

Care Homes UK Ltd

Haven Lodge

Inspection report

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Date of inspection visit:
02 April 2019

Date of publication:
14 May 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Haven Lodge is a residential care home that was providing personal care to 28 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People told us they felt safe and staff were able to recognise and knew how to report signs of possible abuse. Risk was safely managed with personalised assessments and detailed guidance for staff to follow.

Staffing levels were sufficient to ensure people's needs were met promptly. Staff were caring and kind in their approach, and clearly knew people well. They told us, and we saw, records of regular training to ensure they were adhering to current best practice models. Staff worked well as a team.

Medicines were managed safely and infection control measures were robust.

People were supported and encouraged to eat and drink regularly and accessed external support services as needed. There had been a significant improvement to the building and this was part of a wider refurbishment programme which people told us had improved the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Privacy and dignity were promoted and respected at all times.

Although structured activities were limited, people said they had enough to do and appreciated when events did take place. Care records were personalised and provided current information about support offered to people.

The registered manager provided robust and sound leadership, which was supported with a comprehensive quality assurance system. People and staff were happy to live and work at Haven Lodge. All of the changes which had begun at the previous inspection were now fully implemented and embedded in service delivery.

Rating at last inspection: Requires Improvement (report published April 2018)

Why we inspected: This was a planned inspection based on the rating at the previous inspection. The service had previously been in breach of one regulation but at this inspection we found improvements had been made.

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

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Haven Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors and one expert by experience, whose experience was with services for older people, living with dementia.

Service and service type:

Haven Lodge is a care home providing personal care support to older people, some of whom may be living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received since the last inspection in February 2018.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We found the information recorded on the PIR was evident during the inspection and everything stated was in place. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with nine people using the service and three sets of visitors. In addition, we spoke with five staff including members of the care and domestic staff and the registered manager.

We looked at two care records including risk assessments in depth, two staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

The improvements which had commenced at the previous inspection were now fully implemented.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe and had no concerns living at Haven Lodge. One relative said if there were any issues these would be resolved promptly.
- Staff were able to recognise signs of possible abuse and knew how to report such concerns. Concerns had been reported appropriately and actions taken where required.

Assessing risk, safety monitoring and management

- Relatives spoke positively of the care offered as one told us, "They've not fallen in here and they did at home." We observed safe moving and handling practice ensuring people felt reassured during any transfers. Moving and handling risk assessments included photographs to aid safe use of the equipment.
- There had only been two issues with skin integrity (both from admissions to the home) which showed pressure care management was effective. Where specific risks had been identified such as poor nutrition or a person was a smoker, person-centred risk assessments were in place providing necessary guidance for staff.
- People had current personal emergency evacuation plans in place and we saw evidence of regular fire safety checks including fire drills.
- If people required equipment such as a walking aid, this was labelled with their name to ensure it was used by the correct person. Equipment was checked in line with statutory requirements and checks by staff before each use were documented. Staff guidance provided clear instructions as to what was to be checked.
- Maintenance checks were additionally conducted but records were not always up to date and did not always indicate when action had been taken. The registered manager agreed to speak to the relevant staff member regarding this but confirmed actions had been taken when issues arose.

Staffing and recruitment

- Staff attended promptly to people if they heard them calling out or observed them in need of attention. One person said, "I don't have to wait long for help." Another said they knew all the staff, saying, "I know all their names; it's just like a family here." People who chose to spend much of the day in their own rooms were regularly checked by staff with their permission.
- Staffing rotas showed staffing levels were always at least five care staff on a day and the registered manager was increasing from three to four at night due to the layout of the building.
- Staff said there were always sufficient staff, and agency staff were rarely used. Staff also felt a positive work-life balance was achieved.
- Recruitment checks were robust and staff all had an induction before working in the home.

