South Tyneside Integrated Care Limited

Haven Court

Inspection report

South Tyneside District Hospital
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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

We carried out an unannounced comprehensive inspection of Haven Court on 25, 27 and 28 June 2018. The first day of inspection was unannounced. This meant the provider and staff did not know we would be coming.

At the last comprehensive inspection of the service on 14, 16 and 22 March 2017 and the home was rated as 'Requires Improvement' overall. We identified breaches of regulation 12, safe care and treatment, and regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the key questions of safe, effective, responsive and well led as 'requires improvement'. The provider did not have safe and effective systems in place in relation to people's medicines. The provider also failed to ensure that there was an effective system in place to monitor the quality and safety of the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well led to at least good. At this inspection we found sufficient improvements had been made to address the key question of effective and responsive but the home continued not to meet all the fundamental standards we inspected against for the key questions of safe and well-led. This is the second time the service has been rated requires improvement.

Haven Court is a 'care home' located in South Shields. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate 80 people in one adapted building and on the date of this inspection there were 54 people living at the home.

During this inspection we found a breach of regulation 12 (Safe care and treatment), 15 (Premises and equipment), 17 (Good governance) and 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) 2014. We also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009: Notification of other incidents. This was because the provider had not adequately assessed the risks to the health and safety of people using the service, the premises were not safe, there was no robust overarching governance framework in place, renewal applications for the Deprivation of Liberty Safeguards (DoLS), safeguarding incidents and serious injuries were not notified to the Commission,

You can see the action that we have asked the provider to take at the back of the full version of this report.

At the time of the inspection was no registered manager in post and we were supported by the home's quality and patient safety coach. A registered manager is a person who has registered with the CQC 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.

People told us that they felt safe at the home and relatives agreed with these comments. We found there were policies and procedures in place to help keep people safe. Staff had received training and attended supervision sessions around safeguarding vulnerable adults. Staff were safely recruited and they were provided with all the necessary induction training required for their role. The management team continued to provide on-going training for staff and monitored when refresher training was required. Staff had received training in end of life care and the service worked closely with partnership agencies to deliver this when required.

Accidents and incidents were recorded correctly and if any actions were required, they were acted upon and documented. We observed that there were enough staff on duty to support people appropriately in line with their assessed needs.

During our inspection we found that the premises were not safe for people living at the home. We found windows on the ground and first floor did not have restrictors in place or were locked closed. Fire doors stating "keep locked" were open, the laundry room was open for people to access, the clinical waste bin was open, kettles containing boiling water were left unattended in communal areas, pull cords were propped out of reach, sharp items in communal areas, substances that may have caused damage to people's health were not securely stored.

Infection control measures were in place and the service was clean. We saw domestic staff cleaning the home regularly during inspection.

The home provided safe medicine management. Procedures were in place to ensure the safe receipt, storage, administration and disposal of medicines. There were records regarding other professionals involved in people's care. People's medicine care plans completely documented all the information needed to fully support people.

People were supported to maintain a balanced diet and we saw people had access to a range of foods and fluids throughout the day. Relatives and people told us that they were pleased with the range of food provided. We observed that at times people waited for long periods of time for their meals to be served. Food and fluids were easily accessible to people who were at risk of aspiration and choking or who had special dietary requirements.

The premises were not always 'dementia friendly '. There was some pictorial signage to help people orientate themselves. Bedrooms did not have personalisation.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Applications had been made on behalf of some people to restrict their freedom for safety reasons in line with the Mental Capacity Act 2005. Staff demonstrated their understanding of the MCA.

We saw staff asking people for consent when supporting and asking for people's choices for meals and drinks. Staff treated people with dignity and respect. They showed kind and caring attitudes and people told us the staff spoke nicely to them. We observed people enjoyed positive relationships with staff and it was apparent they knew each other well. People and relatives knew how to raise a complaint or concern. There was information on how to make a complaint displayed within the service and this was accessible to everyone. Feedback was sought from people, relatives, staff and visitors to help continuously improve the service.

People had person-centred care plans and risk assessments in place to keep them safe. People, relatives and external health professionals were all involved in best interest decisions and mental capacity assessments. People's care records were accurate and up-to-date.

The management team had a clear vision to care for people living at the home. Staff told us that they could approach the quality and patient safety coach or deputy manager if they needed support or guidance. Relatives said that they were always welcome at the service. The quality and patient safety coach and deputy manager carried out checks and audits of the service but these were not always documented. The provider did not have a thorough governance framework in place to monitor the quality and assurance of the home.

