Blue Mar Limited

Haunton Hall

Inspection report

Haunton Hall
Haunton
Tamworth
Staffordshire
B79 9HW

Tel: 01827373631

Date of inspection visit:
11 April 2016

Date of publication:
19 May 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected this service on 11 April 2016. This was an unannounced inspection. Our last inspection took place on 24 March 2014 where we found that the provider was meeting the legal requirements.

The service provides support and nursing care for up to 90 older people, some of who may be living with dementia. At the time of the inspection there were 48 people who used the service as the provider was carrying out a refurbishment programme to some parts of the building. The service had four separate units; two nursing units, a general residential unit and a residential unit for people living with dementia.

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

Medicines were not always managed safely as we saw some people did not receive their medicines if they were asleep. Systems were not in place to ensure people were offered these at a different time and medical advice about their welfare was not sought. Effective systems were not in place to ensure medicines were administered in a consistent and safe manner. Improvements were needed in this area.

There were not always enough staff available to deliver people's planned care. People did not always receive the support they needed to keep safe and they had to wait for support with personal care. Quality monitoring checks were carried out although these had not identified where people may be at risk from the current staffing provided, or where care records did not include important information. Improvements were needed in this area.

Where people no longer had capacity to make decisions or consent to care, assessments were not completed accurately and had failed to consider that people may still be able to make some decisions for themselves. Applications had not been made for some people to ensure any restriction placed upon people was lawful. Improvements were needed in this area.
People made decisions about their care where they had capacity and staff helped them to understand the information they needed to make informed decisions.

People could choose what they wanted to eat and specialist diets were catered for. Meals were chosen the day before the meal was served but there was no information available for people to remind themselves of the meal options. Simple alternative meals could be provided upon request although if people changed their minds about their food choice, additional food was not prepared to support people to make a meaningful choice at each meal.

Staff received training and support that generally provided them with the knowledge and skills required to work at the service. People living with dementia were not always supported with their specialist needs as

staff did not always recognise how to provide this care. Additional activities were not provided to enhance the care of people living with dementia.

Health care professionals visited the service regularly to provide additional healthcare services to people. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

There was a homely and relaxed atmosphere and people were generally treated with care and compassion. People told us the staff were kind and treated them with dignity and respect. However, some interactions were not dignified as staff did not speak to people when they supported them with personal care or helped them to move.

A range of activities were organised for people during the week and people spoke positively about the opportunities provided. Links had been developed with local volunteer groups who visited people and had helped with the garden areas.

People were confident they could raise any concerns with the registered manager or staff and were complimentary about the registered manager and staff. They told us the registered manager was always available and was approachable.

You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

There were insufficient numbers of staff available to meet people's individual needs and keep people safe. Assessments of risks were not always effective and staff did not have some information they needed to keep people safe. People's medicines were not always managed in a consistent or safe manner. Staff understood how to act if they were concerned that people were at risk to keep people safe and safe recruitment systems were in place to ensure new staff were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people did not have capacity, it was not always evident how decisions had been made their best interests. Authorisations to legally restrict people had not been applied for some people who may be deprived of their liberty. Staff received the training they needed to support people although where people were living with dementia; staff did not always have the specialist knowledge to support people. People had access to health care professionals to maintain their health and wellbeing.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Care was not always delivered in a respectful way as staff did not always speak with people when supporting them. Staff generally ensured people's dignity although these positive interactions were often limited to when people needed support with specific care tasks. Visitors were welcomed and people were encouraged to maintain relationships with family and friends.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

A range of activities were provided for people although these did

not meet the specific needs of people living with dementia. Care was reviewed with people and those who were important to them. People knew how to complain about their care and complaints were managed in accordance with the provider's complaints policy.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Effective systems were not in place to assess, monitor and improve the quality of care. This meant that some areas of poor care were not identified and rectified by the registered manager or provider. People and relatives felt the service had a homely and relaxed atmosphere and staff felt supported and enjoyed working at the service.

Haunton Hall

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 April 2016 and was unannounced. Our inspection team consisted of two inspectors and one 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.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with ten people who used the service, six relatives, seven care staff, the registered manager, two domestic staff, three catering staff and one doctor. We did this to gain people's views about the care and to check that standards of care were being met.

