

Hudson (Haven Lodge) Limited

Haven Lodge Care Centre

Inspection report

4 Haven View
Harbour Road, Portishead
Bristol
BS20 7QA

Tel: 01275409950

Date of inspection visit:
17 July 2017
18 July 2017

Date of publication:
17 November 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Haven lodge provides accommodation and personal/nursing care for up to 108 people.

At the time of the inspection there were 42 people living at the home. The accommodation at the time of the inspection was arranged over two floors. The first floor is Willow unit and the second floor is Sycamore unit. Each unit could have up to 27 people. The third and fourth floors were not being used at the time of the inspection. Both Willow and Sycamore units had a communal lounge, dining area, bathrooms and toilets.

At our last comprehensive inspection of this service on 10, 11, 14 November 2016. Seven breaches of legal requirements was found as the provider was not following the Mental Capacity Act 2005, people were not having their care provided in a dignified or respectful way. People were receiving unsafe care and treatment and were at risk due to inadequate care relating to their nutrition and hydration. The provider had inadequate systems in place that identified shortfalls and records were incomplete. Staff were not receiving training, supervisions or had the skills and knowledge to support people within the home. There was also inadequate checks undertaken on new staff prior to them starting within the home.

Following this inspection we placed the provider on notice of urgent action and we placed the service into special measures. This is when the provider is responsible for the care it provides and for improving quality and safety in response to our judgements and ratings. When a service is in special measures we expect the provider to seek out appropriate support to improve the service from its own resources and from other relevant organisations. The provider also wrote to us to say what they would do to meet legal requirements in relation to these breaches.

The home was last inspected on the 23 and 24th February 2017. At the last focussed inspection we found breaches of legal requirements. After this inspection we used our enforcement powers and served a Warning notice on the provider on the 4 April 2017. This is a formal notice which confirmed the provider had to meet one legal requirement by the 25 May 2017.

We undertook this unannounced comprehensive inspection on the 17 and 18 July 2017. This was to follow up our warning notice issued and previous breaches of legal requirements. At this inspection whilst there were improvements there were still concerns relating to previous breaches including records that were inaccurate and incomplete and shortfalls in staffing numbers, staff receiving training and a yearly appraisal.

People could be at risk of not receiving support relating to their skin care due to inaccurate handover sheets and staff being unfamiliar with people's care needs.

People's air mattresses were not always accurately set when they were at risk of their skin developing pressure sores. When daily checks were being undertaken these did not identify mattresses had been incorrectly set due to no record of what the mattress should be set to.

Medicines were not always stored accurately and creams administered to people did not always have accurate records that confirmed if people had been administered their medicines. Where people were at risk of dehydration; records relating to the amount people had drunk needed improving. People's care plans did not always contain support plans relating to their individual care needs including catheter care, Parkinson's and bowel care. There was a lack of robust systems and checks in place that identified shortfalls found during this inspection.

People were not always supported by staff who had received training or an annual appraisal. People, staff and relatives all felt the home did not have sufficient staffing levels. At the time of the inspection the home had a number of vacant hours and there was a 14.34% use of agency. The registered manager and provider were trying to reduce the amount of agency being used. They felt it was about getting the right staff in with the right skills and attitude.

People were supported by staff who had checks completed on their suitability to work with vulnerable people prior to starting their employment.

People received food that looked appetising, nicely presented and meal times were relaxed and unhurried. People had access to snacks and drinks throughout the day and people who were at risk of losing weight had gained weight.

Referrals were made to health care professionals when required. People's care plans had consent forms for those who lacked capacity. Care plans had been signed by the person or where people lacked capacity another responsible person such as family member had given their consent.

People received care that was respectful and kind and they felt staff treated them with dignity and respect. People were supported to maintain relations that were important to them.

People could participate in activities of their choice, including exercises, music, aromatherapy, signing, physiotherapy and walks into the local community.

People had a personal evacuation plan in place that confirmed what support they would require in case of an emergency.

