

Healthcare Homes Group Limited

Haughgate House Nursing Home

Inspection report

Haugh Lane
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Suffolk
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Date of inspection visit:
14 March 2019

Date of publication:
15 April 2019

Ratings

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

Summary of findings

Overall summary

About the service:

- Haughgate House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service provides nursing care. Haughgate House accommodates up to 31 older people in one adapted building. During our comprehensive unannounced inspection on 14 March 2019, there were 26 people using the service, some living with dementia.

The previous provider of Haughgate House Nursing Home was Haugh Care Limited. On 15 February 2018, Healthcare Homes Group took over as the new registered provider of Haughgate House Nursing Home.

People's experience of using this service:

- Haughgate House Nursing Home provided a safe service to people.
- Systems were in place to help protect people from the risk of abuse and harm.
- There were enough trained and skilled staff to meet people's needs. Recruitment processes were safe.
- Medicines were managed safely and were available when required.
- The environment was clean and staff followed good infection control practices.
- People were supported to access healthcare professionals when needed and had their nutritional and hydration needs met by staff who understood their dietary requirements.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People were supported by compassionate and caring staff who knew them well.
- People were supported to be independent, their privacy was respected, and their dignity was maintained.
- People's end of life wishes were documented to ensure their wishes would be respected at the end stage of life and following their death.
- People were occupied with meaningful activity and had opportunities to maintain positive links with their community.
- There was a complaints procedure in place and people's concerns were addressed
- There was an open culture in the service. People using the service, their representatives and staff were asked for their views about the service and these were valued and used in the ongoing improvement in the service.
- The service had systems to continuously monitor, assess and improve the service provided.

Rating at last inspection:

- This was the first inspection of the service.

Why we inspected:

- This was a planned inspection following registration in 15 February 2018.

Follow up:

- We will continue to monitor this service according to our inspection schedule.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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

Inspection team:

- The inspection was carried out by one inspector and a specialist professional advisor who had knowledge and experience in nursing and dementia care.

Service and service type:

- Haughgate House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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:

- The inspection was unannounced.

What we did:

- Prior to the inspection we gathered all the information we held about the service and used it to develop a plan for the inspection. We reviewed information provided to us from the Local Authority contract teams and information we received from the provider by way of notifications. Notifications are required by law and identify incidents that had happened in the service and the actions taken in response.
- We used the information sent to us in the Provider Information Return (PIR). This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

- To gain people's views and experiences of the service provided, we spoke with ten people who used the service and three people's relatives. We looked at the care records of six people who used the service, including risk assessments, care plans and records relating to medicines administration. We also observed the care and support provided and the interaction between people and staff throughout our inspection.
- We spoke with the registered manager, provider's regional manager and nine members of staff, including nursing, care and domestic staff. We received electronic feedback from three relatives, two members of staff and two community professionals,
- We reviewed information the service held about how they monitored the service they provided and assured themselves it was meeting the needs of the people they supported. This included audits, and staff training and recruitment records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff understood their roles and responsibilities in keeping people safe. They were trained and supported to meet people's needs.
- The service had raised safeguarding concerns appropriately when they were worried about people's safety.
- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.

Assessing risk, safety monitoring and management

- People told us that they felt safe using the service. One person said, "I feel protected and safe living here; very secure." One person's relative commented, "Staff are alert to any dangers or risks that could befall people and manage this very well." Another relative commented, "My mum requires monitoring from nurses for her health conditions throughout the day and night; and I feel safe in the knowledge that this is carried out well."
- People's care records included risk assessments which guided staff about how the risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, choking, moving and handling and nutrition.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the service. Equipment, including hoists, lifts, portable electrical appliances and fire safety equipment, had been serviced and checked so it was fit for purpose and safe to use. There was a system to reduce the risks of legionella bacteria in the water system.

Staffing and recruitment

- There was sufficient staff to meet people's needs. People told us that their requests for assistance, including when they used their call bell, were responded to promptly. One person said, "I think there is enough staff. I don't recall having to wait a long time." Another person commented, "If I use my buzzer they will come even in the early hours they are pretty quick. Don't leave you waiting."
- A dependency tool was used by the registered manager to calculate the number of staff required based on people's individual needs. The registered manager told us that this was reviewed regularly with systems in place to cover any unplanned staff absence such as sickness.
- Systems were in place to check that staff were of good character and were suitable to care for the people who used the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

Using medicines safely

- Medicines were stored safely and securely in the service. There were procedures in place to ensure the service did not run out of people's medicines.
- People said they received their medicines as needed. One person said, "Yes they [staff] bring my tablets in here [bedroom]. They know I like to take them here it is more private."
- Staff were trained in medicine administration and their competencies were checked regularly to ensure they followed company policies and procedures.
- Regular audits and checks on medicines supported the registered manager to identify and address any shortfalls promptly.