We observed care and support in communal areas. Some people had communication difficulties, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We viewed seven records about people's care and medication. We also looked at records relating to the management of the service including quality checks.

Requires Improvement

Is the service safe?

Our findings

People who used and visited the service told us there were not always enough staff available to keep people safe. Some people who used the service needed the support of two staff with personal care and were cared for in bed. There were only two staff on duty in each of the four units and one nurse, who supported staff within the two nursing units. We saw there were times when there were no staff available in the lounges and there was no means for people to summon support as call bells were not available and assistive technology was not used. One person told us, "The staff aren't always around and I just have to keep shouting louder if I want them. They do come eventually." One person was at high risks of falls and we saw them move independently around the home and there were no staff present to provide support. This person had suffered unwitnessed falls and had sustained injuries and staff confirmed that they should be supervised when walking as recorded in their risk assessment. One person asked to be taken to the bathroom but the staff member told them, "I'm on my own here so you will have to wait." They asked on two further occasions but support was not provided and the person was unable to retain their dignity.

There were no arrangements in place to provide additional support when staff took their breaks which meant at these times there was only one member of staff in each unit to provide support. The staff told us that it was not possible to have assistance from staff in the other units. One member of staff said, "All the units are the same, so there are no other staff to help out." We saw staff were also responsible for helping people to move around the home. For example, when they had a hair appointment or were involved in a planned activity; and at lunch time they were responsible for fetching the food trolley. One person returned from hospital by ambulance and the two members of staff in the unit were needed to help the person return to their room and be comfortable. This meant that there were not always enough staff available to keep people safe and ensure their well-being. One member of staff told us, "It's like this every day. We don't have the time to support people and if we are helping someone in their bedroom then there's no other staff about to help." Another member of staff told us, "It's very task orientated. We just have to try and grab time with people when we can."

Some people who were cared for in their bedroom and the design of the building meant their bedroom was at the end of a corridor. There was no system to ensure that staff checked on the person's welfare at regular intervals, and there was no record of when staff visited them to ensure their safety. Relatives expressed their concerns to us and one relative told us, "There is nothing for them to do or even see as they are facing away from the window. When we visit, sometimes we don't see staff for ages. They are left alone." One member of staff told us, "We do visit whenever we can and when they need care but unless we ask each other we wouldn't know how long they had been on their own." We raised this with the registered manager who agreed to review how the person was supported and to consider enabling them to move to a bedroom where they could be monitored more closely.

The above evidence demonstrates that appropriate action was not always taken to protect people from harm and sufficient numbers of staff were not always deployed to keep people safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that risks to people's safety were assessed. However, people's risks were not always effectively managed. For example, one person had been assessed as being at high risk of falling, but an effective management plan was not in place to manage or reduce their risk of falling. The staff understood the risks but one member of staff told us, "If we aren't in the lounge then we can't always make sure they are safe. They have falls and can drop down and there's a new care plan because they've recently hurt themselves when they fell." Where people used a pressure relieving mattress, we saw they were placed at further risk of skin damage as there was no information about how this equipment should be used. Daily checks were completed on the equipment but the staff we spoke with were unsure of how to monitor its effectiveness. One member of staff told us, "The information should be recorded but I can see it's not, so this needs to be reviewed." One relative told us, "I've seen it on different settings but I don't know what it should be."

We found that people's medicines were not always managed in a safe way. We saw that systems were in place that ensured medicines were ordered, stored and administered to protect people from the risks associated with them within the two nursing units. However, within the residential units improvements were required. We saw some medicines had not been administered to people as they were asleep and staff confirmed that they had not sought medical advice to ensure people remained well. People had not been offered their medicines at a later time and a review of when people received their medicines had not taken place to ensure they received their medicines at the correct time and frequency as prescribed. This meant people's health and well-being may be compromised.

The staff showed they were aware of how they should report any safeguarding concerns. They were also able to demonstrate understanding as to what situations were considered as unsafe or as abuse. One member of staff told us, "We have had the training about what to do if we were concerned about people including if we see any bruising or if anyone is treating people badly. We know we can report it directly to the local authority or to our manager." Staff told us that they were aware of the whistleblowing policy and said that they would be confident to use it and the manager would be supportive. One member of staff told us, "If I saw something amiss, I'd report it. If anything happened here it would be dealt with." Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying.

