

Haversham House Limited

# Haversham House Limited

## Inspection report

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## 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

This inspection took place on 9 February 2017 and was unannounced. At our previous inspections in June and October 2016, we judged that the provider was not meeting the required fundamental standards of care. We identified a number of Regulatory breaches and we told the provider that immediate improvements were needed to ensure people consistently received care that was safe, effective, caring, responsive and well-led. The service was placed into 'special measures' following the June 2016 inspection because it was rated as 'Inadequate' overall. The service remained in 'special measures' following our October 2016 inspection because one of the key areas we looked at; 'is the service safe?' was rated as 'inadequate'.

Services that are in 'special measures' are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection, the service demonstrated to us that significant improvements had been made and it is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The service is registered to provide accommodation and personal care for up to 59 people. People who use the service have physical health and/or mental health needs, such as dementia. At the time of our inspection 31 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Risks to people's health, safety and wellbeing were assessed and planned for. Staff knew how to keep people safe and risks were managed effectively to promote people's safety.

Safe staffing levels were maintained to promote people's safety and to ensure people participated in activities of their choosing.

Medicines were managed safely and people received their medicines as prescribed.

People were protected from the risk of abuse because staff knew how to recognise and report potential abuse.

Staff received regular training that provided them with the knowledge and skills to meet people's needs.

Staff supported people to make decisions about their care and when people were unable to make these decisions for themselves, the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

People could eat meals that met their individual preferences. People's health and wellbeing needs were monitored and people were supported to access health and social care professionals when needed.

Staff knew people well which meant they could interact with them positively and effectively. People were treated with kindness and respect and staff promoted people's independence, dignity and right to privacy.

People were involved in the assessment and review of their care and staff supported and encouraged people to participate in leisure and social based activities that met their personal preferences.

People knew how to complain about their care and an effective system was in place to manage complaints.

Effective systems were in place to assess, monitor and improve the quality of care. Feedback from people was sought to enable the provider to identify if improvements to care were needed.

The registered manager understood the requirements of their registration with us and they reported notifiable incidents to us.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

People were safe. Risks to people's health, safety and wellbeing were assessed and managed effectively. Medicines were managed safely.

There was enough staff available to keep people safe and meet people's care needs. Staff protected people from the risk of potential abuse because they knew how to identify and report suspected abuse.

### Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff supported people to make decisions about their care in accordance with current legislation.

People were supported to eat meals that met their individual preferences. People's health needs were monitored and they were supported to access health care professionals for advice and support as required.

### Is the service caring?

Good ●

The service was caring. People were treated with kindness and respect and their right to independence and privacy was promoted.

Staff knew people's likes and interests which enabled them to have meaningful interactions with people.

Staff enabled people to make choices about their care.

### Is the service responsive?

Good ●

The service was responsive. People were involved in the assessment and review of their care and care records were updated in response to changes in people's care needs.

People were supported to participate in activities that met their

personal preferences both at the home and in the community.

People knew how to complain and an effective complaints system was in place.

**Is the service well-led?**

**Good** ●

The service was well-led. People and staff were supported by an effective management team.

Feedback from people about the quality of care was sought and acted upon to improve people's care experiences.

Effective systems were in place to regularly assess, monitor and improve the quality of care.

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## **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 was planned to check whether the provider was 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 9 February 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the local authority safeguarding team and the professionals who commissioned the service. We used this information to formulate our inspection plan.

We spoke with seven people who used the service and a visiting health care professional. We also spoke with five members of care staff, the registered manager and the provider. We did this to check that good standards of care were being met.

We spent time observing how people received care and support in communal areas and we looked at the care records of four people to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included audits, staff rotas and training records.

# Is the service safe?

## Our findings

At our last two inspections, we found that effective systems were not in place to ensure people received their care in a consistently safe manner. Medicines were not always managed safely and people were not always protected from the risk of harm to their health, safety and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, people told us and we saw that the required improvements had been made.

