

Rex Develop Limited

# New Haven Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

New Haven Care Home is a registered care home providing residential care for up to 50 people. It is a modern, purpose-built facility. On both days of our inspection, there were 46 people living in the home.

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

Medicines were not safely managed at this inspection. Gaps in medicine administration recording in one area of the home were not followed up. One person did not receive a controlled drug for pain relief on a date in December 2019.

Some incidents requiring the registered provider to notify the Care Quality Commission were not reported to us. We have dealt with this outside the inspection process. Insufficient action had been taken in response to the previous breach of regulation concerning the safe management of medicines. This was a continued breach of regulation at this inspection. Not all incidents were recorded and reported to the management team. A key building safety document had expired.

There were sufficient numbers of safely recruited staff to meet people's care needs. People felt safe and were protected from abuse by staff who knew how to recognise and report abuse. Risks to people were assessed and action was taken to reduce levels of risk.

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. People and relatives spoke highly about staff ensuring their prompt access to healthcare. People received sufficient amounts to eat and drink which they enjoyed. Staff received ongoing support through training and supervision.

People told us staff were kind and caring. We observed positive interactions between staff and people. Staff were familiar with people's routines and care needs. Privacy and dignity was maintained and people were supported to remain as independent as possible.

Care plans were person-centred and contained sufficient detail for staff to follow. There was evidence to show people and relatives were involved in care planning. People and relatives knew how to complain and said the management team were responsive.

Meetings were taking place for people, their relatives and staff. A recent satisfaction survey for people and relatives showed positive feedback was received. Evidence of partnership working was seen. Feedback received showed the management team were known and liked.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 9 January 2019) when there was a breach of regulation relating to the safe management of medicines. The registered provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found insufficient improvements had been made and the provider was still in breach of regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the safe management of medicines and governance which was not robust. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

The first day of inspection was carried out by an 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. The second day of inspection was carried out by an inspector and an assistant inspector.

#### Service and service type

New Haven Care Home 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 two managers registered with the Care Quality Commission who shared this responsibility. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived in the home and 10 visitors about their experience of the care provided. We spoke with both registered managers, the nominated individual, and nine members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including four people's care records, three staff files in relation to recruitment and ongoing support as well as a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection in November 2018, we found risks associated with medicines management including stock levels, administration and record keeping. At this inspection, we continued to have concerns in this area.

### Using medicines safely

- One person's pain relief patch was not applied on a given date in December 2019. The medication administration record (MAR) and the controlled drugs register confirmed this.
- MARs on one of the floors in the home contained gaps in the recording. Staff were not proactive in recognising and responding to missed signatures. On the second day of inspection, one staff member retrospectively completed a MAR where there was a gap in administration from six days earlier. The member of staff told us they could remember giving the person this medicine.
- On one floor, protocols for 'as required' medicines required further detail to explain how people who were unable to verbally communicate expressed the need for these medicines.
- Two people received their medicines covertly (without their knowledge). One person received a specific medicine with yoghurt, but this way of administering was not recorded in their care plan, meaning we could not be sure it was agreed as safe.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment) as systems were not effective in ensuring people received their medicines.

- People told us they received their medicines as prescribed. Medicines were administered kindly and respectfully. MARs on the other two floors in the home were fully completed. Staff received medicines training and their competency was checked.

### Assessing risk, safety monitoring and management

- Accident and incident forms were not consistently completed in response to these events. One person's daily notes showed they were involved in altercations with other people living in the home in January 2020. There were no accident and incident forms for these occasions.
- The electrical wiring certificate for the home expired in October 2019. These works had been arranged before our visit and were taking place on the first day of inspection.
- Although they received fire training, some staff were unsure about the process they needed to follow in the event of a fire. The registered managers said they would address this.
- Risks to people were assessed and covered areas such as bed rails, medication, moving and handling. People's pressure care needs were being met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in this home and their relatives shared this view.
- Action was taken in response to safeguarding incidents, although this did not always include reporting incidents to the Care Quality Commission. We have reported on this under the well-led section of this report.
- Staff received safeguarding training and knew how to recognise and report abuse. They felt suitable action would be taken by their management team.

