Porthaven Care Homes Limited

Haddon Hall Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Haddon Hall Care Home is a residential care home providing personal and nursing care to up to 75 people. The service provides support to older people, people living with dementia and younger adults. At the time of our inspection there were 61 people using the service.

Haddon Hall Care Home accommodates people in one building across 3 floors. Each floor has communal areas and outside balcony space. All bedrooms have ensuite bathroom facilities.

People's experience of using this service and what we found
People were still not always protected from known risks to their safety, care plans did not always provide staff with enough information on how to support people with their skin integrity or hydration. Monitoring records in place for repositioning and fluid intake had not been fully completed or monitored. We found when people had experienced a fall, staff had not completed post fall observations and actions recorded as taken were not always evident in people's care records.

Relatives and staff raised concerns with us about the staffing levels in the service. We reviewed the provider's dependency tool and staffing rotas and found they did not consistently demonstrate the assessed number of staff had been deployed. Medicines were managed safely, and safeguarding systems were in place and followed by staff. Infection, prevention and control measures were found in place which reduced infection risk in the service.

Assessments of people's needs had been carried prior to people using the service, however care had not always been delivered in line with people's choice and preference. Where people had been assessed risks associated with eating and drinking, the monitoring of these risks had not been regularly reviewed to identify actions that may be required. Mental capacity assessments and best interest decisions were not always completed for all aspects people's care.
People were provided with a choice of balanced meals. Relatives consistently told us the food was good. Staff spoke positively about the training they had received, and effective systems were in place to supervise and support staff.

Systems and processes continued to not always be effective in identifying potential risks. Audits of monitoring charts had not always been thorough and did not identify the gaps in recordings we found. The provider's policies had not always been followed in relation to fall prevention and this had not been identified by the audits carried out. The provider had not always learnt from feedback given and improved the quality of care. Whilst we found improvements in some areas, not all concerns we had found previously had been adequately addressed.

Relatives and staff spoke positively about the manager. People and their relatives had opportunities to provide feedback on the service in various ways such as in meetings, through questionnaires and in person

and relatives told us they felt involved in the planning of people's care.

Rating at last inspection and update
The last rating for this service was inadequate (published 9 May 2023). The 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 the provider remained in breach of regulations.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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 remained inadequate based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

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

Follow up
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 work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures
The overall rating for this service is 'Inadequate' and the service remains 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? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Inadequate**

Haddon Hall 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
Haddon Hall 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. Haddon Hall Care Home is a care home with 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 was not a registered manager in post. A new manager had been in post for 3 months and told us they intended to submit an application to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection
We spoke with 6 people who used the service, and 17 members of staff including the manager, regional manager, chief executive officer, deputy manager, residential manager, home trainer, nurses, med techs, med techs are staff who had undertaken additional training in medicines and care assistants. We also spoke with 11 relatives about their experience of the care provided. We reviewed a range of records. This included multiple people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Inadequate

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 inadequate. At this inspection the rating for this key question has remained inadequate.

This meant people were not safe and were at risk of avoidable harm.

At our last inspection systems were not used effectively to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. 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.

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

- People were not always protected from known risks to their safety, associated with their health conditions.
- We found care plans did not always provide staff with enough information on how to support people with known risks to their skin integrity and hydration needs.
- People were at increased risk of skin pressure damage. Records for people who required regular support with repositioning showed this had not always taken place in the specified time frames. For example, we found one person's records indicated they had not been supported to reposition for 15 hours, their care plan stated they should have been supported to reposition every 2 hours as they were prone to skin damage.
- People were not always protected from the risk of inadequate fluid intake. For example, we found for people who had been assessed as requiring support to stay hydrated and observed for signs of dehydration, their fluid intake charts had not been completed or effectively monitored as the charts had not been completed for several days and when they had at times, only minimal fluid intake had been recorded.
- We found when people had experienced a fall, staff had not completed post fall observations or monitoring in line with the provider's policy. This meant any resulting injuries or deterioration in a person's condition could be missed and not treated in a timely manner.
- Actions recorded, to be taken following a person experiencing a fall were not evidenced as completed in their care records. For example, an accident form stated staff to speak to a person's GP and make an occupational health referral, however there were no records to demonstrate this had taken place. This meant not all that was reasonably practicable had not been done to reduce the risk of the person falling again.
- People continued to be at risk of avoidable harm. The provider had not taken enough action to mitigate known risks following our last inspection.