People had access to a variety of meaningful activities and were able to enjoy social activities within the service. There was a large garden area and a coffee shop for people, relatives and visitors to access.

People's privacy and dignity was respected by staff. During the inspection we observed staff asking people discretely if they could carry out personal care and if they required support. The service promoted advocacy and there was accessible information available detailing what support people could access to help make choices about their individual lives.

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 not safe.

The premises were not safe for people, staff and visitors to the service. Environmental risks were not identified and fully assessed.

Medicines were appropriately managed. There were suitable staffing levels at the service.

People received care from staff who were trained and aware of safeguarding procedures.

Is the service effective?

Good

The service was effective.

People received care that was delivered in line with the Mental Capacity Act (2005) MCA.

Staff providing care to people had received appropriate training and support to carry out their roles.

Consent was sought before staff provided care to people. People were supported to eat and drink well to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff upheld people's privacy and dignity.

People were treated with kindness and respect by staff.

People and their relatives were consulted and supported with planning their care.

Is the service responsive?

Good

The service was responsive.

People received person-centred care which met their needs and was regularly reviewed and updated. People enjoyed a wide range of social activities.

People were supported with end of life care.

Is the service well-led?

Requires Improvement

The service was not well-led.

There was no registered manager in post.

Statutory notifications in relation to applications for people subject to a Deprivation of Liberty Safeguard (DoLS), safeguarding incidents and serious injuries had not been notified to the CQC.

The provider did not have a robust quality and assurance process or system in place to monitor the quality of the service and rectify any issues identified. The management team carried out thorough investigations of incidents.

The provider had not displayed the previous CQC rating on their website.

Haven Court

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 was planned to check 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 comprehensive inspection took place over three days on 25, 27 and 28 June 2018. The inspection was unannounced on the first day, which meant the staff did not know we would be visiting the home, and announced for the second and third day. The inspection was carried out by two adult social care inspectors and one assistant adult social care inspector.

Prior to the inspection, the management team completed a Provider Information Return (PIR). This is a form that the provider is required to send to CQC with key information about the service, what improvements they have planned and what the service does well. We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults teams, and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services.

During the inspection, we spoke with 11 people who lived at the home, six relatives and ten members of staff including the quality and patient safety coach, deputy manager, the operations director, one nurse, one domestic assistant, a laundry assistant and four staff members from the care team. We reviewed the care records for six people living at the home and the recruitment records for ten members of staff.

We looked at quality assurance audits carried out by the management team at the home and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures and information related to the governance of the home. We looked around the building and spent time in the communal areas. We spent time with some people who lived in the home and observed how staff supported

them. 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.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in June 2017 we found a breach of Regulation 12 in relation to medicines management. During this inspection we found improvements to this area had been made and medicines were being safely managed. However, we found a further breach of Regulation 12 and a new breach of Regulation 15 in respect of risks associated with the health and safety of people living at the home.

The home was not safe. On the first day of inspection we carried out checks of the premises to ensure it was safe for people living at the home. We found 15 windows within the home were not safe or secure. Windows did not have restrictors in place or were locked shut. The Health and Safety Executive (HSE) guidance regarding risks to vulnerable people falling from heights, states that windows should be restricted to 100mm or less. The windows at the home could be opened fully and did not comply with this guidance. Some people living at the home did not have the capacity to identify risks to their own personal safety. This issue posed a significant risk of entrapment or falls from a height. We addressed this with the management team immediately and were given assurances by the operations director that they would make sure that the windows would be secured whilst awaiting the estates team to install appropriate restrictors. The management team confirmed that there had not been a check of the windows recorded previously.

On the second day of inspection we were given verbal assurance by the management team that all windows which did not have restrictors in place were locked and secure. We found seven windows unsecured posing a continual risk to people living at the home. On the third day of inspection all windows which did not have restrictors were locked and secure. The Nominated Individual provided assurances that the estates team would be carrying out a full audit of all windows to make sure restrictors were in place. A nominated individual is registered with the Care Quality Commission (CQC) and has overall responsibility for the regulated activities and ensuring the quality of the service.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations: Premises and equipment.

During our visit we found risks to people's health and safety had not been identified or mitigated. On the first day of inspection we found three kettles in the communal kitchenette areas, which contained boiling water, were left unattended on a bench. We found other household equipment such as scissors, sharp knives and tools were left unattended within the communal lounge areas. These issues posed risks of harm to people at the home who had different levels of capacity, with some people unable to identify risks to their own personal safety. In addition to this emergency pull cords were tied up in communal areas, bathrooms and toilets. This meant that people would be unable to reach the cords if they suffered a fall and needed to summon urgent assistance from staff.

