

# Porthaven Care Homes Limited

# Haddon Hall Care Home

## Inspection report

135 London Road  
Buxton  
Derbyshire  
SK17 9NW

Tel: 01298600700  
Website: [www.porthaven.co.uk](http://www.porthaven.co.uk)

Date of inspection visit:  
01 December 2021  
02 December 2021

Date of publication:  
25 January 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Haddon Hall is a care home providing personal and nursing care for up to 75 people aged 65 and over. At the time of the inspection there were 50 people using the service. The service is provided over three floors, with communal facilities on each floor including dining rooms and lounge areas.

### People's experience of using this service and what we found

Care planning did not always include comprehensive information about people. Risk assessments were not always in place to keep people safe.

There was insufficient staffing to ensure that people's needs were met. Medicines were not always administered safely.

Management were not always consistent in their approach to overseeing the service. Staff lacked confidence in management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were kept safe from abuse and avoidable harm. Staff were knowledgeable about safeguarding.

The service was clean, and staff were wearing personal protective equipment appropriately. However checks of professional visitors in relation to COVID-19 including vaccination were not always being carried out.

Staff were recruited safely, pre-employment checks were carried out.

### Rating at last inspection and update

The last rating for this service was good (published 17 September 2019)

### Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about unsafe staffing levels. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with staffing, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

### Follow up

We will be in contact with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Requires Improvement'.

You can see what action we have asked the provider to take at the end of this full 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?**

People were not always Safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always Well Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Haddon Hall Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Haddon Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority care commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with eleven members of staff including nine care staff, two seniors, a nurse, a chef, the registered manager and regional manager. The expert by experience spoke with 10 relatives of those using the service.

We reviewed a range of records. This included six people's care records and several medication records. We looked at four staff files in relation to safe recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not enough suitably trained, qualified, competent staff employed at the service.
- Staff told us that at times they could be left alone with up to 17 people at night. This posed a risk to people not receiving support when they required assistance. The risk was heightened for people who required the assistance of two staff.
- Staff and some relatives told us that there were not enough staff to meet people's needs. One relative told us, "I'm worried that agency nurses won't give continuity of care. That support will be gone. The number of carers fluctuates."
- People were often waiting for their medication because there were not enough staff trained in administering medication. One relative told us, "Some people were waiting for their medication and didn't get to bed until midnight." Staff told us that people waited for medication at night as there was only one trained person for two floors. This meant that the trained staff gave medication on the top floor meaning that people on the lower floor were not receiving their medication until later at night. We observed some people receiving medication after 10pm.

The failure to deploy enough staff, was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw evidence of safe recruitment taking place. We checked staff files and there were appropriate checks carried out prior to staff starting in their role to ensure they were safe to work with people.
- The regional manager told us that they had assessed the service as having more staff than required. However, the registered manager told us that they were in a recruitment process to increase staffing levels.

### Preventing and controlling infection

- We were not assured that people were prevented from infection as we were not asked for proof of a lateral flow test on our first visit or proof of vaccination. On day two of the inspection we were asked for proof of the lateral flow test, but proof of vaccination was still not requested.

The failure to request proof of COVID-19 vaccination status was a breach of regulation 12(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that regular professionals had been checked for their vaccine status and lateral flow tests. The registered manager assured us that they would carry out further training regarding

this to ensure checks are taking place.

- The service was clean, and staff were wearing appropriate personal protective equipment (PPE).
- We observed cleaning taking place throughout the day.
- There was a management audit of infection prevention and control (IPC) and the local hospital had carried out an IPC audit at the service. These showed that infection prevention and control was being monitored and managed.
  
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- There were no risk assessments for some aspects of care. Care planning lacked detail and the provider told us that they were looking at better electronic systems to enable better recording.
- We saw that one person had lost a significant amount of weight over a three-week period. We could not see that this had been risk assessed and care planning had conflicting information. One document said that supplements had been refused and another said they had accepted the supplements. The care planning had no information about fortifying food for the person. Fortifying means adding additional calories and enriching the food with butter and cream for people who had poor appetites.
- Environmental risk assessments were in place and all health and safety checks were carried out or planned to include maintenance of equipment.

Using medicines safely

- Medicines were not always administered safely. We observed a staff member giving people medicine and although there was sanitiser available on the trolley, this was not used. This posed a potential risk of cross contamination.
- Protocols for 'as required' medicines, known as PRN medicines, were in place. These gave staff information on when to give the medication which is especially useful if people are unable to tell staff that they were in pain or discomfort.
- Medicines were stored safely and administered by trained staff and nurses but this was not always as timely as it should be .

Systems and processes to safeguard people from the risk of abuse.

- People were kept safe from abuse and avoidable harm.
- Staff told us that they had received safeguarding training and they were aware how to report concerns to people's safety. Staff were also aware of the provider's whistleblowing policy, which explained how they could report concerns to external health and social care agencies.
- Relatives told us that they felt that people who used the service were safe.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection we found that the management of the service had deteriorated and is now requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The registered manager was not always consistent in their approach to overseeing the home. There was very different feedback from staff and relatives which was conflicting.
- Audits had not picked up the lack of infection control measures with regard to medication. Care planning lacked information and we acknowledged they were looking for a new system but further information could have been entered to make them more robust and informative whilst sourcing an alternative.
- Staff told us that the management team were not approachable, and they received more support from nursing staff. Staff had reported issues of concern through to the management team. These had been dismissed and the concern not acted upon. Staff also said that they did not have any meaningful supervisions.
- Relatives told us that the management team were very helpful and approachable. One relative told us, "The manager is very good and very professional." Relatives also told us that they received a questionnaire so that they could give feedback about the quality of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were aware of compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Relatives were very positive about the service and the registered manager. One relative told us they felt that staff and the registered manager were very approachable and would speak with them if there were any concerns.

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

- Staff told us that they were not listened to or engaged with in a meaningful way. One staff member told us that staff morale was low and that is why staff have left the service.
- Relatives told us that they were kept informed and updated and that they were invited to give feedback regarding aspects of the service.

Working in partnership with others

- The provider had a good relationship with health professionals who supported them with the health needs of those using the service.
- All relatives spoke positively about the care provided. Relatives felt engaged with the staff and management which gave them confidence in 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The failure to check the COVID-19 vaccination status of visiting professionals was a breach of Regulation 12(3)..

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There was insufficient staffing at the service to ensure people received timely care.