

# Blue Mar Limited

# Haunton Hall

## Inspection report

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## 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

Haunton Hall is a care home providing personal and nursing care to up to 90 people. The service provides support to older people, some who may be living with dementia. At the time of our inspection there were 44 people using the service. The home was undergoing an extensive refurbishment of a number of floors and wings in the home.

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

Some audits had not been routinely completed, and those which were, did not always identify issues found on inspection. The home had been without a registered manager for a year, which had impacted on the day to day running of the service, and there was limited oversight from the provider.

Some care plans lacked detail about people's care and treatment, such as diabetes. The systems in place to monitor medicine management were not robust which meant errors in stock control had occurred.

Infection prevention control measures were not always effective.

There was an interim manager in place who had begun to address the shortfalls identified at the service. Most people had been consulted about their care and improvement plans were in place. Staff knew people's needs well and took actions to keep people safe and manage risks. The numbers and skills of staff matched the needs of people using the service. Staff worked well with other agencies and organisations to ensure people's needs were met.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 20 December 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We received concerns in relation to the care and support people received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haunton Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to Regulation 15: Premises and Equipment and Regulation 17: Good Governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have issued the provider with a warning notice. We will check the provider is taking action to comply with the legal requirements set out in the warning notice.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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** ●

# Haunton Hall

## 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 Health and Social Care Act 2008.

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 three inspectors and two Experts 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

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. There was a manager who had recently registered with the CQC to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 16 people who used the service and three relatives. We spoke with nine members of staff including the operations director, the manager, a nurse, two members of senior care staff, three members of care staff and an activity coordinator.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four files in relation to recruitment and staff supervision. 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 such as training data and quality assurance records.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

### Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home, including frequent touch points were unclean and had collected a lot of dust and debris.
- Some areas of the home needed refurbishment. Some doors, walls and handrails were scuffed leaving plaster and woodwork exposed. This meant these could not be cleaned effectively and was an infection prevention control (IPC) risk.
- In some corridors of the home, clean linen and towels were stored on a trolley which was used to store cleaning products and personal protective equipment (PPE). Used linen had been placed in a basket on one of the trolleys. This posed a risk of cross contamination.
- We could not always be assured that the provider was using PPE effectively and safely. Some areas of the home had boxes of face coverings in the corridors, so these were easily accessible for staff. However, the boxes were open with some face masks left on top of the boxes and exposed to the air which therefore made them ineffective for IPC PPE purposes. Therefore, we could not always be assured the provider was making sure infection outbreaks could be effectively prevented or managed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate IPC was effectively managed. This placed people at risk of harm. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during and after the inspection and instructed a deep clean of the home. They had begun to complete an IPC action plan and agreed this would be reviewed to update and include issues we found.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

### Using medicines safely

- There was an electronic medicine management system in place. However, the electronic records of the amount of medicines in stock did always not correlate with manual stock checks completed for people's individual medicines. This meant we could not be assured people had received their medication as needed and this meant stock check records for reordering medications would have been inaccurate; people were at risk of being left with insufficient medication as prescribed.

- People told us they did however receive their medication on time and as needed. One person said, "I don't know what it is I take but it is three times a day and it is prompt. There are not any delays." Another person said, "I don't know my medicine off the top of my head, but I have a list and it is three times a day. It is fairly regular time wise."
- People had protocols in place which guided staff to support people when administering 'as required' medicines.

#### Assessing risk, safety monitoring and management

- Some people who were living with diabetes did not always have information about signs and symptoms of their health condition. This information was stored in medication protocols. We have suggested the information be transferred to people's care plans, so it was readily accessible to staff so they could support people in a timely way in the event of a medical emergency.
- Staff did however know people's needs well and could tell us about people's risks and actions staff needed to take to mitigate the risk of avoidable harm.

#### Learning lessons when things go wrong

- Some of the systems in place to identify when things went wrong were not always effective and did not always identify the issues we found on inspection. This meant there were limited processes in place to reduce risk and prevent incidences reoccurring.
- The manager had begun reviewing accidents and incidents to assess for learning points and this learning was shared with staff to mitigate the risk of future occurrences.
- The manager had shared plans with us about how they planned to make further improvements based on learning from when things had gone wrong.