In addition to the issues above we also found, on the first and second day of the inspection, that household substances, which can be hazardous to health, were easily accessible to people within three of the communal kitchen areas. These substances were not correctly stored in line with the control of substances hazardous to health (COSHH) guidelines.

The laundry room door was open with no staff in attendance. The laundry door had a lock to keep it secure and should have been locked closed. On the second day of inspection the second laundry room was open and a hot iron was left unattended.

Fire doors which had 'keep locked' written on were unsecure. We found a wooden bench blocking the external fire escape route. The operations director had this removed by the second day of inspection.

We found food and drink was easily accessible to people in each kitchen area. Fridges had restrictors in place but these were broken. People who had swallowing difficulties and who were assessed as at risk of aspiration had access to these foods and fluids. to people with swallowing difficulties posed a risk of aspiration. Carbonated drinks that were high in sugar were accessible to people, this posed a heightened risk to people with diabetes. Alcohol was also accessible, this also was a risk to people who were on certain medication that would have an adverse effect should alcohol be consumed.

The main doors from the coffee shop area into the garden area were not locked. This placed vulnerable people at risk as anyone could access this area of the home. People who were also subject to a deprivation of liberty safeguard (DoLS) may have been able to leave the premises. We highlighted this to the operations director who said they would look at doing a risk assessment for this. The management team were unaware of the risk posed to people with the doors being open.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

People and their relatives described the home as safe and were happy with the care provided. One relative said, "I visit 1-2 hours per day and I think it's safe." All staff we spoke with were aware of the safeguarding procedures, escalation routes and they understood their role in keeping people safe.

We saw evidence of staff meetings where safeguarding incidents and best practices were discussed. The quality and patient safety coach had created a designated room for staff meetings. There was documented trend analysis of safeguarding and sharing of best practice.

We reviewed the safeguarding information at the home and these records were accurate, linked to the appropriate accident/incident, had in-depth investigation reports, follow up actions highlighted and lessons learned. There were safeguarding policies for protecting vulnerable adults available for all staff and people at the home . The home informed people and their relatives if any incidents or concerns were raised. These were clearly documented on investigation reports.

Staff recruitment was safe. We saw evidence that all staff had a current Disclosure and Barring Service (DBS) check in place. The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. Other pre-employment checks had been carried out such as gathering references from previous employers. Nursing staff had their registration details checked with the Nursing and Midwifery Council (NMC).

There were enough staff to support people to stay safe and this was in line with the home's dependency of needs tool. The management team had created a 'patient dependency tool' to easily identify the level of support people required. Dependency assessments were completed for people, which ensured there was a summary of their care requirements, to make sure staff had the capacity and skills to be able to provide appropriate care to meet people's needs.

We looked at the arrangements for the management of medicines. Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed. Medicine stocks were recorded when medicines were received into the home. We found a bag containing a member of staff's personal medication in the communal lounge area. We highlighted this to the deputy manager who immediately removed the bag from the lounge.

We reviewed the medicines administration records (MARs) at the home. People's medicine support needs were accurately recorded in their care records and the MARs showed staff recorded when people received their medicines and entries had been initialled by staff to show they had been administered.

Protocols were in place to administer 'as required' medicines. The protocols assisted staff by providing clear guidance on when 'as required' medicines should be administered and provided clear evidence of how often people require additional medicines such as pain relief medicines.

There was a fire risk assessment for the home and this was used in partnership with people's personal emergency evacuation plans (PEEP). A PEEP is an individual escape plan for a person who may not be able to reach an area of safety unaided or in a safe amount of time in an emergency situation. PEEPs included how many staff would be required to support people and what action should be taken. There was a clear evacuation route throughout the home and the lights, doors sensors and alarms were tested regularly.

We saw that there were regular recorded audits of the premises including bed checks, bed rails checks, portable appliance testing (PAT), firefighting equipment and electrical socket checks. The home had a valid electrical periodical inspection certificate. There was a legionella risk assessment in place and monthly water checks were carried out in line with the assessment.

We observed regular cleaning of the home throughout the inspection and regular cleaning audits. There were risk assessments in place for the control of substances hazardous to health (COSHH) and these included data information sheets and protocols for each substance. These risk assessments were not complied with by the home, as products were accessible to people. Staff followed infection control procedures and we saw them using personal protective equipment (PPE) such as disposal gloves and aprons when supporting people with personal care. Domestic staff ensured soiled laundry was transported through the home safely and in line with best practice.

