Uniquehelp Limited

Haydon-Mayer

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
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 23 people aged 65 and over at the time of the inspection. The service can support up to 29 people.

People's experience of using this service and what we found
People's loved ones told us they were happy and well cared for at the service. However, we found people's care plans lacked detail about their support and end of life care plans were generic, not reflecting people's wishes. When people's needs changed guidance for staff was not updated, which put people at risk of being supported in a way with did not meet their needs or preferences.

Audits had been completed to monitor the quality of support. However, they had not always been effective and had not identified the shortfalls found at this inspection. Staff worked closely with other professionals to meet people's needs. People, their relatives and staff were given opportunities to express their views about the service. They told us that the provider and manager were accessible and open to ideas.

People were supported by staff who used their knowledge of people to tailor their interactions. People could have visitors at any time who could join them for meals or activities. People took part in a range of activities including both one to one and group sessions. People had food which met their needs and which they enjoyed. When people were unwell staff contact the relevant health professional and supported them to manage long term health conditions.

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. Staff encouraged people and their loved ones to have a voice in their care. People could access information in a range of formats. Relatives told us some staff went above and beyond to make their loved one happy and give them peace of mind.

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 good (published 18 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect

sooner.

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 not always responsive. Details are in our responsive 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**

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Haydon Mayer 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 did not have a manager registered with the Care Quality Commission. This means that only the provider is 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-
People were unable or unwilling to speak to us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us. We spoke with five relatives about their experience of the care provided. We spoke with six members of staff including the provider, manager, a nurse, care staff and activity staff.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, were reviewed.

Good

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 has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Risks to people were assessed and plans were in place to guide staff how to minimise risks. However, some information in risk assessments was inconsistent. For example, one person's risk assessments stated in one document that staff should use a small sling to help the person move. Another document stated that staff should use a medium sling. There was a risk people would be placed at harm by staff using the wrong equipment. Staff could tell us the correct sling to use.

● Risks to the environment were assessed, these included checks of the fire systems and the environment.

● People had personal emergency evacuation plans (PEEPs). These detailed the support people would need to leave the service both emotionally and physically in the event of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse

● People's relatives told us staff kept people safe. Staff had received training in safeguarding people and could tell us about their responsibilities.

● When concerns were raised the manager had discussed these with the local authority safeguarding team and took steps to ensure people were safe.

Staffing and recruitment

● People were supported by staff who were recruited using safe recruitment procedures. This included checks of people's character through references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers to make safer recruitment decisions.

● Staffing levels were based on people's needs and people's dependency was reviewed monthly. Shortfalls in staffing were covered by regular agency staff.

● Relatives told us there were enough staff to meet people's needs. Staff responded quickly to call bells and when people asked for help.

Using medicines safely

● People's medicines were managed and administered by nursing staff. All nursing staff had received training and had their competency assessed.

● Records relating to medicines were reviewed regularly and any gaps or inaccuracies were followed up and resolved.

● A nurse told us that counts of the medicines enabled them to know if a dose had been missed or just a signature. The medicines room was well organised and an appropriate temperature for the storage of medicines was maintained.

Preventing and controlling infection

● The service was free from odours and had a dedicated housekeeping staff.

● People's care plans contained guidance for staff about how to minimise the risk of infection to people when supporting them with personal or wound care.

● Staff used personal protective equipment such as gloves and aprons when appropriate.

Learning lessons when things go wrong

● Accidents and incidents including near misses were reviewed for learning or trends.

● Actions were taken to reduce the risk of incidents reoccurring. For example, staff had identified that a person had been sent a catheter which was meant for someone of the opposite sex. This was picked up before the catheter was used. Staff had conversations with the GP surgery to ensure this did not happen again.

● When a communication issue between professionals had delayed a person getting the supplements they were prescribed, staff reviewed how they could prevent this happening again. A system was implemented to ensure information was shared in a timely fashion.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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

- People's needs were assessed prior to moving into the service. Assessments covered all areas of people's care needs and included their preferences.
- Assessments used recognised tools to assess risks to people including the Waterlow score for skin integrity and MUST score relating to malnutrition.
- Assessments also included details of people's protected characteristics under the Equality Act (2010) such as sexuality and religion.

