

Mrs L Liddell and Mrs E McDine

Havendene Residential Home

Inspection report

Havendene
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Northumberland
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Tel: 01661835683

Date of inspection visit:
17 May 2017

Date of publication:
27 June 2017

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

The inspection took place on 17 May 2017 and was unannounced. This meant staff did not know we were visiting.

We last inspected the service on 30 June 2016 to follow up concerns from the previous inspection in March 2016 where we issued warning notices in relation to the safe, effective and well-led domains of the report and were rated as Requires Improvement. At the inspection in June 2016 we found that the requirements stipulated in the warning notices had been met. On this visit we found improvements made to the safe, effective and well-led domains had been sustained and were now rated as Good.

Havendene Residential Home provides residential care for up to 25 older people, some of whom were living with dementia. At the time of this inspection there were 18 people living at the home.

The service had a registered manager in place who was on leave at the time of our visit. 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. The registered providers were in attendance during the course of our inspection and we saw they were fully involved in all aspects of the day to day running of the home.

Staff and the registered providers understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults. People we spoke with told us they felt safe at the home.

Where potential risks had been identified an assessment had been completed to keep people as safe as possible. Accidents and incidents were logged and investigated with appropriate action taken to help keep people safe. Health and safety checks were completed and procedures were in place to deal with emergency situations.

Medicines were managed safely. We saw medicines being administered to people in a safe and caring way. People confirmed they received their medicines at the correct time and they were always made available to them.

We found there were sufficient care staff deployed to provide people's care in a timely manner. We found that recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Staff received the support and training they required. Records confirmed training, supervisions and appraisals were up to date and pre-planned for the future. Staff told us they were supported to develop themselves personally and professionally by the home's management.

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.

People gave positive feedback about the meals they were served at the home. People received the support they needed with eating and drinking. We met with the cook who was trained in the support of people with nutritional needs. Some people had been referred to external healthcare professionals for additional specialist support, for example those with diabetes.

People were supported by care staff who were aware of how to protect their privacy and dignity and show them respect at all times. We saw that the service worked to uphold people's rights and supported open discussion on issues relating to equality and diversity in a pro-active and caring manner.

People's needs were assessed before they came to live at the service. Personalised care plans were developed and regularly reviewed to support staff in caring for people the way they preferred.

An activity coordinator provided a wide range of activities and support for people to access the community. They also held regular discussion groups and meetings where people could raise any issues or concerns. The discussion groups that had taken place focussed on people's rights and choices and issues of equality and diversity such as voting, anti-discrimination and the deprivation of liberty safeguards.

People and staff were very positive about the management of the home and we saw that the registered providers had a daily presence at the service. Many staff had worked at the service for a number of years and this added to the feeling of a caring, well-run home.

The registered provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint. Feedback systems were in place to obtain people's views about the quality of the service.

The service had good links with the local community and local organisations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was now safe.

People told us they felt safe at Havendene.

Staff knew procedures to follow to keep people safe and there were policies and information to support them. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were appropriately stored, administered and recorded by trained and competent staff.

Is the service effective?

Good ●

The service was now effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

People's healthcare needs were assessed and people had good access to professionals and services designed to help them to maintain a healthy lifestyle.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered provider had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and people's rights were upheld.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service was now well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered providers to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager and registered providers.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Havendene Residential Home

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 17 May 2017 and was unannounced.

One adult social care inspector carried out this inspection visit.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We contacted Northumberland local authority safeguarding, contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. We used their feedback to inform the planning of this inspection.

At our visit to the service we focussed on spending time with people who lived there, speaking with staff, and observing how people were supported. We undertook an in-depth review of care plans for four people to check their care records matched with what staff told us about their care and support needs. We reviewed the medicines records of five people.

During our inspection we spent time and spoke with ten people who lived at the service, four care staff, the registered providers, the cook and activity co-ordinator. We observed support in communal areas. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People who lived at Havendene told us they felt safe. One person told us, "Yes, I do feel safe, I am very happy here." People told us they had no issues about safety and care in the service.

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. The registered provider said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Records and staff we spoke with confirmed this to be the case. One staff member told us, "It's about making sure we protect vulnerable adults. Any concerns, I'd follow the process and report to the manager."

Staff told us that they had received safeguarding training within the last three years. Staff could tell us about safeguarding and whistleblowing. The staff we spoke with all stated they would report any concerns they had as they felt they had the full support of the registered manager and registered provider. Staff also told us the route to go to if they felt their concerns were not being listened to.