Good

Is the service effective?

Our findings

People's treatment and support at Haven Court were delivered in line with current national best practice standards and guidance, such as the National Institute for Health and Clinical Excellence (NICE) and Mental Capacity Act 2005 (MCA).

All new care staff who did not have previous qualifications in health and social care, received a detailed induction from the provider in line with the 'Care Certificate'. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective and compassionate care.

There was a training matrix in place at the home and the human resources team could identify knowledge gaps and refresher training requirements. Nursing staff at the home had the required qualifications and registrations to carry out their role.

We observed a staff meeting and saw effective communication between all members of the team. Staff worked together to make sure people received the correct support they needed. There were daily care records for each person, which showed what support each person had received. The records also detailed if people's well-being or their needs had changed.

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, for example because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be 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 authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). For the four people whose records we reviewed applications had been submitted to the 'supervisory body' for authorisation to restrict their liberty, as it had been assessed that this was in their best interests to do so.

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment, for example for bed rails and life changing choices about serious medical treatment or where to live. Records of best interest decisions showed involvement from people's relatives, GPs and staff. One person told us, "They've asked me what I need and told me what I need to get me better. I agreed to it all."

Care records included people's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status. This meant that if a person's heart or breathing stops unexpectedly due to their medical condition, staff were

aware that no attempt should be made to perform cardiopulmonary resuscitation (CPR). The DNACPR records were up to date, included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals who were involved in the decision.

For the six people's care records we reviewed we saw involvement and referrals to other professionals and agencies. For example, GPs, psychiatrists, specialist nurses, best interest assessors, dieticians and opticians. During all days of the inspection we saw other professionals visiting the home to carry out reviews of people. The home had a designated GP who visits 3 times a week and will undertake additional visits on request on other days for urgent review. We asked people about access to healthcare such as the GP and other professionals. One person told us, "If I have any issues I get to see my Doctor. I had a cold recently and they looked after me. I go to my optician, audiologist and dentist appointments".

Care plans reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with various external agencies to make sure people received person centred and appropriate care to meet their needs.

Recognised tools such as the Waterlow pressure ulcer risk assessment and Malnutrition Universal Screening Tool (MUST) were used, which helped staff identify the level of risk to people. The Waterlow scale was used to assess people's risk of developing pressure ulcers. Assessments were regularly reviewed and up-dated to ensure they reflected people's current level of risk. People had detailed care plans to inform staff of the intervention they required to ensure healthy skin. We saw a system was in place for people being cared for in bed to ensure they were re-positioned at regular intervals to maintain their skin integrity.

Some people received support with nutrition and hydration. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs.

We observed the dining experience at the home over all days of inspection. Tables in one unit were set with table cloths, cutlery and napkins. We observed that people had to wait over 30 minutes for their main meals if they were not having a starter. This caused some agitation to people.

People had a choice of food and drink which they selected from a menu. Food was brought from the near-by hospital kitchen and transported in hot lockers. The food looked appetising and well-presented. One person told us, "I like the food here. It's like being in the hospital. You pick what you want." If people required support with their meals this was carried out discretely and protective clothing was provided for people if they wanted it.

The home was appropriately adapted for wheelchair access and nicely decorated. There was little evidence of a dementia friendly environment and the home resembled a hospital type environment. People's bedrooms were not personalised and had standardised decoration.

Good

Is the service caring?

Our findings

People and their relatives told us the staff at Haven Court were caring and supporting. Staff approached people with compassion and with a good understanding of people's needs and preferences. We observed staff engaging positively with people displaying kindness and respect.

People were treated with dignity, staff provided explanations, asked people before providing support and respected people's choice. One member of staff said, "One of my main elements of enjoyment at work is looking after the patients." Staff had a good understanding of people's' needs and preferences. We observed that staff were patient with people.

People said staff showed respect in relation to their dignity and privacy. One person said that when they are receiving personal care, "Staff always ask before assisting and ensure my body is covered with a towel". People spoke highly of Haven Court and said they felt they had "every convenience here" and that they have "plenty of entertainment". One person told us, "Great, everybody is really nice and caring, they [staff] will do anything for me".

One person told us, "Care is excellent here, the staff are five stars. Staff are brilliant and I can't praise them enough, they are so dedicated and I couldn't have asked for a better crew." Another person told us, "I like it here, it's nice and warm".