People and relatives felt able to complain should they need to.

We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People's support was not always safe due to incomplete and inaccurate records.

Medicines were not always safely stored and records were not always being completed.

Personal evacuations plans were in place for people.

Incidents and accidents were logged and people felt safe.

People were supported by staff who had checks completed prior to working within the service.

The provider was not ensuring there were enough staff employed to meet the needs of people at the home.

Requires Improvement 

Is the service effective?

The service was not always effective due to some staff requiring mandatory training and an annual appraisal.

People who were at risk of dehydration did not always have accurate and completed records relating to their daily fluid intake.

People had access to drinks, snacks and meals were presented in an appetising way.

People had referrals made to health care professionals when required.

Requires Improvement 

Is the service caring?

The service was caring.

Staff demonstrated a kind and caring approach and people and relatives felt happy with their care.

Staff treated people with dignity and respect and we observed

Good 

this during the inspection.

People were supported to maintain relationships with those who were important to them.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained important information relating to their likes and dislikes although some required support plans relating to their individual care needs.

People were provided with activities to ensure their physical and mental well-being.

People felt able to complain to the registered manager should they be unhappy with any aspect of their care.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was a lack of robust systems and checks in place that identified shortfalls found during this inspection.

Records relating to people's care and treatment, care plans, repositioning charts, medicines administrations and hydration charts were not always accurate and up to date.

The provider sought people's views and people, staff and relatives spoke positively about the improvements which had been made.

Haven Lodge Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 17 & 18 July 2017 and was unannounced. The inspection team included an adult social care inspector, an Expert by Experience who attended the first day of the inspection and a specialist professional advisor. A specialist advisor is a person with a specialist skill and knowledge in a particular area. The specialist advisor we used was a specialist in care of older people. An Expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the home. Including information we had received from the local authority contracts team and the safeguarding team. We also looked at notifications we had received from the service and reviewed action plans sent to us by the provider regarding the improvements they said they were going to make.

During the inspection we spoke with, ten people who used the service and four relatives. We observed how staff and people living in the home interacted. We spoke with six staff and the registered manager, the consultant, the deputy manager and the chef. We also contacted four health care professionals and gained views from three.

We observed support provided to people in the communal areas, including the dining room and lounges, during the medication round and when people were in their own rooms. We reviewed six people's care files, including medicines records, repositioning charts, food and fluid charts, hand over sheets and monitoring records for personal and nursing care.

Is the service safe?

Our findings

The service was not always safe and required improvements due to incomplete and inaccurate records and the use of agency staff.

At our previous focussed inspection on the 23, 24 February and the 22 March 2017 we found improvements were required to the management of medicines, personal evacuation plans, records and people's care plans.

At this inspection we found improvements were still required to people's records relating to their care and treatment, administered medicines, mattress settings and handover sheets. For example, we found two people who were at risk of not having their care needs met when they required repositioning. During the first day of the inspection we found two people did not receive the support they required as per their recorded risk assessment and care plan. Their repositioning charts did not accurately record they had received their assessed care. Records confirmed they should have been turned every 2 hours. We also observed their care and treatment was not provided in line with their repositioning charts. We fed this back to the registered manager on the first day of the inspection for them to take necessary action.

On the second day of the inspection the registered manager confirmed they had addressed the issue relating to both people's care regarding their repositioning and care plan. We checked both people's care plans relating to their repositioning. Their care plans had been updated to reflect a change in their repositioning needs but only one of these had been accurately dated.

Staff we spoke to were unclear about what people's repositioning support was. We had various responses from people requiring between two hours and four or they provided support went they give them a drink or snack. All did not correspond with the support which the person had been assessed as requiring within their care plan. Records also confirmed this care wasn't provided in line with their assessed repositioning needs. We fed this back to the registered manager and provider for them to action. This meant people could be at risk of not receiving care and treatment as per their assessed needs.