The service had submitted safeguarding concerns to the local authority and Care Quality Commission in a timely manner.

The registered provider told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a monthly basis to make sure that they were within safe limits. We saw records that showed water temperatures were within safe limits. We looked at records which confirmed that checks of the building and equipment were carried out to ensure people's health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, lift, moving equipment, fire alarm and fire extinguishers. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. On the day of our inspection there were two registered providers, the assistant manager, two carers, a domestic, the chef and the activity co-ordinator on duty for 18 people. We looked at the staff rota and confirmed that staffing levels were consistently provided at this level during the week. Both staff and people using the service told us they felt there was enough staff available. In addition staff members said when they needed more staff then they were provided. One staff member said, "If anyone is off we cover it ourselves, all of us are willing to come in to help."

We observed that people's call bells were answered quickly and there was always a member of staff in key communal areas such as the lounges. We asked people if they were responded to if they needed help. One

person told us; "Yes I think there are enough staff."

We saw that personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken, including the people who used the service and staff.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered providers said that the manager carried out a monthly check of safeguarding and accident and incident forms to ensure that all incidents had been reported and appropriate actions had been taken. We saw analysis had taken place and had led to learning and changes within the service following events such as falls.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service (DBS) check which was carried out before staff started work at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We looked at the way medicines were managed. Systems were in place to ensure that the medicines had been ordered, stored, administered, audited and reviewed appropriately. Medicines were securely stored and were transported to people in a locked trolley when they were needed. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines. The deputy manager carried out the administration of medicines at lunchtime and we observed them informing people of their medicines and checking they consented. The deputy then waited for each person to take their medicines before completing the administration records.

We saw written guidance was kept with the MARs, for the use of 'when required' medicines. This included when and how these medicines should be administered to people who needed them, such as for pain relief.

We saw evidence of topical medicines application records to show the preparations people were prescribed, including the instructions for use, associated body maps and the expiry date information. The deputy manager showed us medicines audits which were undertaken on a weekly basis, to check that medicines were being administered safely and appropriately.

We witnessed staff using personal protective equipment appropriately and the home appeared clean. We saw there were cleaning rotas in place to ensure items such as mattresses and chairs were deep cleaned on a regular basis.

We saw that window restrictors required from our visit in March 2016 had been put in place and were checked regularly along with checks on fire safety.

Is the service effective?

Our findings

People we spoke with during the inspection told us that staff provided effective care and support. People told us, "We all have our own little ways but the girls all know us well" and "The staff here are all very good, I like them all."

Staff all stated they felt confident in their work. One staff member told us they had been supported by the home's management since they began at the home three years ago, had undertaken training and had an additional role as an infection control champion. They told us they were leaving the service to commence their nurse training shortly. Although they were sad to be leaving they stated the support from the home had encouraged their confidence to apply for this course.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. Staff were all positive about training and one staff member told us, "The epilepsy training we did was really interesting." We saw that staff had undertaken training considered to be mandatory by the service. This included food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. Staff had received training specific to the needs of the people they supported including training in dementia, epilepsy and person centred thinking. Each staff member had a personal development plan completed which detailed the person's previous experience and qualifications and also recorded what training needs they had and a training plan for the forthcoming year. From our inspection in 2016 we saw that training requirements specific for people with learning disabilities had been delivered and specific approaches such as person centred planning had been delivered for all people using the service.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. All staff we spoke with said they felt supported by the registered manager and registered providers. One member of staff said, "It's lovely here, I feel very supported and know I can go to the managers about anything." Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm that supervision had taken place and staff had received an annual appraisal. The appraisal process reviewed staff achievements, problems, actions, objectives and training in relation to their roles. Both the registered manager and staff member showed considerable involvement in the process. Induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff. The registered provider told us that induction packages were now linked to the Care Certificate and we saw new staff would be given information about the history and philosophy of the service. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

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). CQC had received appropriate notifications of DoLS authorisations being put in place.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed that assessments had been undertaken to check whether a care plan would amount to a deprivation of the person's liberty and it was deemed necessary for a written application to be submitted to the local authority. One person was currently subjected to a DoLS authorisation. We saw the home had written to relatives explaining the process of DoLS assessments, which was good practice.

We saw that people had been supported to access advocates and had their rights upheld. People who used the service were supported to access and remain safe in the community. One person told us, "I like to go out into town and to the shops."