One person told us, "I don't like some of the staff." We explored this further to understand why. They commented, "I don't like them washing me, I can do it myself". Staff appeared to be task orientated at times and did not always have enough time to spend quality time with people. One person told us, "They [the staff] would come in and just say "come on, let's get you done" as they appeared to be in a hurry and would rush."

A relative said they were very pleased with the care being offered and they felt their loved one was, "Safe and that I don't come away worried. Staff are approachable at Haven Court and are always smiling. Staff are kind and happy to help and I am really happy about the care." Another relative said they had seen, "Exceptional care and could not have asked for a better place for [family member]. Staff take an interest and they genuinely care."

The provider had a clear vision for Haven Court which ensured people received good quality care specific to their needs. Staff worked with people to support them and promoted independence. Staff were aware of people's personal history and we saw staff asking about their families.
Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of sex, race, age, disability or religious belief. Staff always addressed people by their preferred name. Before carrying out personal care tasks staff asked permission from people if they could assist.

We saw involvement from people and their relatives on the creation of people's care plans. These included best interest decisions and mental capacity assessments. These were clearly documented and had

signatures from all involved. Relatives said staff always kept them informed and would telephone them if there were any issues.

There was information, advice and guidance displayed at the reception area of the home which was of benefit to people and their families such as local safeguarding contact information and leaflets on dementia care, advocacy services and advice on relevant topics of interest. People had been given a 'service user guide' upon admission which contained information about the service; what to expect, what services were offered and external local amenities and services which may be of interest to them.

Good

Is the service responsive?

Our findings

Before moving to Haven Court people were initially assessed by staff. Care plans were developed from the assessment and detailed people's daily needs. For example, mobility, dietary, well-being and personal hygiene. Care plans were reviewed and updated at least once a month to ensure they contained relevant information. Each care plan we viewed was person centred and they contained detailed instructions for carrying out people's care. The home ensured there was a holistic approach to meeting people's needs. Care plans included sections on social, emotional, cultural and religious needs as well as their physical needs. Care plans had been written in a personalised way. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to the person.

People and relatives had been involved in initial care planning, however they had not routinely been involved with the six and 12 monthly reviews. The management team were aware of this and we were assured they would seek involvement, where possible.

Communication care plans were in place and were appropriate for the person. Specific information for staff to follow in relation to how they engaged with people. For one person, who was unable to verbally communicate, staff were instructed that the person would nod or shake their head to indicate agreement or disagreement. This approach meant staff provided responsive care, recognising that people living with communication needs could still be engaged in decision making and interaction.

People's care plans in relation to their behaviour management were personalised and specific. They detailed the support staff were to provide and how they should monitor people after an incident. Triggers for the behaviour were documented so staff could recognise them and offer intervention before the person became increasingly anxious and distressed. This provided guidance to staff so they managed situations in a consistent and positive way, which protected people's dignity and rights.

People had access to a range of meaningful activities. There was a weekly activity guide for people and their relatives. This showed what activities people could attend each morning and afternoon. For example, there was a befriending session, music time, movie time, seated exercises, cookery and crafts. One person told us, "I can sit in the garden when it's warm. It's a nice little club." There was a coffee shop and large sitting area at the home. People could access this with their relatives or with support from staff. People were given the opportunity for social inclusion and engagement. We saw one member of staff singing with people in one of the communal lounge areas.

Care records detailed what activities people had engaged with and if they had declined. We saw one person declining to join in with an activity. A member of staff asked the person if they would like to do something different and offered an alternative.

There was a comprehensive complaints procedure in place at the service. This was available to people and their relatives. We reviewed the complaints log for the service and the actions taken. We noted the complaints log did not accurately reflect the number of complaints received, as two were missing. The

management team addressed all complaints within the designated timescales and took action where required. Lessons learned were acted upon and shared with staff during meetings and supervisions.

Compliments received about the service were also shared with staff and used as examples of good quality care. The quality and patient safety coach created posters detailing the feedback received to share with the provider and staff. Feedback was actively sought from people, relatives, visitors and staff. The feedback was recorded and regularly reviewed by the management team and the provider. We reviewed the feedback received and saw that relatives were positive about changes within the home.

At the time of our inspection the staff were delivering end of life care. End of life care plans were in place for people, which meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected. People received additional reviews from GPs and nurses to make sure they were receiving the most appropriate care for their changing needs. Staff had received training in end of life care and could tell us about people's specific plans.

Requires Improvement

Is the service well-led?