We spoke with one member of staff who had recently started working at the service. They told us they had attended an interview and confirmed that all recruitment checks had been carried out prior to them starting working with people. We saw these checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. This meant recruitment procedures made sure, as far as possible, that staff were safe to work with people who used the service.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that general capacity assessments had been completed for people where staff were concerned that people lacked capacity to make decisions. The assessments were not time or decision specific and the assessment recorded that people did not have capacity in relation to all possible decisions. For example, the assessment was used to make decisions whether they wanted their photograph taken and serious decisions such as whether they wanted to be resuscitated. This meant people may have decisions made for them when they did have capacity. We saw consent forms were signed by relatives and some decisions had been made by other people and records stated they had a lasting power of attorney (LPA). The registered manager told us they had not seen the LPA to ensure other people had the necessary authority to make these decisions on behalf of others. A LPA allows other people to make certain decisions on people's behalf when people are no longer able to make decisions for themselves. This meant some decisions that had been made, may not be lawful.

We saw some people had restrictions placed on them as they could not leave the home without support. These people had been assessed as not having the capacity to make a decision about how safe they were when they were out alone and the appropriate deprivation of liberty safeguard (DoLS) applications had been made to the authorities. Staff told us that whilst waiting for the authorisation to be assessed, they had considered how to keep the person safe and supported them when leaving the home. We saw other people may be restricted but the capacity assessment recorded there was no requirement to apply for a DoLS. However, this had not been reviewed to reflect current legislation and as a result staff had not identified possible restrictions.

The above evidence demonstrates this was a breach of Regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff generally had the knowledge and skills to support people with personal care and people told us they were confident that staff provided support safely. However, some people were living with dementia and discussions with staff showed they did not always understand how to support these people. People received training in dementia however this was not effective as one member of staff told us, "They think they have young children and they talk about the war. I don't know why that is. I think they are stuck in that time. They sometimes ask for their children, so I say they are at school." Within the specialist dementia

unit there was no signage to help people to orientate around their home. The bedroom doors had door knockers and a letter box but were all the same colour. The registered manager told us. "We have recently moved from upstairs and there are signs there but there aren't any in the new unit."

We carried out an observation at lunchtime in three units to understand people's mealtime experiences. We saw people could choose to eat where they wished to. The majority of people chose to sit in the dining areas; some people ate their meal in their bedroom and needed support. People were asked to choose which meal they wanted on the previous day. Some people were living with dementia and there was no pictorial system to help them choose which food they liked. One member of staff told us, "Some people can't choose for themselves so relatives tell us what people like and we know people well, so we can choose for them." None of the people we spoke with could remember what they had chosen. One person told us, "The food is lovely here but I can't remember what I ordered for dinner." We were told that there was a menu in the reception area but this was only accessible to people within the residential unit. The quantity of food prepared was based on the food choices people had made on the previous day. If people wanted to change their mind and have the other meal, there was no additional food available. One member of staff told us, "People could have an omelette, or a sandwich of something like cheese on toast but they couldn't have the other meal as there wouldn't be enough."

People had different meal time experiences in each of the units. In one area, we saw people were not offered any condiments or plate guards to support them to eat independently. We saw people take food from other people's plates and the staff did not notice or respond. In other units, we saw that people were encouraged to eat independently and some people needed assistance with cutting their food up to make it easier to eat. People were supported carefully and sensitively and staff assisted people to eat in a caring and patient way, giving encouragement and time so people could enjoy their food.

Where people were at risk of weight loss they had been referred to a dietician and their weight was monitored monthly. We saw that people were given supplements that ensured they received sufficient amounts to eat and we saw people being offered drinks throughout the day. One person asked for a drink many times and a drink was provided on each occasion.

We saw that people had access to health care professionals and services and people's health needs were met. Where people were receiving residential support, district nurses visited to manage their health needs. We spoke with one visiting doctor who told us, "I visit here twice a week and if there are any concerns the staff are very good at notifying us." People told us they continued to receive routine appointments with an optician and dentist. One relative told us, "They've recently had a new pair of glasses, which is good as they like to watch the television, so being able to see that is important to them."

