

Uniquehelp Limited

Haydon-Mayer

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Haydon-Mayer is a residential care home providing personal and nursing care to older people, who may be living with dementia, to up to 32 people. At the time of our inspection there were 24 people using the service, living in a large, adapted building.

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

People told us they were happy living at the service and felt safe. However, people's care plans did not always contain detailed accurate information for staff to support people consistently and safely.

Medicines were not managed safely. The guidance for staff about when to give 'when required' medicines was not accurate or person centred, placing people at risk of not receiving their medicine when they needed it.

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. However, documents assessing people's capacity had not been completed accurately, staff did not have full understanding of fluctuating capacity. This did not impact on people's daily lives.

Checks and audits had been completed, but these had not identified the shortfalls found at this inspection.

There was a system in place to protect people from discrimination and abuse. Staff were recruited safely and there were enough staff to meet people's needs. People received care and support in line with their choices and preferences. People's wishes for their end of life care had been discussed and recorded.

Accidents and incidents had been recorded and analysed for any patterns and trends, action had been taken to mitigate the risk of them happening again. Relatives told us the registered managers were open and transparent when things had gone wrong.

People and relatives told us they knew how to complain and were confident the registered managers would deal with their concerns appropriately. When complaints had been made, these had been recorded and investigated following the provider's policy.

People, relatives and staff had been asked their opinions on the service and any suggestions they may have for improvements, these suggestions had been acted on.

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

Rating at last inspection

The last rating for this service was requires improvement (published 12 February 2020). The service remains

rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 9 December 2019. There were no breaches of legal requirements, but shortfalls were found, and improvements were required in care plans and management of the service.

We undertook this focused inspection to check they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed and remain requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haydon-Mayer on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to medicines, risk management and good governance at this inspection.

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

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Haydon-Mayer

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 completed by an inspector.

Service and service type

Haydon-Mayer 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. Haydon-Mayer 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was 2 registered managers in post.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 4 relatives about their experience of living at the service. We observed staff interactions with people in the communal areas. We spoke with 6 members of staff including the registered managers, the nominated individual, activity co-ordinator, carers and auxiliary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from a healthcare professional.

We reviewed a range of records. This included 6 people's care plans and 24 people's medicine records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

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.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed but there was not always detailed and consistent guidance for staff to mitigate the risks. Some people had fluctuating abilities when mobilising, this was not always clear in their care plan. For example, a person's care plan stated they were cared for in bed, there was also instructions about how staff were to support them to get out of bed. There was also 2 different ways to support them to get out of bed, including the use of a stand aid and the person using a zimmer frame. There was no clear guidance about how staff should assess which method to use to keep the person safe.
- Some people had been prescribed oxygen therapy. The guidance was not clear about when the person should be receiving the therapy. There was no guidance for staff about what signs to look for when the person required oxygen. Following the inspection, the provider sent us an update care plan stating the person would ask for oxygen when they became breathless. There was no guidance for staff about how to make sure they had access to oxygen when they were out of their room in the communal lounge.
- Some people had a catheter to drain urine from their bladder. There was limited guidance about when catheter drainage day bag should be changed, the care plan stated every 7 days but not a specific day. The registered manager told us, that the day bags were changed on a Monday, and this was recorded in the daily care notes, this had not been consistently recorded.

The provider had failed to do all that is reasonably practicable to mitigate risk. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks had been completed on the environment and equipment that people used to make sure they were safe. Each person had a personal emergency evacuation plan, these gave information about how a person should be evacuated from the building safely.

Using medicines safely

- Medicines had not always been managed safely. Some people were prescribed medicines on an 'as and when' (PRN) basis, such as medicines for anxiety and constipation. There was not always clear and accurate guidance for when to give the medicines, how much to give, how often and what to do if the medicines were not effective.
- The protocols for PRN medicines were not person centred, they did not include clear guidance about when to give the medicine for each person or did not always refer to the correct medicine. For example, a person was prescribed medicine for anxiety but there was no information about what signs the person should present with before the medicine is given. There was no information about the action to take if the

medicine was not effective. There was a risk people would not receive their medicine consistently. Following the inspection, the provider told us they had reviewed people's PRN protocols.