Using medicines safely

- People said their medicines were given properly. One said they received painkillers if they needed them.
- Medicines were administered safely and stored in line with requirements. Records were accurate and completed post administration. PRN, or 'as required' medicines had appropriate guidance in place. Body maps and clear dosages were evident for topical medication. The registered manager advised they completed daily random stock checks and also checked staff medication competencies on a six-monthly basis.
- One person on covert medication had the appropriate authorisations in place from the GP and pharmacist.

Preventing and controlling infection

- The home was clean and odour free. One person said, "They're always mopping!"
- Staff understood the principles of infection control practice and the rota showed staff were allocated cleaning duties seven days a week. Staff had access to plentiful personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The service had a low number of falls which showed staff were attentive to people's needs. However, each instance was reviewed, with further equipment or referral to other services made as necessary.

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

People's outcomes were consistently good, and people's feedback confirmed this.

The improvements which had commenced at the previous inspection were now fully implemented.

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

- The registered manager completed detailed pre-admission assessments which helped shape person-centred care plans.
- They were aware of all relevant sources of guidance and explained how these informed the practice they shared with staff. Staff had access to latest guidance regarding sepsis and flammable cream use for example.

Staff support: induction, training, skills and experience

- Staff told us they had plenty of training and supervision. One staff member said, "I get to update my skills regularly." They also said the provider visited and checked staff's understanding around people's needs and best practice.
- The registered manager was an in-house trainer and they intended to ensure further staff had the necessary training to cascade to others.

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

- People were offered regular drinks and snacks throughout the day. They told us food was plentiful and tasty. One person said they no longer needed fortified food as they had successfully put on weight. Staff were aware of people's preferences, such as how many sugars people took in drinks and actively encouraged people to drink.
- People had a positive dining experience being offered choice of seating and meal. People were offered clothes protectors if they wished to use them and encouraged to eat where necessary. If people needed assistance with cutting food, this was offered discreetly. People said there was always more than one choice, and if these did not suit people, alternatives were offered.

Staff working with other agencies to provide consistent, effective, timely care

- Relatives said how staff all worked well together. One relative told us how much their relation's health had improved since living at the home.
- Staff had access to handover notes informing them of key events with people during the previous shift. They spoke highly of their colleagues, saying "we know how each other works." We heard them share quietly with each other who they were supporting and what tasks they were undertaking.

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

- There had been some changes within the internal environment since the last inspection and a specific

dining area created. People spoke positively of this and felt it was much better.

- People's rooms were personalised with their photographs and other items. There was a programme of continual refurbishment of the home as flooring was being replaced.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives said they saw external health professionals as needed including GPs, chiropractors and opticians.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff understood the importance of obtaining consent and making decisions in people's best interests if they were unable to give such consent. We found detailed capacity assessments in place for different decisions including nutrition and medication showing the registered manager fully understood their responsibilities in regard to the MCA.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw appropriate authorisations were in place for people and conditions were monitored as required. Where people had Lasting Powers of Attorney in place for health and welfare, the correct documentation was evident.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were looked after well. One person said, "They chat like we're sat now and pass the time of day. They're always obliging with any questions you may have." Another said, "Staff help you, you've only to ask."
- Staff were friendly and approachable with people, referring to people by their name and maintaining eye contact. Staff displayed patience and kindness, supporting people as much as was needed and always at the person's own pace.
- People said their families were always made very welcome by staff. Relatives said staff were lovely and always very friendly.
- Staff knew people well, and how to support people who were anxious. We observed a number of instances where people were agitated due to their confusion, but staff remained calm and used different distraction techniques to aid co-operation.
- People's cultural and spiritual needs were recorded where they had chosen to share these. Monthly visits from local clergy allowed people to follow their faith.

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

- One person said, "They don't put any pressure on you. They request, not tell us, what to do." Another person said they had been part of a recent review of their care needs.
- One person said, "Staff encourage us to talk about any concerns we may have, not that I've many."