We were provided with a staff hand over sheet. This was updated daily. It was updated on the second day of our inspection to include new information relating to the changes made in relation to people's repositioning support. This hand over sheet is used to provide staff with information relating to people's individual needs. The hand over sheet confirmed all sixteen people who required repositioning needed to be turned every, '2-4 hourly'. We reviewed two people's care plans relating to their repositioning both had a different record of how often they should be repositioned. For example, one person's care plan confirmed 'Every two hours to relieve pressure in the sacral area'. The second person's care plan confirmed, 'Every two to three hours, to relieve pressure in sacral area'. Those specific repositioning time's had not been accurately recorded onto the hand over sheet. This meant people could be at risk of not receiving care and treatment as per their assessed needs. We fed this back to the registered manager. We also fed this back to the provider regarding the concerns we found relating to people who required repositioning.

People could be at risk of developing pressure related wounds because special air mattresses were not set correctly. Although at our last inspection we found improvements had been made at this inspection we found two air mattresses were not set correctly for the person's weight. We found two people's mattress were set to high. The setting of high should be for people over 100kg. Both people had a recorded weight of between 42kg and 43kg. We spoke with the deputy manager and a nurse regarding the settings for these two people. They confirmed each day checks were undertaken to ensure the mattress settings were correct. They were unable to confirm what the correct setting should be or where this was recorded to show that these checks had been undertaken. We fed this back to the registered manager for them to address this shortfall.

At the last inspection we found shortfalls relating to the management of medicines. Improvements were required to body maps when people had creams administered. At this inspection we found some improvements had been made and people had body maps that confirmed important information relating to where the cream should be applied, how often and the reason for administering the cream. However, records related to prescribed creams required improvement. For example, not all medicines administration records (MAR) charts had been signed to confirm if the medicines had been administered or refused. For example, one person who had been prescribed a cream to protect their skin had recorded in June 2017 it had been administered eight times throughout the whole month. In July 2017 administered six times. There were no other records that confirmed why this cream had not been administered the other 34 days within June and July. Another person's MAR chart confirmed they had been prescribed a cream to be applied daily to their skin. We found within 48 days the cream had been signed as administered seven times. This meant it was not clear if people had received their prescribed creams as required due to incomplete records.

This is a breach of Regulation 17 of The Health and Social Care Act 2014.

During the inspection we found medicines trolleys were securely locked within the medicines room. Most medicines were stored correctly and if required had their fridge temperatures monitored and recorded. However, we found people who had a thickening agent added to their drinks did not have this prescribed medicines stored correctly or safely. We raised this with the registered manager who confirmed they would ensure it was safely stored.

At the last inspection we found shortfalls relating to personal evacuation plans. At this inspection we found improvements had been made and all people had a personal evacuation plan in place (PEEP). The evacuation plans confirmed people's individual support needs. Including if they required assistance from staff or equipment such as a wheelchair, glasses or hearing aids. Records confirmed this. There was also a completed gas and electric certificate in place. There was also a fire policy and risk assessment which had been actions following our last inspection. This included what actions staff needed to take in the event of a fire. Staff ensured visitors signed the visitor's book. This is important as it keeps a record of who visited and who is in the building.

People and staff felt the home was safe. One person told us, "Yes I do, but I don't give it a thought we lived locally here and we feel safe." Another person told us, I feel safe "Of course I do." Staff were able to demonstrate their understanding of abuse and who they would go to. They told us they would go to the manager or the local authority if they had any concerns. A member of staff was able to describe different types of abuse that could occur in social care settings, "There is mental, physical, verbal, neglect, sexual abuse. I would go to the manager, police, safeguarding".

During the inspection we observed staff not being rushed however, people, staff and relatives all felt the home needed improvements regarding the staffing levels. People told us, "They could do with more staff

and less agency staff they went through a stage when they didn't (have any agency) but now it's up again" and "No, they are short staffed here. We never get to see the same staff members from one day to the next. We get a lot of agency staff here and they are not as good as the regular staff." Staff told us, "They (meaning staff) do struggle with the amount of carers on the floor. Some people take two staff or three, there is a lot of rushing around. The care staff do really care." Another member of staff told us, "There are times around sundown when we could do with more staff as people can become restless and upset." Sundown is when people with dementia can become restless and upset. One relative told us, "There's a lot of agency staff here".