- Records were not always accurate. Some people were prescribed medicines for pain relief, which require 2 staff to sign to confirm they had been administered. Staff had not recorded an accurate time when the medicine had been administered. For example, a person was prescribed a medicine twice a day, recommended every 12 hours as this provides the optimum pain relief. Staff had completed the register with the medicine being given at 8am and 6pm, this did not allow 12 hours between each dose. The registered manager told us, night staff administered the morning dose, so this was before 8am and the evening dose was given at the end of the medicine round. These times would be nearer to the recommended 12 hours gap but there was a risk medicines were not being given as prescribed. Following the inspection, the provider sent us copies of the administration records, which shows staff are now administering medicines at the correct times.

The provider had failed to manage medicines safely. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.
- People's capacity to make day to day decisions had been assessed and recorded. However, staff had not completed some assessments accurately. Staff had not shown an understanding about the requirement of people to be able to decide at the time the decision needed to be made. People had been asked about staff supporting them with medicines, washing and continence care, people had understood they needed support and were happy for staff to provide this. When staff had returned later in the day, they had forgotten the previous conversation, this had been then been recorded as people not having capacity. These assessments had not impacted people's support and daily lives.
- Staff supported to make day to day decisions and respected people's decisions. We observed people being asked by staff what they wanted to do and their consent to support them when required. Staff knew when they needed to anticipate people's needs and provide support when they are unable to make these decisions themselves.

Staffing and recruitment

- Staff were recruited safely and there was enough staff to safely support people. All necessary pre-employment checks were in place including a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. People and relatives told us there was enough staff and

they were supported when they needed. We observed the lunchtime meal, staff had time to support people with their meals, giving them time to eat at their own pace. Staff told us there were enough staff and any absences were usually covered by their own staff or regular agency staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training and were able to describe what signs they would look for to identify if people were being abused. Staff knew how to report any concerns they may have, they were confident the registered managers would take appropriate action to keep people safe.
- People told us they felt safe living at the service. Relatives confirmed they thought their loved one was safe, one stating "Yes I do feel Mum is safe." There were effective systems in place to keep people safe from abuse and discrimination.
- The registered managers understood their responsibility to report any concerns they may have. They worked with the local safeguarding authority to make sure people were as safe as possible.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visitors were welcomed into the service. Relatives confirmed they could visit when they wanted, a relative told us, "I am able to visit whenever I wish." People had visitors in their rooms during the inspection.

Learning lessons when things go wrong

- Lessons were learned from incidents. Accidents and incidents had been recorded. The registered managers had analysed them to identify any patterns or trends. Where trends had been identified action had been taken to reduce the risk of them happening again.
- Some people had been identified as being at very high risk of falls, they had been referred to the falls clinic and sensor mats had been put in place. These actions had been effective and reduced the number of falls for people. The learning and action taken was discussed at staff handover and during staff meetings.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were personalised and included people's end of life wishes and support needs. Care plans had been reviewed since our last inspection, and now included details of people's choices and preferences. There was information about how people liked to be supported including how they liked to be assisted with their personal hygiene.
- Staff knew people well and were able to describe how they supported people. We observed staff assisting and reassuring people, they spoke to people about their family, and this helped people to be reassured. People told us staff knew what they liked. A person told us, "They [staff] know what I like to do and what time I get up, I don't need to say."
- People were referred to their GP when their needs changed. The GP for the service told us, "Yes I feel the staff are good at contacting us appropriately and in a timely manner for unwell patients." People were prescribed 'just in case' medicines when their needs changed, and it was agreed this was appropriate.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had awareness of AIS. People had access to information in a range of formats. There was pictorial information around the service including the daily menu and how to complain.
- People could request documentation in large format if required, including care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships and take part in activities that were meaningful to them. There was a range of activities including group and individual activities for everyone to take part in. There were 1-2-1 activities offered if people did not want to or could not leave their room.
- There was an activities co-ordinator in post. They discussed how they tried to cater to people's interests, and they had just started working in the garden with people. They told us, "People are helping to paint and with the planting, they seem to be enjoying it, one lady has work trousers especially for working in the garden."
- People told us they enjoyed the activities, we observed people being asked what they would like to do and being supported to do this. A relative commented, "[Person] was staying in their room, but they now come downstairs and join in the activities. It has improved their quality of life immensely."