Preventing and controlling infection

- The service was visibly clean throughout. There were hand sanitisers around the service and bathrooms and toilets held hand wash and disposable paper towels to use to reduce the risks of cross infection.
- People were complimentary about the cleanliness for the service. One person's relative described the service as, "Spotless and clean and always smells nice."
- Disposable gloves and aprons were available for staff to use to reduce the risks of cross contamination.
- Staff had received training in infection control and regular audits supported the registered manager to address any shortfalls promptly.

Learning lessons when things go wrong

- Accidents and incidents had been reported appropriately with action taken to make improvements.
- The registered manager carried out regular reviews of accidents and incidents in the service to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks. These were also monitored by the provider.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- Prior to people moving into the service, a comprehensive needs assessment was undertaken by a member of the management team. This was done in consultation with people, their representatives and any appropriate health and social care professionals. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.

Staff support: induction, training, skills and experience

- People told us that staff had the skills and knowledge to support them. One person said, "Yes I think the staff know what they're doing. Never had any problems and feel comfortable when they assist me with [personal care]." Another person said, "They have to use the hoist for me and do this expertly. I am not worried when they move me. They know what they are doing."
- The provider's induction procedures and ongoing training, provided staff with the skills and competencies to carry out their role effectively. This included training in people's specific needs, such as, dementia, pressure care and diabetes. The registered manager advised that training in Parkinson's disease was planned.
- Staff were provided with one to one supervision meetings. These provided an opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Staff told us that they felt supported and had received the training they needed to meet people's needs effectively and could undertake professional qualifications. A member of staff said, "The training is relevant and if we need more we just have to ask. The manager encourages and supports us to learn and develop. I am working towards my [professional qualification] it has been really interesting so far."

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

- People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet.
- People were complimentary about the food they were provided with. They told us that they always had choices of what they wanted to eat and the quality and quantity of food was very good. One person said, "Food is delicious, plenty of variety, very tasty and cooked well." Another person told us, "The food is very good."
- People chose their meals for the following day using a checklist, picture cards were available to support people with communication problems to make a choice.
- Most people enjoyed a positive meal time experience with support provided by attentive staff where required. We fed back some inconsistencies in the staff approach for two people who required assistance and the registered manager assured us they would take appropriate action.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to maintain good health. They had regular access to relevant healthcare professionals and records were maintained regarding who had visited and any action taken. One person said, "My doctor visits every week, so I can see her if I need to." Another person commented, "I have seen the dentist, GP and chiropodist since coming here. The staff are very on top of my appointments."
- The registered manager advised that a local GP surgery provided a weekly surgery at the service, this ensured that any concerns about people's wellbeing were addressed promptly.

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

- The design and layout of the service had been adapted to meet people's needs.
- There were communal areas, such as lounges and a dining room, where people could meet with their friends and family, in private if required.
- The service was in the process of extensive building works which had been well managed to reduce the disruption to people. Information about the planned works was on display at the entrance of the home to keep people informed of developments.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that staff asked for people's consent before providing any care or support. For example, a staff member asked for a person's consent to support them with their medicines.
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.
- People's care records included their capacity to make decisions and any support provided to support people who lacked capacity, including decisions made with the appropriate professionals in their best interests. DoLS referrals had been raised to ensure any restrictions on people's liberty were lawful.

Is the service caring?

Our findings

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

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

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

- People told us that the staff were compassionate, kind and caring towards them. One person talking about the staff said, "I adore them all. They brighten up my day. They are thoughtful and attentive. They are always polite and respectful, I enjoy their company."
- Staff addressed people in an affectionate tone and displayed warmth towards people when they engaged with them. Staff knew people well and could adapt their communication and approach to meet the needs of each person.
- Positive and caring relationships between people and staff were seen throughout the inspection. One member of staff said their favourite thing about the home was, "I like the rapport people have with residents and staff." They said the staff have the best interests of people at heart and they are the primary focus.
- We were shown a values statement on the wall which read, 'Our residents do not live in our workplace, we work in their home.' Staff said they felt these values was upheld.

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

- People and relatives told us that they were listened to by the staff. One person said, "They are all easy to talk to, they know how I like things done and involve me in my care arrangements." A relative said, "I think the staff and management are receptive and do listen to [person wishes] and to the family, and as much as possible they try to accommodate us and what we feel is important. We work as a team."
- People and where appropriate relatives told us they were involved in planning the care and support and could make choices and decisions which the staff respected. One relative said, "Mum has a care plan and it is reviewed frequently. I met with her key worker and have been fully consulted."
- The content of people's care plans demonstrated that people had been included in their care arrangements.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff consistently respected their privacy. One person said, "They are very mindful of my privacy and don't discuss my business in earshot of other residents."
- Staff were observed knocking on people's bedroom doors before entering and respectfully signs were placed on doors when care was being provided to stop others entering.
- Staff were discreet when asking people if they wished to use the toilet or adjusting their clothing to maintain their dignity.
- Staff encouraged and supported people to be as independent as possible. One person said, "I can't do that much myself but I like to try and what I can do the staff know and will help me where I need it."