The registered manager on the first day of the inspection confirmed Sycamore unit was down one member of staff in the morning and two in the afternoon. They also confirmed that Willow had one member of staff sick. They confirmed this sickness had been covered by staff undertaking additional shifts and that no agency had been booked. When we reviewed the rotas we found that each unit (Willow and Sycamore) had a variation between each day with the staff who had worked. For example, One week on Willow one day nine staff had worked in the morning. Another day only three had worked. On Sycamore we found one day 12 staff had worked the morning shift. The following day seven had worked. The provider confirmed following the inspection these variations were due to new staff shadowing or training. We were also sent confirmation following the inspection that the home had 85 hours vacant each week and 251 hours had been offered to new staff pending their checks being satisfactory. The home was also recruiting a full time senior maintenance person. Over the next few weeks the registered manager was hoping to reduce the home's agency use.

This is a breach of Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had checks completed on their suitability to work with vulnerable people. The registered manager told us that it was about getting the right staff with the right values. Following our last inspection a number of new staff had been employed but some had not passed their probation period. At the time of the inspection the registered manager was actively undertaking recruitment of new staff. Two staff files we checked included checks undertaken relating to criminal records, proof of identification and references.

All incidents and accidents were logged and broken down into types of incidents. For example, falls, people getting upset and distressed. During the inspection staff supported people who became upset or disorientated. Staff remained calm and caring in their approach. We saw them offer the person a cup of tea or time in another part of the home or in the lounge area joining in with the activities.

There was a completed legionella certificate, health and safety risk assessment, electrical condition report in place. This meant the provider was demonstrating that the home was up to date with its safety certificates.

Is the service effective?

Our findings

The service was not always effective due to staff not having received all their required training and yearly appraisals had not always been complete. Where people were at risk of dehydration records relating to the amount people had drank needed improving.

At our last full comprehensive inspection on the 10, 11 and 14 November 2016. We found breaches of Regulations 11, 14, and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was because the provider was failing to safeguard people from improper treatment including deprivation of liberty under the Mental Capacity Act 2005. Staff were not receiving all required training, a yearly appraisal, formal induction or supervision. There was also a lack of effective systems in place to ensure people had their nutrition and hydrations needs met with people losing weight.

The provider had developed a clear action plan for the service following our last inspection. This covered all areas which required improvement and who was responsible. The registered manager, provider and a consultant were still working through the plan following actions identified at our November 2016 inspection. During this inspection it was evident the actions being undertaken had started to make necessary improvements although some actions were still required.

At our last inspection we found staff were not always having supervisions or a yearly appraisal. The provider was also failing to ensure staff received training and an induction which provided them with the knowledge and competencies to undertake their roles. At this inspection we found whilst improvements had been made these had not been sufficient. Staff were receiving supervisions and new staff had a comprehensive induction plan in place. However staff still required a yearly appraisal and access to some training. The registered manager confirmed they were undertaking appraisals but they had only just started meeting with staff. They confirmed this was still an action required to complete along with a comprehensive training plan.

At the last inspection we found staff were receiving very little training from the service to ensure they had the skills and competency to support people. At this inspection whilst improvements had been made this was not sufficient and some staff still required training. For example, nineteen staff required safeguarding adults training, twenty staff required infection control training, thirty one staff required moving and handling training. Thirty one staff required mental capacity and deprivation of liberty safeguards training and thirty three staff required food hygiene training. The registered manager following the inspection sent us a copy of the next six months of planned training. This included staff receiving moving and handling, fire safety, safeguarding adults, dignity and equality, mental capacity training and infection control. Staff felt the training was good. One member of staff told us, "I have completed a lot of training. Fire safety, first aid, moving and handling, prompting independence, safeguarding adults. This meant some staff still required training to ensure they had the skills and competency to undertake their role effectively.