#### Staffing and recruitment

- There were enough staff to meet people's needs.
- People told us they generally did not wait to receive support. One person told us, "I think there are enough staff at the moment, the helpers come in at the right time." Another person said, "They [staff] don't take long to answer my buzzer. There is no real difference between night and day."
- Staff were recruited safely and were subject to pre-employment checks such as the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- People told us they were safe living at Haunton Hall. Comments we received included, "Yes, there is always somebody around", "I've been very happy; the staff and the company keeps me safe" and "Everything they [staff] do makes me feel safe."
- Staff had received safeguarding training and knew how to respond to concerns of abuse.
- There was a safeguarding policy in place and concerns had been reported to the appropriate authorities in the appropriate way.

#### Visiting in care homes

- The provider had followed government guidance in relation to safe visiting at the home throughout the pandemic and had adopted different practices as government guidance had changed throughout the pandemic to ensure people were still able to see visitors.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Some of the systems in place to assess and monitor the safety and quality of the service were not always effective.
- Some audits had not been routinely completed and where they had, these did not always identify the issues we found on inspection. This meant any issues or shortfalls were not identified at the time of the occurrence.
- Where some actions had been identified, there was nowhere to record if these actions had been completed and who was accountable for doing so. Therefore, actions put in place were not always sufficient to mitigate the risk of reoccurrence and could not be evaluated to improve practice.
- An audit we viewed had the same shortfalls and actions recorded from the previous month's audit. The quality and effectiveness of the audits had not been reviewed by the provider.
- Some care plan documentation did not always address risks relating to the health, safety and welfare of people living at Haunton Hall. This was not reflected in care plan audits.
- The electronic medication system was not effective in managing medication stocks or processes.
- Medication audits did not contain people's names. This meant shortfalls could not be addressed in a timely and efficient way. The same audits did not address issues found on inspection.
- Although there had been interim managers in post, there had not been a registered manager in place since 13 July 2021, which is a regulatory registration requirement. The manager told us they had recently applied to become the registered manager.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate there were effective governance systems in place. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded during and after the inspection and told us about on-going changes which were being made to improve the quality and safety of care for people.

- The manager had begun to make changes to improve systems and told us they wanted to share ways the whole staff team could improve care practices. They said, "There has been a culture shift and need to learn by example. I always want staff to give me their advice and they know good ways to do things. If good

practices are in place, and I am not here, staff know what needs to be done."

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

- People gave us mixed responses about the management structure. Some people knew there was a new manager in post, however some people were unsure about who was in charge and told us they were unsure about reporting concerns or issues.
- Systems had been introduced for people and their relatives to engage with the service and feedback about the day-to-day running of the service, however these needed to be established and embedded. Some people told us they had attended a residents meeting and we saw minutes to reflect this. The manager said, "I really want residents to get involved. Our residents are great, intelligent, articulate people. People are now given chance to talk to us about issues."
- Relatives, on the whole, told us the manager had been keeping them up to date with any concerns or changes in the care their family member received.
- The manager had evidenced attempts to arrange team meetings for staff to share ideas and feedback. These meetings had not been overly attended so further work was being done to encourage more staff to attend.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager had been in post for four months and was working to create a person-centred culture at the service. They said, "I wanted to share the values of the service with staff so people can see what the values mean to us and what they mean to the people we support. It is creating compassionate care; the owners of the organisation, managers and senior staff need to be compassionate to our employees to ensure people are then supported in a person-centred way. Everyone needs to be treated with respect and dignity."
- Staff we spoke with also recognised the need for improvement and spoke with positivity about the changes which were going to be happening. The comments we received from staff included, "The manager has now started doing spot checks. We want some consistent management; We need the continuity", "There are staff meetings being organised now and I would be confident to speak up most of the time" and, "We have moved to electronic systems now. At first was not that positive but, I am happy with it now; It organises you as you record at the time you give care. We have also had more staff recently and that is positive."

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 manager understood their obligation in relation to meeting the duty of candour. They said, "It is being open and honest. If something is wrong, we address it and apologise. We investigate it and give a respectful response."

Working in partnership with others

- The manager had begun working with other professionals to try and enhance care practices across the service and improve outcomes for people.
- The management team and staff were developing links with the local community to benefit residents. The home had just hosted a summer fayre which was well attended by the local community and raised a large sum of money to benefit people at Haunton Hall.

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 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The premises and equipment were not always kept clean in line with current legislation and guidance.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not effectively established and operated to assess, monitor and improve the quality and safety of the service provided.

### **The enforcement action we took:**

We have issued the provider with a warning notice.