The management team and staff we spoke with told us that they had attended training in the (MCA and DoLS). The staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to undertake decision specific capacity assessments. and when people lacked capacity to make 'best interest' decisions .

We saw a recognised nutritional tool was in place for every person and people's weights were monitored regularly. The chef had undertaken specialist nutritional training for older people and told us how they found the course very beneficial. We saw the service had introduced fortified drinks that had names of cocktails, such as a Havendene Delight, with a full list of ingredients so any staff member could prepare one for someone.

We spoke with the chef who told us about providing choices and foods appropriate to the needs of people. The chef was knowledgeable about the needs and likes and dislikes of people living at the service. They showed us how most meals and snacks were freshly prepared and fortified foods such as cream and butter were added to foods to increase their calorific value .

We joined in the lunchtime meal. People told us, "The food is nice" and "We get a choice of food and plenty of it." The food was well presented and we observed throughout the course of the day that drinks and snacks, such as buttered scones, were offered on regular occasions. For people who needed assistance with eating, this was done by a specified member of staff giving one to one attention. Staff members were encouraging with regard to food and drinks and comments we heard included, "Please just try a little of this, or I can get you something else if you prefer."

People were asked for their choices and staff respected these. For example, people were asked where they wanted to sit, where to eat their meals and what to eat or drink. In addition we saw staff sought consent to help people with their eating needs. The atmosphere was calm and very sociable.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital. People told us they were confident in telling staff if they felt unwell and that it would be acted upon straight away. We saw that people had been supported to make decisions about the health checks and treatment options. We saw records to confirm that people had visited or had received visits from the GP,

dentist, optician, chiropodist and dietician. This meant that people who used the service were supported to obtain the appropriate health care that they needed .

Is the service caring?

Our findings

People were well presented and looked very comfortable with staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff.

We observed people being offered choices about what they wanted to do or where they wanted to go. Bedrooms were individually decorated and contained people's own personal possessions such as family photographs. People who used the service were also given choices regarding the care staff or 'named friends' who they chose to spend additional time with for example if they wished to have a talk with someone they engaged particularly well with .

We saw the service worked to ensure equality and diversity was upheld for everyone. As well as an easy read policy, people were asked in a 'We Respect' questionnaire about their sexual orientation, gender, religion and any disability. We saw there was a range of information for staff in relation to these topics for older people to support this. We saw the activity co-ordinator had held meetings to discuss topics with people such as voting, anti-discrimination and respect. This showed the service supported people to treat each other and staff with equality and respect and this was seen as very good practice as it is acknowledged it is not often easy to discuss these topics so openly and positively .

Care records described people's individual preferences and the choices they had made. Care records also provided important information about what people liked or what may upset them. For example, 'I like to take my medicine from a spoon and I like to chew my tablets so I will need a drink afterwards'.

Staff treated people with dignity and respect. We saw staff knocking on bedroom doors and asking permission before entering people's rooms.

Care records described how people were supported to maintain their independence. For example, '[Name] is to be given as much choice as possible, he is capable of selecting his own clothes'. Another person travelled independently on the train to visit relatives and the service and the person's relative would contact each other to ensure the person had arrived safely. We observed a person who used the service setting the tables for lunch and they told us, "I like helping out and do this every day." This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

People's end of life wishes had been considered. Care plans were in place and people's end of life wishes were recorded. One person became upset talking about their friend who had lived at Havendene who had passed away. The registered provider offered support and reassurance and gave the person a hug and they began smiling again

Is the service responsive?

Our findings

People informed us that staff were responsive to their needs. Comments included, "They are there straight away if you need anything" and "I have a routine I like to stick to and they all know it and me so well."

Each person had a care plan for their individual daily needs such as mobility, personal hygiene, nutrition and health needs. These gave staff specific information about how the people's needs were to be met and instructions about the frequency of interventions. They also detailed what people were able to do to take part in their care and maintain some independence. People therefore had individual and specific care plans in place to ensure consistent care and support was provided. The care plans were regularly reviewed to ensure people's needs were met and relevant changes were added to individual care plans. The care plans had been re-written by the registered manager and were very person centred. Everyone, including staff, had a one page profile which gave key information about what was important to each person. We saw that people or their named representative were involved in their plan of care. One person told us, "Yes I talk about my plan with [Staff] and I am very happy with it." We saw reviews were carried out with the person and their family and saw an example of one person who had recently come for one week's respite care that they and their family were asked about any issues or concerns they had. This showed the service sought people's views about the care provided.