Our findings

During the last inspection in June 2017 we found a breach of Regulation 17 in relation to governance. During this inspection we reviewed the governance framework in place at the home and found that further improvements were required. The management team was working with the provider to embed a new quality and assurance framework. This framework was not fully in place and we found some audits had not been completed. For example, the medication audit and regular documented premises checks. The quality and patient safety coach was aware of the areas requiring improvement and had a detailed action plan to improve the governance arrangements in place at the home.

The management team had created an annual audit list for use at the home. This included medicines, infection control, care plan and meal experience. We noted that some audits were carried out monthly but once an acceptable level was reached these were carried out less frequently. We discussed this with the provider and the need to have consistency within the governance framework. Following the inspection, the provider told us that the auditing programme was consistent with the governance framework that was agreed at board level by the board of directors. Any identified issues or trend analysis provided by the management team was discussed at board meetings. There was no quality and assurance framework in place by the provider to monitor the care and delivery of the service. Issues we identified during the health and safety tour of the home were not proactively identified by the daily, weekly or monthly checks and audits that had been carried out.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Good governance.

At the time of our inspection there was no registered manager at Haven Court. There was a newly appointed deputy manager, a quality and patient safety coach and an operations director overseeing the management of the regulated activities. This was not in line with the requirements of the provider's registration of this service with the CQC, as the home is required to have a registered manager in post. The previous registered manager had de-registered with the Commission in December 2017. We are dealing with this issue outside of the inspection process.

Whilst planning for and carrying out day one of the inspection we found that the previous CQC rating was not displayed clearly within the home or on their website which is a legal requirement. We highlighted this to the management team on day one of inspection and found that action had been taken to display the rating by day two of the inspection. Upon arrival at the home we saw that the rating was not clearly displayed within the premises. Again, following discussions, the management team took action to resolve this.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager and the provider have a legal responsibility to notify us of DoLS applications and certain incidents including serious injuries. Our records showed that we had not received any notifications related to the applications for people whose freedom was restricted through the DoLS process,

safeguarding incidents and serious injuries. During this inspection we found 19 applications with regards to DoLS, ten serious injuries and seven safeguarding incidents which had not been notified to the Commission. We discussed this with the management team and Nominated Individual for the home. We were advised that they had not been notified due to the previous registered manager being absent from the service since March 2017.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The quality and patient safety coach had a lot of experience working within the health and social care sector. They were working with staff to improve the culture within the home and staff had reacted in a positive way to this. We saw staff engaging in a huddle meeting with them . Staff members listened and asked questions about specific topic areas. We observed the quality and patient safety coach providing advice on ways to improve the care provided. Staff were complementary about the deputy manager. One nurse told us, "[Deputy Manager] has done my role, she understands and make sure we follow everything to do with medicines. It's busy but she'll help out."

Throughout the home there were posters with information for relatives. This included the dates of relative's meetings. We reviewed the minutes from the previous meeting which contained improvement ideas and feedback. For example, people requested to have more entertaining activities and the management team had worked with staff to provide a wider range of available activities from movies to gardening club. The quality and patient safety coach had also scheduled staff meetings and these were displayed for staff to see. We reviewed the minutes from these meetings these included provider, staffing and safeguarding updates. At the main reception area people, relatives and visitors were asked for their feedback continuously. The information from these were documented on a visual poster to show what people thought the home was doing well and what could be improved.

The home had a positive and honest relationship with partnership agencies such as the local authority and the Clinical Commissioning Group (CCG). There was documented evidence in people's care files of joint working with external professionals to support people.

Accidents and incidents were investigated fully and we saw learning outcomes from these clearly documented. People and their relatives were informed if an incident had occurred and this was also documented on the investigation report. Lessons learned were shared with staff at team meetings and we saw in-depth reports to support this with regards to falls. The quality and patient safety coach had documented what the home could do to reduce the number of incidents relating to falls and implemented changes, for example ensuring people's bedrooms were free from clutter.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk of serious injury due to inadequate health and safety risk assessments. Risks were not identified or mitigated to keep people safe. There was no recorded monitoring of health and safety at the service. Regulation 12(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People were at risk of serious injury as windows did not have restrictors in place and could be opened fully to allow for a person to become trapped or fall from height. Regulation 15(1)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The quality and governance systems and process employed by the provider were not robust and did not effectively identify or manage areas requiring service improvement. There was no registered manager in post to manage the day to day regulated activities within the service.

Regulation 17(1)(2)(a)(b)