This is a breach of Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had access to additional training which was tailored to provided care and support to people's individual needs. For example, during the inspection the chef had received training in relation to supporting people on modified diets and they confirmed how beneficial this had been. They had made improvements following this training to how people's meals were presented. This included people, who were on softened food diets, having their food moulded in an appetising way so that it resembled what the person was eating. Care staff were also receiving well-being training so they felt supported and able to discuss any areas that affected their work.

At the last inspection new staff were not benefiting from receiving a formal induction when they started. This was because there was no formal induction process in place. At this inspection the registered manager had implemented a formal induction process. This included, training, being shown around the service and shadowing staff that were more experienced. One staff member felt this induction had been positive and had included a range of training. They told us, "The induction had included everything, health and safety, moving and handling, food hygiene, dementia learning, mental capacity, safeguarding, emergency first aid. I shadowed another [Member of staff's role], it was good." Another member of staff told us, "I have been undertaking a workbook and induction." The registered manager confirmed there was now an induction pack that recorded the areas the member of staff had covered. These induction packs were sent to a training co-ordinator to be reviewed. This was so the individuals training and competency could be checked.

At this inspection staff felt supported and confirmed they had access to supervision and could speak to the registered manager if they needed them. Staff told us, "[registered manager] is amazing. They can giggle and she also knows things and is fair in her ways. I can go to them whenever I need to". Another member of staff told us, support from the manager, "Is really good. I have had supervision, yes." Another member of staff said, "There is more support now." The registered manager confirmed they were still improving staff receiving regular supervisions. They said that in the future there would be more staff who were trained and competent to undertake supervisions regularly and this was part of improving the supervision arrangements. They also confirmed that although they had started to undertake appraisals this was still an action in progress.

At our last inspection we found care and treatment was not always provided or planned with people's consent and the principles of the Mental Capacity Act 2005 had not been adhered to. At this inspection we found improvements had been made although staff were not always able to confirm if people had capacity or best interest decisions in place or restrictions on their liberty.

People's care plans had consent forms for those who lacked capacity. Care plans had been signed by the person or where people lacked capacity another responsible person such as family member had given their consent.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes and hospitals are 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 were being met. DoLS applications had been made to the local authority, The registered manager had an audit tool to monitor

applications. This included when they had been made and authorised. A total of 38 applications had been made. Five authorisations were in place.

Staff confirmed how people had choice about making day to day decisions however were unable to confirm if people at the home lacked capacity and if any best interest decisions were in place or DoLs authorisations. One member of staff told us, "Capacity can change from day to day." When asked if any one at the home lacked capacity or had a best interest decision in place. They said, "Not to my knowledge." When asked if there was anyone with a DoLs. They confirmed, "No, no-one at the home".

At our last inspection we found people were not always receiving adequate nutrition and hydration. For example people were exhibiting signs of dehydration and were not always having their prescribed food supplements when at risk of losing weight. Records were also poor relating to people's hydration and nutritional needs. We also found people had to wait to receive their meal and any support they required which placed them at increased risk of malnutrition.