When new staff started working in the service they worked with other staff whilst they got to know people and to enable them to provide the right support. One member of staff told us, "We went through an induction and had support and training. When I started working as part of the team, I felt I knew what I was doing." Staff told us they met with senior staff and discussed their performance in formal supervision meetings. One member of staff told us, "I find these useful as we can talk about what we are doing and if we have any problems or need more training we can tell them."

Requires Improvement

Is the service caring?

Our findings

We found that generally people were treated with kindness and compassion and we saw some positive interactions between people and staff. However, we also saw where care was not always dignified or respectful. For example, we saw at lunch time, staff wiped away food from people's faces without speaking with them and telling them what they were going to do. Staff did not always gain people's consent before proceeding to move them in their wheelchairs. On other occasions we saw staff speaking kindly and holding one person's hand when they became distressed. One member of staff sat next to a person who was having difficulty eating. They asked if they wanted support and helped the person to eat. They spoke with them throughout, checking with them about how they wanted support and also about their family and current events. One member of staff told us, "People are not living in our work space. We are working in their home and you must respect that."

We found that people were supported to make choices about their care, although on occasions their choices were limited. For example, what meal they wanted to eat and what activities were provided. We saw that the amount of time staff had to interact with people varied from unit to unit. On the residential unit, we saw staff had the time to consistently engage people in meaningful conversation and activities. In the other three units staff told us they would like more time to enable them to give people more positive care experiences. One member of staff told us, "I'd like to be able to spend time with people but we just don't have the time." Within the nursing unit we saw that staff were busy and interactions with people were task led. One member of staff told us, "We just have so much to do that we don't have time to sit with people unless we have to support people to move or drink and manage their personal care." This meant people only interacted with staff when they received assistance with personal care or other hands on care tasks.

Relatives told us they could visit anytime and were made to feel welcome. One person told us, "I like it when my family come and visit and we can eat or drink together. It makes it feel more like home." One relative told us, "The staff are always very polite and responsive." We saw relatives were able to make themselves a drink and sit with people in the lounge or in people's bedrooms. One person told us. "It's nice to see friends and relatives. The staff never mind them visiting." The staff organised a weekly coffee morning and friends and family were encouraged to visit and speak with other visitors and people. One member of staff told us, "We don't always get many people coming along but everyone knows they are always welcome and we try and include family members in everything we do."

Relatives told us staff promoted people's dignity by ensuring people were clean and smartly dressed. One relative said, "People always look smart here. I've never seen [person who used the service] look messy, even after a meal." We saw that people were supported to change their clothing if required after mealtimes and people received personal care and support in private.

Requires Improvement

Is the service responsive?

Our findings

People were offered a range of activities from staff who had a specific role in the home to provide activities based on people's interests. We saw people were able to participate in pamper activities, crafts and singing. We saw where people chose not to engage in any planned activity there was limited evidence of any interaction as staff were involved with personal care. One person told us, "We can watch the television but that's it. The staff don't have time to do anything with us." One relative told us, "Staff may pop their head round the door but there's no conversation or contact unless they need to help them to move to have something to eat or drink." The staff told us that where people spent their time in their room, individual activities could be provided for people. One member of staff told us, "There are activities in people's room such as hand massages and the activity staff will read the newspaper. We have a lot of people who we support in their room so people don't have this every day."

At weekends, the staff were expected to carry out activities such as reading or group discussion. One relative told us, "I'm here all the time and I've never seen anything happen at the weekend and for people in their room, they certainly wouldn't be able to get involved." Another relative told us, "There are quite a lot of activities that take place, but most of them happen in the lounges. [Person who used the service] spends all their time in their room and they get lonely." Staff confirmed that when the activity staff were not available they had no capacity to promote activities in their absence. One staff member said, "We'd love to spend more time with people, but you can see, we just don't stop, so it's not possible." Staff told us that there were no specific activities or support for people living with dementia. One member of staff told us, "We have music sessions which people really enjoy but people join in whatever activity is planned with the activity staff, we don't really do anything different from the other units."

People did not always receive their preferred care at their preferred time because staff were not always available to facilitate this. The hairdresser was visiting and people had an opportunity to have their hair cut or styled. We heard one person ask on three occasions if they could have their hair styled but staff were unsure of whether they had sufficient funds available and were not able to access this information at that time. Relatives visited the person later in the day and confirmed they had money but the hairdresser held already left that day so the person was unable to make any appointment.