Systems were not used effectively to assess, monitor and mitigate risks to the health, safety and welfare of

people using the service. This placed people at increased risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to ensure there were always enough staff on duty to ensure people received timely care. This was a breach of regulation 18 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 18.

Staffing and recruitment
● The provider had failed to deploy enough staff to meet people's needs and preferences.
● We reviewed the provider's staffing tool, which was used to inform staffing levels in the service based on people's individual dependency needs. We found the staffing rotas did not consistently demonstrate the assessed number of required staff had been consistently deployed.
● Relatives told us they were concerned about staffing levels. One relative told us, "They are short staffed and [staff] are rushed off their feet." And another relative told us "I asked if [person] could have a bath, staff told me they don't have the time."
● Staff also told us at times, they were unable to provide personal care to people in a timely manner as there were not enough staff. Staff also told us they cut their breaks short and stayed after their shift had ended to ensure people received the support they needed.
● Staff told us they had continued to raise concerns about the staffing levels in the service, however they felt not enough action had been taken by the provider to address this.

The provider had failed to ensure the staffing levels were adequate to meet people's needs safely. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We observed staff to be very busy throughout both days of our inspection, we also observed call bells to be sounding throughout most of the days we visited; although we did find these were responded to in a timely manner.
● We raised our concerns with the provider and the manager during our inspection, they took immediate action to increase staffing.
● Staff were recruited safely. The provider followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● Medicines were administered by trained staff who received regular checks and direct observation of their practice to ensure medicines were administered safely.
● Stock levels of medicines corresponded with the records in place. Staff regularly checked the stock levels to reduce the risk of errors.
● Audits of medicines administration records were conducted regularly by the management team and appropriate actions had been taken to address issues in any shortfalls they identified.
● Relatives told us they felt medicines were managed safely. One relative told us, "When I have been there, they have been very diligent about the process of medication."

Systems and processes to safeguard people from the risk of abuse

● Whilst some relatives had raised concerns with CQC, other's felt confident their relative was safe. One relative told us, " On the whole [person] is safe and looked after." and another told us, "[Person] is pretty content and feels secure and safe."

● Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to the manager and relevant professionals.

● Safeguarding incidents had been correctly reported. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of re-occurrence.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● 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 responding effectively to risks and signs of infection.

● 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.

Visiting in care homes

The provider ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

Requires Improvement

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 requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plan record keeping gaps meant people were at increased risk of inconsistent or ineffective care relating to their hydration and weight monitoring needs. For example, we found 5 people's fluid monitoring charts recorded they had not had a drink for several days.
- We raised this with the manager and they implemented a new system to ensure charts were regularly completed and monitored, we checked this system on the second day of our inspection and found improvements had been made as people's fluid charts no longer contained gaps and showed people were receiving adequate fluid intake, however the new system required embedding to evidence sustained good practice.
- Care plans and risk assessments did not provide staff with guidance on the amount of fluid intake people should be aiming to drink when they had been assessed as at risk of dehydration, this did not aid staff with the monitoring and identification of any risks.
- People's weights had not always been regularly monitored in line with their assessed frequency stated in their care plans, however appropriate actions and referrals had been made when it was identified that people had lost weight.
- We received mixed opinion from people and their relatives on if people had enough to drink. One person told us, "I have plenty to drink they bring my water around". However, a relative told us, "They could do with spending more time giving drinks. It is time consuming because [person] has to be assisted. If I didn't go in, [person] may not get the drinks they need."
- We observed people had access to drinks in their rooms, however some people needed assistance from staff to support them to drink and we found staff were not always readily available when people needed this as they were busy supporting other people.
- People were provided with a choice of balanced meals and where people required support with eating, this was provided in a timely manner. Relatives consistently told us the food was good. One relative told us, "The quality of food is good and [person] is happy with that." And another relative told us, "They have lots of options for food, if a resident doesn't like something, they can ask for another option."

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

- Records showed people had not always received care in line with assessed need and choice. For example, one person's care records stated they would like to shower daily, however their care records showed they had only 6 showers in a 23-day period.

● Where people had assessed risks identified associated with eating and drinking, the monitoring of these risks had not been regularly reviewed to identify actions that may be required.
● Assessments of people's needs had been carried out prior to people using the service and involved the person and, where appropriate, their relatives and healthcare professionals.

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 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 , 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.