Improving care quality in response to complaints or concerns

- Findings from complaints and concerns were used to improve the quality of care provided. When complaints had been received, these had been recorded, investigated and responded to appropriately following the complaints policy.
- There was a complaints policy in place. People told us they would speak to the registered manager if they had any concerns and were confident the concern would be sorted. Relatives told us they were comfortable to raise any concerns. A relative told us, "Yes, I am aware of how to complain, I have not found this to be necessary. I feel if I spoke to [registered manager] anything would be addressed and no need to be taken further."

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 require improvement. The rating for this key question has remained 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

- Quality and assurance systems were not effective. The oversight of the service by the provider had not identified the shortfalls found at this inspection. The nominated individual visited the service regularly and discussed any concerns the registered managers may have. They checked the registered manager had completed audits as required and spot checks on the quality of the records but had not identified the concerns we found during this inspection.
- Checks and audits had been completed but the audits had not identified inconsistencies in the guidance within people's care plans, medicines management and the recording of people's capacity assessments.
- Services are required to inform CQC of notifiable incidents in a timely manner. The registered manager had not identified when an incident met the threshold to notify CQC, this was completed following the inspection.

The provider had failed to assess, monitor and improve the quality of the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was an open and positive culture within the service. Relatives told us they were kept informed when their loved ones needs changed and if there had been an incident or accident. A relative commented, "They tell us about everything and what they have done to stop it happening again."
- Relatives and staff told us the registered managers were approachable. We observed relatives chatting to the registered managers about their loved ones, and the support they needed. One relative told us, they were very happy with the improvements their loved one had made and how well they were, "Being here has been really positive."
- Relatives told us how their loved ones were helped to be included in activities. A relative commented, "[Activities co-ordinator] has added that extra level of care, she always knew how [Person] was that day, and despite their condition, would include her in the many activities she would arrange and send us pictures of her and other patients enjoying them."
- Staff told us they felt supported by the registered managers and they could speak to them about any concerns they may have. They were confident the registered managers would act appropriately.

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

- People, relatives, and staff were given opportunities to express their opinions about the service. Regular resident meetings were held, people were asked their opinions about the quality of their care, meals, and activities. People had confirmed they knew how to complain but said staff handle any situations they may have. People had asked for more options at mealtimes, people confirmed during the inspection, additional options had been added.
- Relatives had completed quality assurance surveys and their responses were positive. There was a relatives comments board in the service with comments such as, 'Since Mum moved into the care home, I have seen a big change for the better' and 'Could not ask for a better care home or staff'.
- Staff attended regular meetings and completed a quality assurance survey. The responses to the survey had been positive, however, staff had asked for a communication book to be put in place and this was in place at the inspection. Staff meetings discussed people's support and reminded staff about topics such as the duty of candour and mental capacity.
- Healthcare professionals had been asked to complete a quality assurance survey. The responses received from professionals such as the dietician and speech and language therapist had been positive about the knowledge and attitude of the staff.

Continuous learning and improving care; Working in partnership with others

- Staff worked well with other health professionals to meet people's needs and results from feedback, audits and surveys were used to improve the service.
- The registered managers completed competency assessments on staff including the clinical skills of the nurses, to identify any training needs and check support was being provided to the required standard.
- The nominated individual used learning from the provider's other services to inform improvements. Environmental changes had been made at the service, such as a gate being placed in the doorway to the kitchen to keep people safe. This had been identified at an inspection at a different 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 The provider had failed to do all that is reasonably practicable to mitigate risk. The provider had failed to manage medicines safely. Regulation 12 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality of the service. Regulation 17 (1)