People told us that they always got their medicines when they needed them. One person said, "I get my tablets when I need them and I have to take quite a few you know". Another person said, "I tell the staff when I'm in pain, and they see to it straight away". We saw that medicines were administered to people in a safe manner and accurate medicines records were maintained. People's medicines were also readily available because an effective ordering system was in place. Some people needed their medicines to be administered on an 'as required' basis. Written protocols were in place for 'as required' medicines that gave staff the information they needed to identify when people needed these medicines. This meant that systems were in place to enable people to receive their 'as required' medicines in a safe and consistent manner. Staff confirmed that improvements had been made to the way they managed people's medicines. One staff member said, "We identify gaps on the day if charts show people might not have had their creams applied. Most of the time it's a case that the carers haven't signed to say they've administered the creams" and, "Checking the charts every day, means we can pick up on any potential errors before they happen".

People told us that staff supported them in a safe manner to promote their health, safety and wellbeing. One person told us, "The staff help me to move using the hoist and sling. They always use it correctly" and, "They handle me well when they help. They never hurt me". We found that risks to people's health, safety and wellbeing were effectively assessed, planned for and managed. For example, some people who used the service were at risk of falling. We saw that these people had specialist equipment in place where appropriate, to alert staff that they were moving and required assistance to keep them safe. People and staff told us and we saw that staff were also present in communal areas to promote people's safety and support them to move when needed. One staff member said, "We make sure all the areas of the home are covered and there's always someone in the lounge now" and, "It means we can make sure that the people who are at high risk of falling are safe". Incident records showed that the number of falls that had occurred at the home had reduced which showed people's risk of falling was being managed effectively.

At our last two inspections, we found that staff were not always available to keep people safe or meet people's care needs and preferences. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, people told us and we saw that the required improvements had been made.

People told us that they felt safe because the staff were always available to support them. One person said, "I feel safe because I know there are always staff on duty". Another person said, "There's always someone around". We saw that people received care and support in a prompt manner when they needed it, and care was delivered in a relaxed and unrushed manner. For example, we saw two staff members encourage one

person to transfer from their wheelchair to their comfy chair over a ten minute period. The staff spent this time explaining the transfer to the person, gaining the person's consent, and they also reassured them that they were safe throughout the transfer. The person responded positively to this unrushed approach and participated in the transfer to their maximum potential. Staff told us they carried radios which they used to request additional staff support if needed. One staff member said, "We have radios, so we can ask for help anytime". The registered manager confirmed they also held a radio which enabled them to monitor the effectiveness of staff deployment. They also told us and we saw that they responded to requests for management help and support when staff required this. Effective systems were in place that enabled the registered manager and provider to identify the staffing levels required to meet people's needs and keep people safe.

People told us they felt safe around the staff. One person said, "I feel very safe and happy" and, "The staff are all first class". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People were protected from the risk of abuse. Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were appropriately reported to the management team and the local safeguarding team. We saw that these procedures were followed when required. A visiting healthcare professional confirmed this by saying, "All safeguarding's are now reported and acted upon".



# Is the service effective?

## Our findings

At our last two inspections, we found that the staff did not always have the knowledge and skills required to meet people's needs in a safe and effective manner. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, people told us and we saw that the required improvements had been made.

People told us the staff had the right skills to meet their needs. One person said, "They know how to use the hoist and sling without hurting me, so they must have had training". Staff told us and records showed they had received training to give them the skills they needed to provide care and support. One staff member told us how they had completed some falls training that had made them more aware of factors that could contribute to people falling. They said, "I learned how people see things differently when they have different visual problems, so I know how to support them better now". Two staff members told us that recent continence training had resulted in them changing the way they supported people with their continence needs. One staff member said, "I learned that you should get pads out for people at least 30 minutes before they are used and you shouldn't shake the pads before you put them on as it moves the crystals around and they won't work as well as they should". This showed that staff had made improvements to the way they supported people as a result of their training.