We found that staff knew about people's preferences. For example, one person told us, "I love singing and I'm part of a choir." The staff knew this and spoke with them about their favourite artists. The staff member said, "You're a big fan of the seventies aren't you?" The person confirmed this and listed their favourite performers and songs. There was a record of the person's care preferences, such as their likes, dislikes and hobbies in their care records. Some people who used the service were unable to be involved in the planning of their care due to their medical conditions. In these circumstances, we found that some relatives were involved in the planning of care. One relative told us, "I spent time with the staff and we wrote down what their interests were as they can no longer tell you. If anything happens that they would normally enjoy, the staff help them to join in." One member of staff told us, "We get to know people gradually and when we find something out, we record it and it goes in the plan. We'd like to know more but we would need that information from relatives and we haven't always got it." People's care records showed the evidence of

involvement by people or when appropriate their relatives.

People and their relatives knew how to complain and they told us they would inform the staff and registered manager if they were unhappy with their care. One person said, "If I tell the staff something they sort it out for me." Another person told us, "If I am unhappy about anything I would see the girls." People and their relatives also told us that when they had complained, improvements to care had been made. One relative said, "I have made complaints and the issues have been addressed." The complaints process was clearly displayed and we saw that complaints had been managed in accordance with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

Effective systems were not in place to enable the provider to consistently improve the service and ensure safe and effective care. The staff did not always provide the registered manager with information they needed that people had not taken their medicines or take any action. Systems were not in place to ensure staff identified concerns with medication practices. This meant some people did not receive important medication and staff had not contacted a medical practitioner or pharmacist to ensure people's wellbeing.

The provider had failed to recognise that there were insufficient numbers of staff to meet people's individual needs. We saw that the staff were not always present in communal areas although people had been assessed as being at risk of falls. We saw people needed to wait long periods of time before they were assisted with personal care. The staffing provided was not flexible and the staffing provided meant staff were not always able to respond to meet people's needs.

The registered manager carried out other quality checks on how the service was managed including whether people had developed pressure ulcers, the number of accidents and incidents and whether there were any trends. Where people had fallen, referrals were made to the falls prevention team to review their care. However, the support they needed had not been reflected in the staffing numbers and the provider did not recognise how the current staffing may impact on the number of falls and care provision. We saw care record reviews identified where further information was required but no further action had been taken to rectify this. Some people used pressure relieving equipment and people's care records recorded these were being operated on the correct settings. However, the correct setting had not been calculated and staff were unaware of what it should be. The audits had not identified these risks to people.

The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff told us they enjoyed their work and valued the service they provided but recognised that the current staffing levels impacted on people. One member of staff told us, "It gets difficult here, because we can't spend as much time with people as we'd like but we all try and do a good job and are proud of what we achieve." They told us the manager was supportive and available if they required assistance or guidance. One member of staff told us, "The manager or senior staff are always here. I wouldn't hesitate to speak with them and they care what happens here."

The registered manager had introduced a satisfaction survey and sent people and family members a questionnaire to complete to gain their views. People were able to complete these anonymously or where they wanted a specific response their contact details could be included. The registered manager explained that these would be analysed and responses considered. We will review the outcome and improvements to the service of this survey during our next inspection.

The staff had developed relationships with local volunteer groups who visited the home and spent time with

people. One member of staff told us, "One of the local supermarkets has a community champion and they visit people each month and bring along an activity for people to participate in. We've also been visited by a local guide group who did a litter pick and tidied the garden. People really enjoyed it when they visited and had drinks with them."

The registered manager understood their legal responsibility. They ensured that the local authority's safeguarding team were notified of incidents that had to be reported and maintained records of these for monitoring purposes. We were also notified of significant events as required to monitor the service.

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 did not take formal enforcement action at this stage. 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 11 HSCA RA Regulations 2014 Need for consent Where people were unable to give consent because they lacked capacity, the registered person had not always acted in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place monitor and improve the quality and safety of the service provided to ensure the safety and welfare of people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of skilled and experienced staff were not deployed to support people who used the service.