Staff support: induction, training, skills and experience

- Relatives told us that staff were 'knowledgeable' and 'knew what they were doing.'
- New staff completed an induction which included core training and working alongside experienced staff to get to know people. Staff who were new to care completed the care certificate. The care certificate is a nationally recognised set of standards in health and social care.
- Staff told us they had regular training and the support needed to carry out their role. They told us they could request additional training if needed and they knew this would be supported.

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

- People's relatives told us the food was good and cooked freshly at the service. One relative told us, "They really encourage my loved one to eat, they know what they love to eat and make sure they have that. It makes such a difference."
- Staff responded to people's life choices. For example, another relative told us their loved one had always been a vegan and they were very happy that the service had no problem supporting this.
- People's food was made in the consistency which they needed. Staff also supported people to have other foods if it was safe. For example, one person required their food to be in a soft texture. The person told the staff they would like some of the Yorkshire pudding others were eating. Staff found a soft piece they could have, and they enjoyed eating it.
- When required people's foods were fortified with cream or full fat products to support them in increasing or maintaining their weight.

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

- The service had been adapted to meet people's needs. There was signage to help people including those who were living with dementia find their way around the service.

● The corridors were wide enough for people to use mobility aids and wheelchairs easily. Communal areas were kept free from hazards.
● People personalised their own rooms and were supported to put up pictures and personal items to make their rooms homely.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to manage and understand their health conditions. When people became unwell, health professionals were contacted quickly, and actions taken to reassure people.
● Families told us that they were kept up to date with any issues related to their loved one's health and were supported when dealing with health professionals.
● Staff told us, and records showed that staff referred people to health professionals such as speech and language therapists and occupational therapist. Any recommendations had been added to people's care plans and any changes in need shared with professionals.
● Staff had handover meetings and made notes on the online care planning system. This ensured all staff were up to date with any professional involvement or changes in people's needs.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff understood the MCA and could tell us about how they supported people to make decisions even if they felt they were unwise. One staff member said, "You just make sure they have all the information they need and then support them with whatever they decide. As long as they understand it is their choice."
● When people had made decisions such as not to have any further treatment for conditions this had been recorded and staff respected this.
● People's capacity had been assessed in relation to specific decisions. When people had been assessed as lacking capacity decisions had been made in their best interest by those who knew them well.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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 were supported by staff who treated them with compassion and kindness. Relatives told us, "I used to dread my loved one going in a care home, but they are so lovely here it changed my mind," and "The staff are always so supportive and caring."
- Staff took time to chat to people and listen to them. One person became distressed and staff sat with them and took their hand offering reassurance. They then distracted the person who began smiling and relaxed. People 'lit up' when some staff approached them and nodded and smiled as staff chatted to them about Christmas and the upcoming plans.
- Relatives told us they had peace of mind as they knew some staff would go above and beyond to ensure their loved one was comfortable and happy.

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

- Relatives told us, and records showed that people and their loved ones were involved in planning their care. One relative said, "I know we can say we prefer my loved one to have a carer of the same gender to support with personal care."
- Some people chose to spend time in the rooms and staff supported this whilst making them aware of any activities.
- Staff spoke to people and asked their views. They asked people what they would like to do and where they would like to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do things for themselves. At lunchtime staff encouraged people to eat independently and were positive about their efforts. Staff offered support when people became tired or began to struggle.
- Staff promoted people's dignity. For example, staff ensured that when people were moved using mobility aids they were covered and explained to people what was happening throughout.
- Families told us they were able to spend private time with their loved one in their room and they would not be disturbed.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care plans lacked detail about their preferences and support needs. For example, one person could become distressed, there was no guidance for staff about how to reassure them and support them.
- When people's needs changed, these changes were recorded but guidance for staff about how to support them was not. For example, one person's care plan stated that they now needed support from staff to carry out their personal care. However, there was no detail of what this support entailed and what they needed staff to do.
- Staff could tell us about how they should support people. However, there was a risk that new or agency staff would know how to support people. The service regularly used agency staff to cover shortfalls and were actively recruiting new staff.
- People's end of life care plans were generic. They stated that people should not be in pain and should be supported to be comfortable. However, there was no detail about what would comfort people at the end of their life or what was important to them.
- The manager told us that some people and relatives were reluctant to discuss end of life care. However, they had not tried other ways to obtain the information such as using staff knowledge of people and what made them feel reassured.