Respecting and promoting people's privacy, dignity and independence

- People were supported with their appearance, one person saying staff would advise if clothes were dirty and these were promptly washed.
- We observed staff knocking on people's doors before entering their rooms.
- One person said, "They encourage my independence. They try and make people do rather than relying on staff." Relatives also said independence was promoted saying staff did not undertake tasks when people could do things for themselves.
- Records were kept confidential as staff only had access to them during their time on shift, and each staff member had their own log in and password.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

The improvements which had commenced at the previous inspection were now fully implemented.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People said they chose when to get up and go to bed. They described staff as very obliging.
- Relatives said everything was very personalised. People looked happy and staff engaged with people such as dancing to the music playing.
- People told us they had free access around the home and garden and could also leave independently if they wished. We observed people using the summer house for smoking breaks.
- People said there was plenty to do with quizzes and sing songs. One person also said the local vicar visited. Other spoke with us about trips they had had out.
- Picture cards were used for people who found verbalising their needs difficult.
- Care records contained all key information including a person's preferences and interests. Significant information was easy to find including risks for that person such as with poor nutrition, any allergies and guidance for staff as to how best support the person with their emotional wellbeing as much as their physical support needs.
- Care plans provided clear overview of each aspect of support required including communication needs, mobility and pain management. Daily notes evidenced people received regular checks to ensure they were safe and well cared for. The registered manager was able to generate monthly reviews of specific information for people such as number of falls to enable analysis and actions to be taken if required.

Improving care quality in response to complaints or concerns

- People were confident in speaking out if they had any concerns and felt these would be responded to appropriately. One person said, "I've never had any concerns or complaints."
- Relatives said they often saw the registered manager and staff would discuss any concerns immediately with them. One described the home as 'very personal' as any issues were discussed face to face promptly.
- The service had only received one complaint since the previous inspection and this had been fully investigated and a response sent to the complainant.

End of life care and support

- Staff were attentive and kind to people nearing the end of their life. People were supported to ensure adequate nutrition and fluids.
- No one in the service had an advanced decision in place.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The improvements which had commenced at the previous inspection were now fully implemented.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- One person told us, "We call it home. They're always trying to do something to make it better and easier for us." Another told us they were very happy at Haven Lodge. Relatives also spoke positively of the home.
- Staff told us they would be happy to have their own family living in the home. One staff member told us, "I enjoy my job."

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

- People and relatives spoke highly of the registered manager. One person said, "They keep on top of things." Another relative said, "The manager's here every day. They come and sit and talk to you and ask if there are any problems."
- Staff also spoke well of the registered manager describing them as very approachable and involved. They told us they were happy to support staff as needed. The registered manager was visible in the service throughout the day.
- The registered manager had implemented a number of audits. These were completed on a monthly basis and reviewed any pressure damage, accidents, infection control practice, medication and mealtime experiences among other areas. There were less frequent health and safety and full home audits but we saw any actions arising from these audits were added to the rolling action plan which was frequently reviewed.
- The provider could access the electronic system so in addition to their monthly visits to the home, they were able to see all recent incidents and activities undertaken. The provider conducted monthly care plan audits to ensure they were accurate and complete.
- The provider had instigated a three-monthly staff forum where all staff could raise any issues directly with them. A staff survey had just been conducted and the results were being analysed.
- Ratings were displayed in the home and on the provider's website. The provider also commissioned an independent three-monthly audit to ensure actions were being undertaken as advised.

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

- Staff had access to regular meetings where all elements of care provision were discussed. Discussion was evident and clear guidance and support offered to staff to ensure they were able to carry out their duties effectively.

Continuous learning and improving care

- There was a 'You said, we did' display in the reception area of the home showing how people's comments had been considered and changes to meals and activities had occurred as a result.
- The registered manager had a comprehensive action plan which was regularly reviewed. This included reference to the refurbishment of the home, the progress of training and supervision for all staff, the development of pictorial menus as the menus had recently changed, and other works in progress. We saw many actions were completed, or nearly complete but as other issues emerged these were added to ensure things did not get missed.

Working in partnership with others

- People continued to access a local community lunch club on a weekly basis.
- There was evidence of regular engagement with other services as needed.