Havenmere

Havenmere

Inspection report

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Ratings

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

Overall summary

This unannounced inspection took place on over two days on 16 October and 21 October 2014 and was unannounced. At our last inspection in August 2013 the service was meeting the regulations inspected.

Havenmere is a care home that provides nursing and residential care to younger adults. The home is registered to accommodate 40 people. The home is purpose built and provides easy access for people with mobility problems. Havenmere aims to provide a service for people with complex physical and/or mental health needs who may need permanent, rehabilitation or respite care. This may include Dementia related impairments, Huntington's disease, Acquired brain injury, Learning disability and other mental or physical illness requiring support. Havenmere is located in Immingham, in North East Lincolnshire. There are shops close by and the home is close to transport routes. There is a car park at the property for visitors and staff.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff demonstrated a clear understanding of their role in keeping people safe and were able to describe different forms of abuse. Staff had received training about safeguarding vulnerable people from harm or abuse. People's care records contained details and techniques staff should follow to ensure known risks to people were minimised and avoided where possible.

A variety of training was regularly provided to enable staff to have the right skills to carry out their roles and support people who used the service. Staff received regular supervision and appraisals to enable them to develop their careers.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and the use of Deprivation of Liberty Safeguards (DoLS). People were supported to make informed decisions and choices that were in their best interests. Assessments used by the registered provider to determine people's capacity to consent to making specific informed decisions were not fully in line with the principles underlying the MCA and were global in detail. **We recommend that the service considers the Department of Health guidance on the Mental Capacity Act and the Mental Capacity Act Code of Practice.**

Checks had been carried out of new staff to ensure they were safe to work with vulnerable adults. Staff were deployed in sufficient numbers to make sure they were able to support people's needs.

People were involved in decisions about their support and staff respected their right to make choices. Staff demonstrated compassion and consideration for people, many of whom experience difficulties in expressing their needs and adapting to their medical conditions. Staff responded to people's differing individual needs with kindness and sensitivity, providing positive encouragement and giving explanations to help them understand what was being said.

People were able to contribute their views about the service and how it was run and could make complaints to enable their concerns to be addressed and where possible resolved.

The registered manager carried out regular checks to make sure the health and wellbeing of people who used the service were promoted.

Medicines, including controlled drugs were stored securely and administered to people in a safe way. A medication error had led to a safeguarding investigation being carried out by the local authority. The provider took prompt action about this to ensure this issue was minimised in the future, with additional medication training provided and regular audits of medication carried out.

People who used the service were provided with a diet that was wholesome and nutritious. Assessments about people's nutritional needs and associated risks were recorded, with details about their personal preferences and dislikes. Staff monitored people's weight and diet and involved specialist health care professionals where required. A safeguarding concern about a person experiencing a deterioration in their ability to swallow had been recently raised. An up to date care plan about this had not yet been developed despite a decision about this being made the previous week, which is a breach of Regulation 9 of the Health and Social Care Act 2008. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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

The service was safe.

Staff had received training about how to recognise abuse and understood how to keep people safe from harm. Risk assessments were available to guide staff how to support people safely.

The registered provider's recruitment procedures ensured people who used the service were not exposed to staff who were barred from working with vulnerable adults. Staff were deployed in sufficient numbers to make sure they were able to support people's needs.

The building was safely maintained to ensure people's health and wellbeing was promoted.

Is the service effective?

Requires Improvement

Not all areas of the service were effective.

Regular training was provided to enable staff to have the skills to carry out their roles.

Systems were in place ensure decisions were made for people who had difficulty with making choices that were in their best interests, however assessments used by the registered provider to determine people's capacity to consent to making specific informed decisions were generalist in detail and not fully in line with the principles underlying the MCA.

People who used the service were provided with a diet that was wholesome and nutritious.

Is the service caring?

Good

The service was caring

Staff respected people's right to make choices. Staff demonstrated compassion and consideration for people's needs.

Staff responded to people's differing individual needs with kindness and sensitivity.

Staff respected people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service not always responsive.

People were involved in decisions about their support.

Staff responded to people's differing individual needs, providing positive encouragement, giving explanations to help them understand what was said.

Summary of findings

Care and support plans had not always been developed to ensure people who used the service were protected against the risks of receiving care or treatment or treatment that is inappropriate or unsafe.

Is the service well-led?

Good

The service was well led

People were able to contribute their views about the service and how it was run.

People could make complaints to enable their concerns to be addressed and where possible resolved.

The registered manager carried out regular checks to make sure the health and wellbeing of people who used the service were promoted and enable the service to learn from the past and be further developed.

Havenmere

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 registered 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 was carried out by an adult social care inspector and took place over two days on 16 October and 21 October 2014 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The local authority safeguarding and quality teams and the local NHS were also contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. We also looked at the information we hold about the registered provider.