At our last two inspections, we found that improvements were needed to ensure the requirements of the Mental Capacity Act 2005 (MCA) were consistently followed when people were unable to make decisions for themselves. At this inspection, we found the required improvements had been made and the requirements of the MCA were being followed.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who could tell us about their care told us their consent was sought before staff offered assistance. One person said, "They always ask me if I want help or if I'm ready for their help". Staff told us and we saw that they supported people who struggled to make decisions about their care to understand the choices offered to them. For example, when people were offered a morning snack, the food choices were shown to people visually, so they could see what was on offer to make the decision making process easier for them.

The staff demonstrated they understood the principles of the MCA by telling us about how the Act applied to the people who used the service. Care records showed that the requirements of the Act were followed when people were unable to make important decisions about their care. For example, one person who was at high risk of falling had been assessed as not having the ability to consent to the use of movement sensors to alert staff that they were attempting to move without staff support. Their care records showed that the decision to use this specialist equipment had been made in their best interests in consultation with health care

professionals and relatives.

People told us and we saw that they could move freely around the home if they were safe and able to do so. One person said, "I can get up and move around when I want". However, some people who used the service had some restrictions placed upon them to keep them safe and well. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where restrictions had been placed upon people, applications under the DoLS had been made and authorised which meant people were being lawfully restricted in their best interests.

People told us they enjoyed the meals and could choose the foods they ate. One person said, "There have been changes to the menu. I suggested fresh salmon with parsley sauce and mash and we've had that now". Another person said, "I enjoyed my lunch. I don't like hot meals, so they did me a sandwich as that's what I like". Some people required support to eat and drink and we saw that people received the support that they needed. People's care records showed that their weight was monitored so that professional advice could be sought if their weight significantly changed. This meant that people were protected from the risk of malnutrition.

People told us they were supported to stay healthy and had access to a variety of health and social care professionals. One person said, "We do keep fit to keep our joints moving". Another person said, "When I need to see the doctor, they ring them and get them to visit me here". Care records showed people were supported to access health and social care professionals' to promote their health and wellbeing. This included; doctors, nurses, podiatrists and physiotherapists. A visiting health professional told us that prompt referrals were made when people's needs changed and professional advice was followed. They said, "They keep in regular contact with us and they have demonstrated that they follow advice and follow things up".

## Is the service caring?

### Our findings

At our last two inspections, we found that people's right to be treated with dignity, privacy and respect was not consistently promoted. At this inspection, people told us and we saw that the required improvements had been made.

People told us about a dignity day that had been recently held at the home. They told us a dignity tree had been created and that people and staff had written what dignity meant to them, on the leaves of the tree. One person said, "Oh it was a wonderful day, we all said what was important to us". People confirmed they were treated with dignity and respect by the staff. One person said, "When I wrote my leaf for the tree, I put that we should respect staff and they should show us respect, which they all do". Another person said, "I definitely get treated with dignity".

People told us and we saw that dignity was promoted because staff encouraged people to be as independent as they could be. One person said, "They pass me my creams and I put them on myself now". Another person said, "I want to do as many things for myself as possible. The staff know that" and, "When we do keep fit I suggest some of the exercises now". We saw that this person was encouraged to choose some of the exercises during the exercise session on the day of our inspection.

People told us they were happy living at Haversham House because the staff were kind and helpful. Comments from people included; "The staff all do their best for us", "The staff are all very good and very nice" and, "I find them very caring". One person told us that she could tell that their friend who lived at the home was happy, even though they were unable to verbally communicate this to them. They said, "[Person who used the service] doesn't really say much, but you can tell they like the staff as they smile at them. The staff always talk to them nicely and they always look nicely dressed and well cared for". We saw people had positive interactions with all the staff who worked at the home. For example, we saw the chef approached a person who appeared tired and a little unsettled. The chef said, "Are you feeling poorly? Should I get you a cup of tea to warm your bones?". The person responded with a smile and said, "Yes please". We also observed other staff offer support and reassurance to this person throughout the day which the person responded positively to.