At this inspection we found people at risk of malnutrition were putting on weight but people's fluid intake was low and records still required improvement. People had access to fresh fruit, cakes, snacks, and fluids throughout the day. People were weighed each week and any loss in weight resulted in a referral being made to a professional such as dietician and speech and language therapist. Where people were at risk of losing weight they had a prescription for a fortified build up drink along with guidance for increasing their calorie intake. Where people were having their nutrition and hydration recorded records were incomplete and required greater clarity of what people had eaten. For example, one person had been assessed as requiring a fluid intake of 1,065mls per day. Their total record fluid intake for one day was 270mls. Another person had been assessed for 1,055mls per day. Their total record for one day was 680mls. The day before their intake had been recorded as 250mls. Out of each record we viewed there was no total amount recorded at the bottom of the person's daily chart. We also found records relating to people's food offered also needed improvement. For example, the amount of lunch or dinner was being recorded as half, or three quarters but there was no record if this related to the whole meal or part of the meal. The lack of accurate records had also been identified by the local authority. They had fed this back to the registered manager and provider. However shortfalls relating to records were still in place during this inspection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed people receiving their meals in the area of their choice. For example, some people had their meals in the dining area, at tables throughout the home or in their rooms. The food looked appetising, nicely presented and the atmosphere was relaxed and unhurried. There was a variety of meal options which were based on people's likes and dislikes and dietary requirements. Care plans contained up to date information relating to people's dietary requirements. For example, where one person's had been assessed as requiring a change with their meals. Their care plan confirmed this change and the chef was able to confirm this was how their food needed to be modified. This meant people received their meals in line with their individual needs.

The home arranged for people to see health care professionals according to their individual's needs. People had referrals made to their GP, speech and language therapist, dietician, and other health professionals when required. Records confirmed this. We spoke with one health professional who confirmed the home had improved in making referrals to them relating to safeguarding concerns. This they felt had been an improvement when previously safeguarding concerns were not being raised.

Is the service caring?

Our findings

The service was caring.

At our last full comprehensive inspection on the 10, 11 and 14 November 2016. We found a breach of Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of dignity and respect for people's wellbeing.

At this inspection we found improvements had been made and people received care that was respectful and kind.

People and relatives felt the staff were kind, caring and supported them with what help they needed. People told us, "Yes, I like it here they do what I tell them and I like the carers. Yes, their very caring and their lovely." Another person told us, "Very much we all like it here. We're very well looked after, excellent!." Relatives told us, "The staff are very good." Another relative said, "Yes, they are caring".

The chef was passionate at ensuring people were given the opportunity to celebrate their birthday with a cake decorated to their choice. During the inspection they showed us pictures of cakes they had personalised to people's individual likes and wishes. For example some cakes, were in the colour that the person wanted or in a design that was reflective of people's likes and interests. For example the cake baked on the day of the inspection had flowers around the top. The chef said was what the person's wishes. The chef demonstrated a passion for making people feel valued and cared for.

People felt staff treated them with dignity and respect. One person told us, "Oh yes very much they always knock on our doors before they come into our rooms and they always close the curtains and close the door if they are doing anything personal to us". During the inspection we observed staff knocking before they entered people's rooms and close people's doors whilst supporting them. We observed staff communicating with people during lunch and throughout the day. Conversations were positive and gave people choice and support if they wanted it. For example we heard staff asking, "What squash would you like" the person replied "Blackcurrant." The staff member then re-confirmed to the person, "Blackcurrant". During lunch staff asked, "Can I help you" and "Be careful with the custard it might be hot".

People were supported to maintain relationships with friends and family. During the inspection we observed friends and family visit throughout the day. One relative told us, "There are no restrictions to when we can come and go." Another relative told us, "I come here every other day and my brother comes in on the other days and we can come and go as we please".

The registered manager confirmed no one at the time of the inspection was receiving end of life care. People's care plans confirmed people's end of life wishes and any funeral arrangements. If there was a Do Not attempt Resuscitation (DNAR) in place a copy was in their care plan.

We observed during the inspection staff support people when they became upset or required support and

reassurance. One member of staff told us how important it was to care for people the right way when people become upset or disoriented. When people were seen to be upset staff offered a drink, or if the person wanted to spend time in their room or in the lounge area. Staff were seen reassuring people by either sitting next to them, kneeling beside them or holding people's hands. This meant staff showed empathy and regard for people's wellbeing.

Is the service responsive?

Our findings

The service was responsive.

At our last full comprehensive inspection on the 10, 11 and 14 November 2016. We found a breach of Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who remained in their rooms were at risk of social isolation due to lack of activities.

