a breach of regulation 11 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had already identified this as a concern and was delegating the completion of mental capacity assessments to the management team. However, on review it was evident some of the management team and care staff did not understand the principles of MCA. The provider agreed for the consultancy firm to support with completion of all relevant assessments during the inspection and provide training.

Staff support: induction, training, skills and experience

- Most care staff told us they did not feel supported in their role. The consultancy firm told us there was a history of staff not feeling supported and raising concerns to external bodies. The provider had not acted on this information.
- The registered manager had observed a training session and concluded the training being delivered was not appropriate and the trainer was not competent in their role. This corroborated our findings as staff had limited understanding around MCA, consent and dementia awareness. The provider confirmed the consultancy firm could provide additional training during our inspection.
- The registered manager had recently ensured staff were up to date with supervisions and complied a schedule moving forward. This had previously not been addressed.

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

- People's needs were assessed prior to receiving care. However, assessments were not always updated when people's needs changed.
- Care records were not always person centred. Not all people knew what a care plan was.
- The registered manager had identified care plans were not regularly reviewed and did not contain information needed for people to be supported appropriately. The registered manager had commenced a review of care records and the consultancy firm confirmed they would be providing support in the coming months.

Adapting service, design, decoration to meet people's needs; Staff working with other agencies to provide consistent, effective, timely care

- At the time of our inspection, some people in the home were living with dementia. There were some dementia friendly features in the home to enhance people's living experience. However, people did not always have pictures on their bedrooms doors to easily identify them and menus were displayed in a way which may have been difficult to read.
- The home worked in partnership with other professionals to ensure people received effective care, such as; GP's, district nurses and mental health teams. Feedback from visiting professionals was positive.
- The service was responsive in contacting other health and social care professionals when someone's health or well-being deteriorated.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- One person was identified as being at risk of weight loss. However, their care plan did not contain any details about how this risk was being managed.
- The registered manager had identified concerns around people's dining experience and was actively encouraging choice and a varied, balanced diet.
- Feedback about the food at the service was mixed. We observed lunch and found staff to be caring and accommodating to people's preferences.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to demonstrate effective oversight of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider remained in breach of regulations and had not taken appropriate action to resolve the shortfalls identified at the last inspection.
- The provider had contracted with a consultancy firm who were supporting the service with identifying poor practice. However, where concerns had been raised, the provider had not acted on this information to ensure the safe care of people.
- The provider had little involvement in the day to day running of the service and was not able to demonstrate understanding of their regulatory responsibilities. The provider was not aware of their legal responsibilities to have oversight of the service.
- One registered manager cancelled their registration with us during the inspection process as it was identified they did not understand their regulatory responsibilities. The provider had been made aware of these concerns previously and had not acted on this.
- People's confidential personal information was not kept securely. For example, on both site visits we saw people's confidential information left in corridors. The registered manager said staff knew not to do this.
- Quality assurance processes were either not in place or had been recently implemented by the registered manager and needed embedding in practice.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as governance systems were either not fully established or robust and regulatory responsibilities were not being met.

The consultancy firm responded to our feedback after the inspection and confirmed the provider had agreed for additional support for the registered manager to address the governance concerns.

- A new registered manager had been in post since September 2022 and they were clearly able to

demonstrate they understood their regulatory responsibilities and was working efficiently to improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 majority of care staff we spoke to provided negative feedback about the culture of the service and some of the management team. The consultancy firm told us there had been a history of poor management.
- Staff were positive about the changes being made by the new registered manager but said they had little interaction with them. One staff member said, "Somethings are better, [registered manager] has changed a lot of things but we haven't really come across [registered manager]."
- The registered manager understood their responsibilities in relation to duty of candour and notified families when things went wrong. However, we found CQC were not always notified of incidents in the service. The registered manager was working to improve this.

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

- The registered manager had completed recent surveys for gathering views from people and their relatives and was scheduling regular meetings with people to gain feedback about the care provided.
- The registered manager had streamlined the supervision process to ensure staff had up to date supervisions, as an opportunity to raise concerns. Staff meetings had not been completed on a regular basis, but regular meetings had been scheduled moving forward.
- We found evidence, and gained positive feedback, about the service working with other health and social care professionals to ensure people received effective care. One health care professional said, "It's a good care home, staff know the residents needs well."