This is an area for improvement.

- People's care and support was delivered by staff in a person-centred way which reflected the way they like to be addressed and supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could access information in a range of formats. The daily menu was displayed in picture form on the dining room notice board. Care plans and other documents were available in large print if required.
- Staff used technology such as online translators on their devices to aid communication with those who did not have English as a first language. This enabled them to get key points across if the person was unwell and had reverted to the use of their primary language.

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

- People were supported to take part in a range of activities which their loved ones told us they enjoyed.

One relative said, "I have never seen my loved one join in with so many activities."
● An activity co-ordinator was in place who told us, "I spend some time in people's rooms giving them one on one time, reading or looking at photos. I also organise group activities."
● A pet therapy dog was visiting the service on the day of inspection and people were very happy to see the dog and give it some fuss.
● People could have visitors at any time and relatives told us they could stay with their loved one for as long as they wanted, joining them for meals if they wished.

Improving care quality in response to complaints or concerns
● The service had a complaints procedure in place and relatives told us they would know how to raise any concerns.
● When complaints had been received they had been dealt with in line with the provider's policy and usually to the complainant's satisfaction.
● When the manager had been unable to satisfy the complainant they had taken action to improve their communication with the person to manage the person's expectations and be clear about what was achievable.

Requires Improvement

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 this key question has now deteriorated 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

- The service did not have a registered manager at the time of inspection. If a service requires a registered manager and does not have one in place this limits the rating which can be given in the well-led question to requires improvement. After the inspection a manager submitted an application to be registered.
- The manager and provider had completed audits to monitor the quality of care provided. However, these had not always been effective and had not identified the shortfalls found at this inspection.
- Audits completed of care plans and risk assessments had not identified the lack of detail or conflicting information recorded.
- The manager had informed CQC of any notifiable incidents in a timely manner. It is a requirement for services to display their rating. The service rating was displayed in the entrance hall and on the provider's website.

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

- Relatives and staff told us that the manager and provider were approachable, open and transparent.
- Staff told us they could make suggestions about improvements and that these would be listened to.
- The provider ensured any information about changes at the service was shared with people in a timely fashion.
- The provider understood their responsibilities under duty or candour and we saw examples of learning from mistakes which had been shared with people.

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

- People and their loved ones were encouraged to give their views on the service in a range of ways. Any concerns were addressed, and people were kept up to date on issues such as recruitment of staff.
- The manager held regular meetings for people and relatives. Suggestions were listened to with changes being made as a result. For example, to the menu and activities offered.
- If people or relatives did not want to attend meetings they were given the opportunity to express themselves through other means such as email or one to one conversation.

● Staff attended regular meetings where they were able to discuss any concerns and what was going well at the service.

Continuous learning and improving care

● The provider used learning from their other services to drive improvement at Haydon Mayer. Examples of learning were shared in managers meetings.

● The provider had recognised a number of concerns being raised at the service in regard to moving people safely. In order to improve this, they had arranged for a staff member to attend a 'train the trainer' course in moving and handling. The staff member then provided support and role modelling to other staff and assess staff competencies.

Working in partnership with others

● Staff worked closely with other health professionals to meet people's needs. This included seeking advice from the falls team, tissue viability nurses and speech and language therapists.

● When required occupational therapists were contacted to review people's changing needs. This ensured staff continued to support them in line with good practice and used the most appropriate equipment for each person.