At this inspection we found improvements had been made and people had one to one time and an activities time table and opportunities to access the local community with the home makers.

People and relatives were happy with the activities. They told us, "Yes, I do all sorts but I like exercising." Another person told us, "I really like the twister". Another relative told us their relative enjoyed attending the activities. They said, "Yes, she was taken to make Easter bonnets and she had a birthday party. She has always been involved in something".

During the inspection we observed various activities being undertaken daily. For example, people participated in exercises such as throwing balls to each other and bean bags into coloured boxes. People were able to have their nails painted from a beauty therapist and hair done from the hair dresser. There was also a visit from puppets. These activities were well attended on the days of our inspection. People were engaged with staff and each other whilst attending these activities. We saw them hold the puppets and interact with them including smiling and talking.

The home had employed two home makers and plans were in place to employ a third. Their role was to provide stimulation and support to people including talking to them about their past and interests. They confirmed various planned activities had been arranged and one member of staff confirmed how they spend time reading to one person and going through their photos. They told us said how they spent time taking people out for a walk around the local marina. One to one support was recorded by the home makers, this was so an accurate record of activities and support provided was available.

The home had developed an outside seating area for people. During the inspection we observed people accessing this outside space. The patio area had a table and chairs where people could sit and enjoy time outside.

People who were at risk of social isolation listened to music, the radio or the TV. Their care plan confirmed what music and radio station they enjoyed listening and watching. We observed during the inspection people's rooms had their individual preferences playing. For example one person had classical music playing another had Radio 2.

People were visited by an aroma therapist every other week. This was so people could have nail care and hand massages, as well manicures and as arm massages. We received positive feedback regarding how well attended these sessions were and that there was also a good take up of people wanting to have their nails

painted and hands massaged. Feedback was also positive with the changes experienced when visiting the home. They felt people were happier and settled commenting that the home now felt like a different place.

People's care and support was planned in partnership with them or their significant other. Most people's care plans had important information relating to their individual needs and preferences. For example, care plans had a 'This is me' document. This detailed what the person's mobility was like, their hearing and sight and personal information relating to if they had married, had children and grandchildren. One person's care plan confirmed the person enjoyed knitting, playing the piano, cats and hosting dinner parties. Care plans were evaluated each month. One person's water low risk assessment we found the monthly review had been carried forward from the month before and did not accurately reflect the support they required. For example their assessment confirmed they were 'fully mobile' when the record should have said, 'restricted mobility'. We also found support plans were required for people who had Parkinson's, catheters and bowel care. We fed this back to the registered manager for them to action.

People and relatives felt able to raise concerns or complaints if they needed to. People told us, "No, we have never made a complaint just made suggestions and the manager had always followed it up. She is very good and she's only been here for six months." One relative felt able to go to the manager when they were quite concerned.

Is the service well-led?

Our findings

The service was not always well-led as records were not always accurate and audits were not always identifying shortfalls.

At our last full comprehensive inspection on the 10, 11 and 14 November 2016. We found a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our previous inspection on the 23, 24 February and the 22 March 2017 the provider had failed to make the improvements required and we warned the provider they needed to take action. At this inspection we found some improvement although these weren't sufficient and records still required action.

For example we found shortfalls relating to people's records relating to their care and treatment, recording of medicines administered, repositioning charts, care plans, staff hand over sheets and no record of what mattresses should be set to enable effective checking. People who were at risk of dehydration had incomplete records relating to total drank within the day. We also found although improvements had been made to the quality assurance systems within the home daily checks undertaken by senior staff had failed to identify the shortfalls found during this inspection.

During this inspection we reviewed the providers Medicines policy. We found there was no guidance for staff relating to as required medicines, topical medicines, injected medicines and the use of pain assessments. We raised this with the deputy manager. Who confirmed they were currently reviewing this policy and updating the areas missing. We also found people who had topical applications of prescribed creams had inconsistent recording with the MARs chart confirming, 'see carers notes'. Carers notes had no record of when or who had applied the cream. We also found risk assessments had been undertaken for people who were at risk of falling out of bed. However where the risk assessment identified the bed rail was highlighted as at risk no action had been taken to reduce the risk. We fed this back to the registered manager for them to take the action required.