People told us and we saw that staff knew their likes, dislikes and life histories which enabled them to have meaningful conversations with them. One person said, "They know I like my toffees. They fetch them for me from the shop". Staff told us they now had more time to interact with the people who used the service as the staffing numbers had increased. Staff told us they enjoyed this aspect of the care and support they provided. One staff member said, "We have more time to interact with the residents now, that's what I like about working here". Another staff member said, "I like talking to the residents and finding out what they like to do and how they used to live their lives". A visiting health care professional confirmed that staff knew people well by saying, "They really know their residents".

People told us and we saw that their right to privacy was promoted and respected. One person said, "They don't just storm into my room in the morning, they knock first". People also told us their right to see their

family and friends was also promoted and encouraged. One person said, "My family visit every week". Another person said, "My visitors come at different times and are always offered a chair and a drink".

People told us they were enabled to make choices about their care. One person said, "I have lots of choices, the staff ask me what I want to eat and drink and when I want a bath". We saw staff had the skills to help people to make choices about their care when they found making choices difficult. For example, we saw the chef show people the snacks that were available to them in the morning, so people could make choices based on what they could see. We saw that some people responded better when choices were offered to them in this way. The registered manager told us that they were planning on implementing pictorial menus to support people to make more choices about the foods they ate. This showed plans were in place to further improve the way that people were supported to make choices about their care.

## Is the service responsive?

### Our findings

At our last two inspections, we found that people did not always get care that met their individual needs and preferences. At this inspection, people told us and we saw that the required improvements had been made.

People told us that staff were responsive to changes in their needs. One person said, "They've raised some of the chairs for those who needed it". Another person told us they had seen a person benefit from a therapeutic baby that had been purchased for this person. They said, "[Person who used the service] loves looking after that baby" and, "They seem much calmer when they have their baby". Staff and the registered manager told us they had recognised that this person gained comfort from interacting with children when they visited the home. This had led them to trial the person with the therapeutic baby. The registered manager told us the person had responded positively to the baby and they were planning on researching how they could use the baby in a more meaningful and therapeutic way with the person.

People told us and we saw that they were supported to participate in leisure and social based activities that met their personal preferences. One person said, "We get asked for ideas for activities. I suggested BINGO and it's been done. They had got all the equipment to do these activities, but it wasn't being used. It is now and people join in more". Another person said, "Some people who wanted to go, went to a local college last night, the organisation was perfect" and, "There was nothing going on at first, but there is now. There was a trip to Lichfield cathedral and a visit to Trentham Gardens which was very nice".

The registered manager told us they had identified one person who struggled to engage in meaningful activities with the staff. The staff, registered manager and provider had recognised that this person enjoyed interacting with a maintenance worker at the home. The provider had therefore agreed for the maintenance worker to work extra hours on a one to one basis with this person. This person told us and we saw that they enjoyed this interaction. They told us, "I went up Hanley with [maintenance worker] for these trainers. I like going up Hanley". We saw the person walking around the home with the maintenance worker smiling and laughing which showed they were happy in their company.

Care records showed that people's needs were reviewed with them and their relatives on a regular basis and changes to people's care plans were made in response to changes in their care needs. For example, one person's care plan had recently been changed to reflect a significant change in their mobility needs. Staff were all aware of this change and the extra support the person now needed. Staff told us they were made aware of changes to people's care needs through detailed handovers and updated care plans.

People told us they knew how to complain about the care. One person said, "I go to the manager or the owner if I need to complain. I have complained in the past, I told the owner that it had to improve and we've got there now. It's been bought up to standard. The owner has met with me since to check I'm happy". We saw that complaints were recorded, investigated and acted upon appropriately and in line with the provider's complaints procedure. This procedure was clearly displayed at the home.