Staffing and recruitment

- Sufficient numbers of safely recruited staff ensured people's care needs were met.
- People and staff told us there were enough staff to meet people's care needs. One person said, "There seems to be enough staff. They answer the buzzer in a reasonable time." A dependency tool was regularly updated to ensure there were enough staff in the home.
- Safe recruitment practices were followed and clear records were made to demonstrate this.

Preventing and controlling infection

- Standards of infection control showed this was well managed.
- People told us standards of cleanliness were good. One relative told us, "The first thing we noticed is how clean and well maintained it is."
- The premises was found to be clean and without odour and there was evidence of cleaning throughout the day.

Learning lessons when things go wrong

- Examples of lessons learned from unwanted events was seen.
- A decision was taken to increase the frequency of staff meetings which the management team told us improved communication.
- The nominated individual told us safeguarding training had improved as they recognised this wasn't adequate and took the necessary steps. When we inspected the home, staff demonstrated a sound knowledge of safeguarding people from harm.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- MCA assessments were in place for most people who were unable to make decisions for themselves.
- MCA and best interests decisions were needed for the use of covert medication for two people. The registered managers told us they would complete these.
- People confirmed they were able to make choices about their care. Staff asked people for their consent before providing care. Staff demonstrated a good understanding of the MCA and DoLS.

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

- Before people moved into New Haven Care Home, the registered provider completed a pre-admission assessment to ensure they were able to meet the person's needs.
- 'Smiling Matters' is a report published by the Care Quality Commission on the state of oral healthcare in health and social care services across England. This was discussed with staff at supervision to raise awareness and to highlight the importance of this aspect of care.

Staff support: induction, training, skills and experience

- Staff received sufficient support to provide effective care to people.
- Training completion rates were found to be high. Outstanding training was identified prior to inspection and action was taken. The majority of people told us they felt staff were sufficiently trained and capable in their role.
- Ongoing formal staff support was provided through supervision sessions. The registered managers told us they were catching up on staff appraisals.

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

- People's dietary needs were met and they received enough to eat and drink.
- Mostly positive feedback was received from people about food and choices they were offered. If people didn't want anything from the menu, alternatives were provided.
- People enjoyed a positive mealtime experience. Where staff assisted people one to one to eat their meal, this was done discreetly and with good communication. Staff were aware of people's dietary needs.

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

- People received prompt support to access healthcare services when this was needed.
- People consistently told us staff were extremely responsive to their needs when they required support from a health professional. Staff were able to identify when people were unwell and needed this intervention. One person said, "They phone the doctor quickly. They also call the paramedics if needed." Relatives told us the staff team effectively communicated with them around people's care needs.
- People's oral healthcare needs were planned for and met by staff. Before the inspection, the management team completed oral healthcare training and said they would arrange for care staff to undertake this.

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

- The home was a modern, purpose-built facility. It was well presented, spacious, with modern furnishings and fittings and decorated to a high standard.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff knew people by name and demonstrated both an understanding of their care needs as well as their preferences.
- People's comments about staff included, "They are very good, always there for a chat" and "They are very friendly. They check on your welfare during the night." One relative commented, "They do give me confidence [name] is being well looked after."
- Staff were seen providing warm, caring interactions with people who lived in the home. One person who was confused was overheard asking "When can I go home?" A staff member replied, "You've retired, so we're looking after you."
- Several people had birthdays around the Christmas period. To recognise this, a party was held to jointly celebrate these occasions. An external entertainer visited the home and birthday cake was provided.
- People's religious needs were being met. People's cultural, spiritual and sexual needs were recorded in their care plans. The registered managers told us LGBT training was planned for staff.

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

- Meetings for people and their relatives were taking place, although attendance was low. The management team told us they were planning to hold these meetings outside normal working hours to see if this meant more relatives could attend.
- Relatives we spoke with showed an awareness of their family member's care plan and said they were involved with this.
- People told us their relatives and friends were able to visit them and were made welcome.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was maintained.
- One person told us, "They know me, what I can and can't do. They support me to do what I can." All but one person said staff always knocked on their door before entering.
- The majority of feedback we received showed people's privacy and dignity. We discussed an exception with the management team who said they would address this.
- At lunchtime, we observed people were offered assistance when needed, but staff didn't try to takeover and encouraged people to remain independent with eating their meals. One relative we spoke with showed us a picture of their family member eating independently. They said this was an important achievement for the person and said how proud this made them feel.