Is the service responsive?

Our findings

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

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

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

- People told us that they received a tailored service which met their needs. One person said, "Everything is fine, the staff are very caring and receptive to my healthcare issues. They help me to look after myself and to stay well."
- Conversations with staff demonstrated they knew people well on a personal level. This was confirmed in feedback from people who used the service and their relatives.
- People's care plans were personalised and included information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.
- The support people required from staff to engage and interact with them to reduce the risk of social isolation was set out in their care records. People told us staff had time to chat with them. Improved systems to monitor and record those at risk of becoming withdrawn had recently been introduced.
- People had opportunities to take part in a range of activities and were encouraged to maintain interests which were important to them to lead meaningful lives. One person told us, "There is plenty to do here if you want to get involved. We have entertainers who visit us, sing a songs, film shows, quizzes and arts and crafts. Whatever you fancy."
- People living with dementia were encouraged and supported to take part in caring for their home. This included dusting handrails, washing up and cleaning their bedroom. Two people described how they enjoyed this and one person told us it was 'good to have a job'. The sense of achievement people gained from having their efforts recognised promoted their wellbeing and sense of belonging.
- Doll therapy was used appropriately. For example, for one person living with dementia, staff were alert to the difficulties that may arise if the person prioritised the doll's 'needs' over her own, e.g. not resting as she had to care for the baby. Staff had created a baby crèche, where the person could put her doll while she took part in other activities.
- The service held events to welcome the wider community including regular coffee mornings and plans were in place for high tea celebration for Mother's Day. One relative described how she had celebrated her wedding anniversary at the home with her husband and wider family. They said staff were very supportive and her husband was able to take part fully and greet all his guests.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so.
- Records showed complaints had been managed in line with the provider's procedure.
- A copy of the provider's complaints procedure was on display and included information about how to

make a complaint and what people could expect if they raised a concern.

End of life care and support

- When people were nearing the end of their life or were admitted for end of life care, staff assessed their needs and developed detailed palliative care plans with information about how their symptoms would be managed. These reflected people's individual choices and wishes in relation to their future care. For example, a document to describe the steps staff would take if they developed specific health issues was agreed with them and their family.
- Detailed information was available as to how to keep the person comfortable and maximise their wellbeing. Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed. All care staff had received appropriate end of life training including syringe driver training for the nurses.

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

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

The previous provider of Haughgate House Nursing Home was Haugh Care Limited. On 15 February 2018, Healthcare Homes Group took over as the new provider of Haughgate House Nursing Home with a new manager who was registered with CQC on 13 May 2018.

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

- People and relatives, we spoke with were happy with the quality of care provided. One person said, "I think this is a lovely place where the staff do their very best to look after you. I have no concerns, am very happy and would highly recommend the home." One person's relative commented, "It has been a positive experience from the start. I have seen such improvement in the wellbeing of my mum since she moved in here; weight gain and less withdrawn. The staff and manager keep me fully informed of what is going on and I feel 100% included in all care arrangements. Any issues I would go to [registered manager or deputy manager] they are both excellent."
- There was a positive and open culture where staff felt able to speak to the management team if they needed guidance and support.
- The registered manager was proactive and acted when errors or improvements were identified and learnt from these events.
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The staff we spoke with told us there was a positive management structure in place. The registered manager was held in high regard and a visible presence in the service. One member of staff said, "[Registered manager] has an open-door policy and is not stuck away in the office. They are very supportive, well organised and hands on; know the residents, relatives and staff really well. I am impressed with their leadership; respects the staff and not frightened to give praise."
- A programme of audits to assess the quality of the service and identify issues was carried out by the registered manager. These included regular management reports which covered areas such as staff training, supervisions, care plan reviews, staffing levels, incidents and complaints. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place.
- The registered manager understood their legal requirements. Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

- There was a commitment to learning and development. The registered manager shared with us that when people using the service had specific needs, additional training was sourced to support staff. Records confirmed that Parkinson's disease training was planned.
- The registered manager understood the importance of keeping up to date with changes in the care industry.

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

- Feedback from people, relatives and staff was encouraged through meetings and quality questionnaires. Feedback was used to support continuous improvement in the home.
- The registered manager and staff team were aware of people's individual needs and fully considered their equality characteristics to ensure they were involved in the service.
- Staff attended regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with their colleagues and management team.
- Staff described feeling valued and listened to by the registered manager and that this contributed to good morale and team working.

Working in partnership with others

- The registered manager had developed positive relationships with health and social care professionals. Records and conversations with people demonstrated the registered manager had taken on board advice from external organisations and put this into practice.