The provider undertook monthly visits although these visits had failed to identify shortfalls relating to various recording issues within the home. The provider's visits reviewed, the building, feedback from staff, reviewing how the residents looked, recruitment, the action plan and maintenance contract and decoration. These visits had an action plan to address any shortfalls found during the visits. For example, the provider was improving the lighting within the home as well as decoration and other electrical works. The provider was committed in reducing the use of agency staff. All three recent provider quality visits confirmed action was to reduce agency use to 'Zero'. Records also confirmed the provider was aiming to improve the training within the home. An action was to prepare a training programme for 'the next six months' and show an increase in the provider's expected compliance. This meant the provider's quality visits had failed to identify the shortfalls found during this inspection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was managed by a registered manager who was supported by a deputy manager, unit managers, seniors and a team of care staff. There were also catering staff, cleaners, a handyman, an office administrator and three home makers. The home was also being supported by a team of four consultants.

Following our last inspection in February and March 2017 the provider had employed a new deputy nurse manager. Prior to our inspection they had been in post for two months. They were responsible for supporting the registered manager and undertaking nursing checks and audits.

The registered manager, consultant and provider were committed to providing good quality care. Following our inspection we were sent an update of the provider's action plan. It confirmed areas which had been improved and areas that still required improvement. The action plan also confirmed, 'This Action Plan is not conclusive and any new issues and concerns that are raised by the latest CQC report will be included and actioned. Each day brings new challenges and we are working hard to improve the care provided and work closely with outside professionals to make Haven Lodge a safe, pleasurable and homely place to live'.

The provider had actioned additional consultant support following our last inspection in February/March 2017. The consultants were supporting with audits, training, risk assessments, building and fire compliance. The provider's action plan had each consultant identified with the area they were responsible for and a timescale for compliance.

The registered manager was responsible for overseeing the day to day management of the home. People, relatives, staff and health professionals all felt improvements had been experienced following their appointment. People told us, "[Registered manager's name] is very good, she's only been here six months." Another person told us, "We have been looked after much better recently." One relative told us, "The manager is very good for the job". Another told us, "The manager seems very good". Staff told us, "The manager is very good". Another member of staff told us, "Management are very supportive". Another member of staff told us, there has been "A lot of improvement much better than it was". Two health care professionals told us, "The staff morale is very different now, people are happier, staff are lovely and the atmosphere is much better." Another health professional said, "The registered manager is passionate at getting it right for people. They phone for advice and guidance much more transparency now".

Systems were in place to gain feedback about the quality of the service. The provider sent yearly questionnaires to people and relatives. The last questionnaires sent in May 2017 only three were returned. Comments were positive. These included, 'Try and keep the present home manager – she is performing wonders' overall experience of the care was ticked as good with another comment saying, 'Since November 2016'. The home had designed a feedback form for people who may find communication difficult. We reviewed one that had been started it included observations of how their care was provided including how staff interacted and offered choice to the person.

Prior to the inspection we reviewed notifications we had received from the provider that informs us of certain events that occur at the service. We checked these details were accurate during the inspection and found we had been notified as required. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service.

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
Diagnostic and screening procedures	Regulation 17 Good governance
Treatment of disease, disorder or injury	<p>The provider was not ensuring accurate records were in place related to people's care and treatment.</p> <p>Daily checks were not always identifying shortfalls related to inadequate records and the provider's monthly checks has failed to identify the shortfalls found during the inspection.</p>

The enforcement action we took:

Requirement notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Regulation 18 Staffing
Treatment of disease, disorder or injury	<p>The provider was not ensuring there were adequate staff to ensure effective running of the service.</p> <p>Training and an annual appraisal were not always in place for staff.</p>

The enforcement action we took:

Requirement notice