Emergency health care plans (EHCP) were in place for some of the people living at the home. An EHCP is a document that is planned and completed in collaboration with people and a health care professional to anticipate any emergency health problems. We saw people had made Advanced Statements in relation to their preferred place of care if they were to become ill. These were also person centred. One said, "I would go to hospital to get me better but I want to come again afterwards."

A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs.

We received very good feedback about activities provision at the service.

An activities co-ordinator was employed to help meet people's social needs. They worked Monday to Friday. We spoke with the activities co-ordinator who told us that entertainers and musicians visited the home. We saw they carried out one to one activities for those people who were looked after in bed or who did not want to join in with group activities. People told us they went out regularly to the community with the activity co-ordinator shopping and to events. One person who was over 100 told us about their recent shopping trip into town with the activity co-ordinator which they had enjoyed. The registered providers spoke very highly about the activity co-ordinator and their dedication to each person at the home. We spent time enjoying a quiz and a 'Chat Shop' session where the co-ordinator encouraged everyone to join in talking about families and their community throughout their lifetimes. We saw they encouraged everyone to join in no matter what their communication or cognitive ability may be.

The registered providers told us that a multi-denominational church service was held regularly and people

were supported to attend services at the church next door as well as community events such as coffee mornings held there . This meant that action was taken to support people to meet their spiritual needs.

The registered provider had an effective complaints policy and procedure in place. The service user guide included an easy to read copy of the registered provider's complaints procedure. This described the procedure for making a complaint and how long the complainant would expect to wait for a response. There had been no formal complaints recorded at the service within the previous 12 months. One person told us, "You just need to mention it if you are not happy about something, they will address it straight away."

Is the service well-led?

Our findings

There was a registered manager in post who was on holiday at the time of our inspection. The registered providers were both in attendance during the course of the day and one of the care staff who acted as a deputy manager was also present.

People told us they thought the service was well-led. Comments included, "I love living here, it's better than being at home", "I like everyone here, it's well organised and managed" and "Yes, [registered manager] is always here and asking if we are all alright."

Staff told us they had opportunities to give their views and suggestions about the service. One care staff told us, "If I thought anything could be improved I would go and see [registered provider] or [registered manager], they listen to us and help if they can. Another staff member told us, "We all work each other's shifts if needs be on days and nights, so we appreciate and respect each other's role, that's why we are a good team."

The registered providers told us about their philosophy to maintain a family style home that was person centred and provided a high standard of care. We saw the registered providers were involved in all aspects of the home and clearly knew people and staff very well. One person speaking with us became upset as they spoke about the loss of a friend who lived at the home. One of the registered provider's gave lots of verbal reassurance and an appropriate hug and the person said they then felt better.

Most of the staff had worked in the home for several years and said they really enjoyed working for the family run company. Staff members told us they had designated roles that they were proud of. For example, the chef told us they were the lead for nutritional training and two members of care staff told us about being infection control champions and attending local meetings where they brought information and ideas back to the service.

The home carried out a range of audits as part of its quality programme. The registered provider explained how they routinely carried out audits that covered the environment, health and safety, care plans, and medicines as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place.

Following our previous visits to the service in March and June 2016, we saw the registered providers and registered manager had implemented a series of changes and improvements to the service including introducing a clear person centred approach with training and new care plans, additional training for staff and environmental improvements. We saw policies had been re-written and updated extensively in 2016. This showed the management of the home recognised areas for improvement and took steps to address them.

We saw the service was working closely with healthcare professionals and the registered providers told us

about how the service was involved in the local community. The home attended coffee mornings and invited people from local churches to the home .

Staff told us they had regular meetings and we saw that issues such as care planning, health and safety and rotas had been discussed. All staff signed to show if they could not attend the meeting then they read the minutes.

Relatives and people who used the service were involved in the review and planning of the service. Regular meetings and surveys were carried out. We saw in surveys in 2016 that people were asked about areas such as choice, patience, politeness and actions for improvement. The service had asked people about staff members they felt most comfortable with and people had chosen a scheme where each person could nominate a 'Named Friend'. People also chose this name for the scheme after talking about other titles such as 'keyworker' or 'buddy'. This showed the service listened and acted on feedback.

We saw all records were well organised and confidentially held in a secure office. All records were contemporaneous and people or their nominated representative had signed to confirm agreement or consent in records relating to them.

The registered providers had submitted required notifications to the Care Quality Commission (CQC) in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. We saw the registered providers were displaying the performance rating from the last CQC inspection within the service for people and visitors to view.