At the time of our inspection visit there were 20 people using the service. During our inspection visits we observed how staff interacted with people who used the service and their relatives. Many of the people who used the service had very specialist and complex needs which meant it was not possible for them to verbally communicate their views easily. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with four people who used the service and one of their relatives. We spoke with seven staff, including nurses who were on duty, care staff, an activity worker, a cook, a laundry assistant and a member of the maintenance staff. We also spoke with the clinical nurse manager and the registered manager, together with a specialist Huntington's disease nurse who was visiting and we contacted a speech and language therapist following our first visit.

We looked at a three care files belonging to people who used the service, staff records and a selection of documentation relating to the management and running of the service.

Good

Is the service safe?

Our findings

Some people who used the service told us they felt safe and trusted the staff. We saw that staff interacted with people with sensitivity and kindness, demonstrating consideration for their needs and providing support and assistance when this was required. We observed staff displayed patience and warmth and engaged with people in a reassuring and encouraging manner, speaking slowly with them when this was required to help them to understand what was said. We found that safeguarding policies were available, which were aligned with the local authority's guidance and procedures on this and that information about this were displayed in the service.

Staff who we spoke with demonstrated a clear understanding of their roles and responsibilities to ensure people who used the service were protected from harm or abuse. Staff were able to describe and explain different forms of potential abuse and were familiar with the registered provider's policies and procedure for reporting safeguarding concerns to the local authority when required. Staff confirmed they had received training on safeguarding as part of their induction to the service, which was renewed on a regular basis. We found that staff were aware of their responsibilities to report issues of potential abuse and understood the registered provider's whistlebowing policies to ensure safe staff practices were followed. Staff told us they were confident management took this aspect of practice seriously and that appropriate action was taken when this was required.

At the time of our visit there were two safeguarding referrals being investigated by the local authority, following a medication error and an issue concerning a deterioration in a person's abilities to swallow that had subsequently occurred. We saw the registered provider had reported the issue appropriately and taken prompt action to ensure the incident was minimised in the future and that management disciplinary procedures had been implemented with staff.

We saw that care records relating to people who used the service contained assessments about known risks to them and how staff should support them to enable these to be safely managed.

The registered manager told us that staffing levels were assessed according to the individual needs of people who used the service. We saw evidence that staffing levels were maintained at appropriate levels with the highest levels and skill mix of staff deployed to areas of greatest need.

We found a member of maintenance staff was employed to ensure the building and equipment was safely maintained for people to use. The member of maintenance staff told us they had a background in health and safety. We saw evidence a range of checks were regularly carried out, including those for the maintenance of systems for control of fire, water, electricity and that a contingency plan was in place for emergency situations, such as floods.

There was evidence recruitment checks were carried of new staff before they commenced work in the service, to ensure people who used the service were not supported by unsuitable staff or placed at risk of harm. A newly employed clinical nurse manager told us their recruitment process had included an interview, three references taken up, together with an advanced check with the Disclosure and Barring Service (DBS) to ensure they were safe to work with vulnerable people. We saw evidence that DBS checks were completed similarly for other staff employed by the service.

There were systems in place for ensuring people who used the service received their medicines in a safe way and that nursing staff responsible for this element of practice had received training on this. We found that medicines, including controlled drugs were stored securely and that records were maintained that demonstrated these were given according to people's medical needs and as prescribed. We saw a recent medication error, which had resulted in a person not receiving their medicine in a timely manner that had been reported as a safeguarding concern to both the Care Quality Commission (CQC) and the local authority, to enable the matter to be appropriately investigated. We found this issue was subsequently substantiated by the local authority, but saw evidence the registered provider had taken action to ensure the medication error was minimised in the future. We saw this included delivery of additional medication training for nursing staff, together with improved arrangements for the safe storage of medication and regular audits of medication carried out.

There was evidence of systems in place relating to the management and prevention of infection. We observed the

Good

Is the service safe?

building was clean and tidy with no unpleasant smells apparent. We found that bathrooms, shower rooms and toilets were equipped with floors that were easy to clean and that adequate supplies of hand wash, hand towels and waste bins were available. We had not planned to inspect this aspect of the service before our visit, but observed waste bins did not have a covering lid, which raised a potential risk of cross infection from contaminated waste. We spoke to the clinical nurse manager about this and saw prompt action was taken to replace these appropriately with foot operated peddle bins.

Requires Improvement

Is the service effective?

Our findings

A newly recruited clinical nurse manager told us new staff completed an intensive seven day in house induction, which consisted of a variety of classroom based sessions relating to the needs of people who used the service. They told us the registered provider was planning to extend this period of staff induction to cover further topics and more detail in the near future. The clinical nurse manager told us new staff were required to successfully complete modules associated with their induction within a twelve week period, before they were deemed to have achieved the level of competence required.

There was a programme of staff training available that consisted of courses considered essential by the registered provider, that was linked to Skills for Care which is a nationally recognised scheme. We saw courses included modules on a variety of health and safety topics, such as fire safety, moving and handling, first aid, infection control, safeguarding vulnerable adults, food safety and nutrition, together with specialist issues relating to the individual needs of people that used the service. A specialist nurse who was visiting told us the service worked very proactively with them and other community based professionals, to ensure staff had the right level of skills to respond effectively to people's needs.