# 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 Good. At this inspection this key question has remained the same. 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

- Care plans were person-centred and provided the necessary guidance to staff.
- 'About me' documents were completed with detail about the person's life, likes and dislikes. People's preferred day-to-day routines were recorded and showed how their independence was promoted.

End of life care and support

- Two care plans we looked at contained 'Do not attempt cardio pulmonary resuscitation' documents. These may not have been regarded as valid as the address of New Haven Care Home was not listed. The management team told us they would take action.
- Feedback we received showed some discussions had taken place regarding people's end of life care needs. Two relatives we spoke with confirmed this was discussed with them.
- One person was receiving end of life care at the time of our inspection. Staff were unable to weigh the person, so staff were estimating their weight by taking an arm measurement which provides a guide to a person's weight. This was good practice.

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.

- Staff understood their responsibilities where people had specific sensory needs.
- Communication care plans covered how people may need support, including whether they required an interpreter, hearing aid, visual impairment or use touch to communicate.
- One person was recorded as very deaf and refusing to wear hearing aids. Staff wrote things down for the person to communicate with them.

Improving care quality in response to complaints or concerns

- A system for recording and responding to complaints was in place.
- People said when they raised concerns, these were resolved. One relative said, "If we've had any issues we've gone to management and its always been resolved." Another relative told us, "If you have a qualm, they sort it."
- Complaint records we looked at showed these were investigated and responded to.
- One family raised concerns with both us and the management team on the first day of our inspection. On day two, we saw this was recorded as a complaint and action was taken by the management team.

# 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 remained the same. This meant the service management and leadership did not consistently have oversight over key areas of the home.

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

- The registered managers had booked the electrical wiring work in advance of its expiry date, although a contractor was subsequently unable to fulfil this need. Action was not taken thereafter to ensure the certificate was refreshed before it expired.
- Although the medication audit identified errors, this had not led to sufficient improvements to the safe management of medicines. The registered provider remain in breach of regulation at this inspection.
- Incidents between people were not consistently reported on accident and incident forms. Therefore, the management team were not always aware of these events. This meant these were not included in the overall accident and incident analysis which we could not be sure was accurate.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as systems used to demonstrate oversight of the service were not sufficiently effective.

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

- Incidents which were legally reportable to the Care Quality Commission were not always communicated to us. An allegation of abuse from June 2019, incidents between people in August and October 2019 as well as a further matter in December 2019 were not reported to us. We have dealt with this outside the inspection process.
- Following our inspection, the registered provider submitted notifications to the CQC for all of the above. We noted the local authority safeguarding teams were informed of these matters.
- Every month, the nominated individual produced reports about the service. This included, for example, a full schedule for upcoming staff training, building and safety checks, activities and staffing levels. This included an action plan.

Continuous learning and improving care

The management team were committed to making improvements to the service. Following our inspection, they started to take action to remedy our findings of concern.

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

- The management team promoted a positive environment.
- People and relatives told us they felt the home was well managed. People told us they knew the management team and said they were approachable.
- One relative commented, "If we knew anyone who needed care for a relative, we'd recommend this place." Staff told us, "Management are very good", "They've been brilliant, I couldn't ask for better management" and "I do get a lot of support here from management. They're all on the same page."
- We attended an effective staff handover between shifts which was used to communicate key information about people's care needs.

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

- A satisfaction survey for people living in the home started in December 2019. At the time of our inspection, the survey had not closed, but we saw 13 responses showing positive feedback. The management team planned to analyse and respond to the feedback after the survey closed.
- A well-produced quarterly newsletter provided people with updates about staffing, upcoming events including activities, infection control and the laundry service.
- Staff meetings were taking place which the staff team told us gave them an opportunity to have their say and contribute ideas.

Working in partnership with others

- The management team engaged with partners to make people living in the home part of their community.
- Summer and Christmas fayres were held at a local public house. A tea dance was held in conjunction with people from another care home in the community which allowed people to form new friendships.
- The nominated individual attended a working group for other care homes in the area. They were committed to expanding their network of working partners.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Insufficient improvements had been made in response to a previous breach of regulation. Systems to assess and monitor the service were not sufficiently robust.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not effective in ensuring people received their medicines as prescribed.