● Mental capacity assessments and best interest decisions were not always completed for all aspects people's care, the manager had identified this and work was in progress to ensure these were put in place, however, this was not yet fully demonstrated as embedded or sustained.

● Where people were deprived of their liberty, DoLS authorisations were in place and people were supported in line with their agreed plans.

Staff support: induction, training, skills and experience
● Staff training was relevant and up to date. We reviewed the staff training matrix which evidenced staff had undertaken the care certificate when needed. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● Staff spoke positively about the training they had received and told us their training enabled them to carry out their roles effectively.
● The service had effective systems in place to support and supervise staff. Staff confirmed they received regular supervision, this included one to one sessions and checks of their competencies in key areas such as medicines administration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access external healthcare professionals when they needed to. For example, records showed that appropriate referrals had been made when people were experiencing swallowing difficulties or weight loss.
● Any guidance from external professionals had been included in people's care plans for staff to follow. Staff had a good understanding this, and we observed the guidance to be followed in staff practice.
● Relatives told us staff acted promptly when they had any concerns about their family member's health. One relative told us, "On the medical side I feel confident, they are pretty attentive and when required have taken [person] to hospital."

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

- People had personalised their bedrooms with pictures and items of their choice.
- Accessible equipment to aid people's individuals needs which promoted their independence was seen to be in place. For example, one person showed us how they used assistive technology to seek staff assistance and to turn their bedroom lights on and off.

Inadequate

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 inadequate. At this inspection the rating has remained 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.

At our last inspection, the provider had failed to ensure the governance processes were used effectively to assess and monitor the safety of the care provided. 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.

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

- Accurate and complete records were not effectively maintained regarding people's care and treatment and related decisions taken in relation to the care provided.
- Systems and processes continued to not always be effective in identifying potential risks. For example, audits of monitoring charts had not always been thorough and did not identify the gaps in recordings we found.
- The provider's policies had not always been followed in relation to fall prevention and this had not been identified by the audits carried out.
- The provider's guidance on the completion of monitoring charts was found to be reactive and not preventative in relation to skin integrity and nutrition and hydration risks, the guidance did not aid the ongoing monitoring of risks to people's skin or food and fluid intake which placed people at risk of harm.
- Quality assurance systems had not always been effective in identifying when follow up actions from accidents had not been completed.
- The provider had not always learnt from feedback given and improved the quality of care. The provider received information from previous inspections regarding improvements needed, whilst we found improvements in some areas such as wound care and out of hours management support for staff, not all concerns we had found previously had been adequately addressed.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate governance was effectively managed. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection, the provider took immediate actions to mitigate the risks we identified, this

included increasing staffing levels and introducing new monitoring systems for daily recording charts. The provider also commissioned a management consultant and temporarily paused new admissions to support the improvements required. These new systems and processes required embedding to evidence sustained good practice.

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

● Relatives and staff spoke positively about the manager. A relative told us, "I have met the new manager, they are amenable and does seem approachable and experienced." And a staff member told us "Things are starting to get better, I feel more supported by the new manager, they have made a difference."

● Staff told us they had regular supervisions and felt able to raise any concerns they had, however staff also told us they felt when they had raised concerns that not enough action had been taken by the provider to address the staffing levels in the service.

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; Continuous learning and improving care

● The manager was knowledgeable about the duty of candour, we reviewed the records in place and found that the correct actions had been taken to meet this regulation.

● The service had an action plan in place to improve the quality of the service, this was regularly reviewed and updated. We found improvements had been made in some areas which included, the out of hours on call management system and the recording systems used for people's care records.

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

● People and their relatives had opportunities to provide feedback on the service in various ways such as in meetings, through questionnaires and in person. We reviewed the minutes of the residents and relatives meeting and found information and updates had been shared by the provider and people had opportunities to make suggestions to improve the quality of the service.

● Relatives told us they felt involved in the planning of people's care. One relative told us, "I had a meeting last week to go through [person's] care plan. Very good, very informative and keep us involved with [person's] care.

● Newsletters with information about what was happening in the service was regularly sent to relatives this included information on upcoming activities and events.

Working in partnership with others

●The service worked in partnership with other professionals such as GP's and speech and language therapists to support people to access healthcare when they needed it.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure the governance processes were used effectively to assess and monitor the safety of the care provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure the staffing levels were adequate to meet people's needs safely.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were not used effectively to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.

The enforcement action we took:

We issued the provider with a warning notice.