# Is the service well-led?

## Our findings

At our last two inspections, we found that effective systems were not in place to assess, monitor and improve quality and manage risks to people's health and wellbeing. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

People told us that improvements to the quality of care had been made. Comments from people included, "Things have improved vastly here. People are not left wet, it's cleaner and the quality of the food has improved greatly" and, "I used to have to wait for carers to help me, but I don't really wait anymore". One person told us how changes to the home's environment had led to them interacting with new people. They said, "Everyone's mixed now. It's different, but I think it's good. I've met people who I never used to get chance to meet". The registered manager told us that people were no longer based in different communal areas based on their needs as this had previously caused some people distress and agitation. This showed people had recognised and reported significant improvements to the quality of the care they received.

Staff also told us that improvements to the quality of care had been made. Comments from staff included; "The biggest change has been the atmosphere. People are calmer and happier and the home is more pleasant", "The safety and care has improved" and, "I think things have improved, we have a really good staff team now". One staff member told us that people's care experiences had improved because regular checks of care records were being made to ensure people had received their planned care. They said, "We are more vigilant now and check the charts more to see that people have received their care". A visiting health professional also confirmed that improvements to care had been made. They said, "They've really pulled their socks up". This showed staff and visitors also recognised and reported improvements to the quality of care.

People and visitors told us the home was well-led. One person said, "She [the registered manager] listens to us and gets things done". A visiting health care professional said, "The manager has been open to suggestions and has been cooperative" and, "The staff are much more proactive now". Staff told us they felt well supported by an effective manager. Comments from staff included, "She's very good and very approachable". She's really made a difference here. It's more homely and the residents are getting better care" and, "I think she's lovely and very approachable. I can go straight to her with any problems". Staff also told us that their training and development needs were assessed, monitored and managed through regular meetings. Staff told us these meetings helped them to identify their training needs and improve the care they provided to people. One staff member said, "I get supervision. I'm asked how I think I'm doing, and we talk about any issues or any training that I need". We saw these meetings were effective in improving the quality of care. For example, staff told us and we saw that the concerns we identified at our last inspection in relation to medicines management had been addressed through training and meetings with the staff. As a result of this, people were receiving their medicines safely.

People told us that their feedback about the quality of care was sought and acted upon through meetings and satisfaction surveys. One person said, "We have residents meetings. We were asked if we agreed that

things had improved and we were asked if we wanted any changes. We asked for a blind for this window (in the lounge area) and it got done straight away". We saw that feedback from a friends and family survey had been responded to. For example, records showed that a meeting had been held with a person's family to discuss and resolve some concerns raised from this survey. This showed people's feedback was used to make improvements to people's care experiences.

People were involved in a new initiative at the home where they selected staff members of the month. These were staff members who people felt had provided exceptional care. One staff member who had been selected as one of the staff members of the month told us how this boosted their morale. They said, "It was quite nice to get shown some appreciation. It means a lot because the residents and visitors chose me".

Frequent quality checks were completed by the registered manager and provider. These included checks of medicines management, health and safety, care records and meal time experiences. Where concerns with quality were identified, action was taken to improve quality. For example, the registered manager had completed care plan audits that had identified that they couldn't always see that people had received their prescribed exercises and oral care. The registered manager had responded to this by modifying the care records so that staff were promoted to deliver and record this care. A monitoring sheet was also modified to ensure senior staff could check and record that these interventions had been completed as planned. This showed that robust systems were in place to ensure the quality of care was regularly assessed and monitored so that action could be taken to address any concerns.

Incidents at the home were recorded, monitored and investigated, and action was taken to reduce the risk of further incidents from occurring. We saw that a recent incident had triggered the registered manager to review a person's falls care plan as they had fallen on two occasions over a short space of time. This showed the registered manager responded appropriately to safety incidents to promote people's health, safety and wellbeing.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.