Care staff who we spoke with were very positive about the training they received. They told us they felt supported by the management of the home and that their training helped them carry out their roles and responsibilities. One told there training opportunities were, "Brilliant" and much better than what they had received elsewhere. Whilst care staff confirmed they received regular supervision and appraisals to enable their performance to be monitored and help them develop their careers, the registered manager told us these had not taken place as frequently as had been planned in the past month, but that a plan was in place to rectify this shortfall.

A relative told us they felt some elements of staff training could be further improved to ensure the specialist needs of people were fully respected. The newly appointed clinical nurse manager told us they had identified this as a future training need. We saw evidence that recent training had been introduced which included elements on customer care, communication techniques and approaches to person centred support to enable this aspect of the service to be improved.

We saw that staff had received training about the Mental Capacity Act 2005 (MCA) and were able to explain the principles of how this was used in practice. Staff told us about use of Deprivation of Liberty Safeguards (DoLS) and their understanding of their role in this regard. We found the registered manager had invited a lead member of staff from the local authority in prioritising applications where a DoLS was required to be authorised for people requiring constant care and supervision, following a recent important legal ruling on this. We saw that DoLS applications had subsequently been completed for these people, following assessments of their capacity to consent to making complex decisions and that multi-disciplinary best interests meetings had been held, involving health care professionals, relatives and senior staff from the home. This ensured the least restrictive options were followed and people were kept safe from harm. We saw the registered manager had subsequently notified the Care Quality Commission (CQC) of the outcome of applications made for DoLS.

We found that assessments used by the registered provider to determine people's capacity to consent to making specific informed decisions were not individual or detailed and not fully in line with the principles underlying the MCA. The clinical nurse manager told us they had recognised this issue and were arranging a meeting with the registered provider in the near future, to enable these to be reformulated and ensure people's human rights were fully protected and promoted. **We recommend the service considers the Department of Health guidance on the Mental Capacity Act and the Mental Capacity Act Code of Practice.**

The registered provider told us a 'protected mealtimes' policy was followed to enable people's dining experience to be positively promoted and enable opportunities for people to interact and socialise with each other. We observed meal times were unhurried and relaxed and saw that support was given sensitively to people to ensure their personal dignity and wishes were maintained and their independence to be maximised and encouraged where this was possible.

Requires Improvement

Is the service effective?

People told us they were generally happy with the standard of food that was provided. One person said, I can have something different if I don't like what is served..the meals are OK." We observed food served on the day of inspection visit was nutritious and well-presented, and saw staff engaging with people, offering choices to them about their preferences. We saw a variety of wholesome and healthy meals were provided from an alternating menu and that the kitchen was clean and had been awarded a five star rating from the local authority environmental health department. Documentation was maintained in people's care records of their nutritional intake where required, that reflected assessments about their dietary needs and associated risks. We found that care staff liaised and worked closely with community specialists, such as speech and language therapists and dieticians where people had difficulties with swallowing or required their nutrition and hydration by specialist means, such as gastrostomy or PEG (Percutaneous endoscopic gastrostomy) feeds.

Information in people's care records documented assessments about them, together with a range of individualised plans developed from these, to enable staff to support their health and wellbeing appropriately. There was evidence in people's support plans of a wide range of completed assessments to ensure their wishes and needs were promoted in a way that was safe and that multi-disciplinary, best interest processes were followed about difficult decisions, or where people were unable to make informed judgements about things. We saw evidence the service supported people with making decisions about the end of their lives and that some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) as a result of their medical conditions. A visiting specialist nurse was very complementary about the service. They told us staff involved and worked very closely with them and followed their advice to ensure people's wellbeing was appropriately promoted. On the day of our second visit to the service we saw a meeting took place with a medical consultant and the specialist nurse to review a person's treatment, following a change in their condition. We also evidence saw that care staff worked with a range of community based professionals, such as physiotherapy, occupational therapy and social work staff to enable people's health and social needs to be promoted and their independence encouraged.

Good

Is the service caring?

Our findings

There was evidence people's support was highly personalised and based on what mattered to them to them and their families individual wishes and needs.

Many of the people who used the service experience difficulties in expressing their needs and adapting to their conditions. We observed staff interacted empathically with people, demonstrating patience and warmth, giving time for them to respond and enable their dignity to be promoted.

There was evidence staff had a good understanding of their roles in promoting the wellbeing of people who used the service. We saw staff responding to people's differing individual needs with kindness and sensitivity, providing positive encouragement and support when this was required and giving explanations and guidance, to help people understand what was being asked or said.

We found the service adopted an approach that focussed on people's physical, cognitive, emotional, behavioural, social and personal needs. We saw information contained in people's care records about their personal likes, dislikes, past history and preferred choices, together with details of their identified goals and aspirations. We were told people who used the service were allocated a named nurse and a key worker, to enable positive relationships to be developed and ensure they were appropriately supported. We observed staff assisting a community physiotherapist in working with people to undertake a programme of identified exercises to enable their independence to be promoted. We found an activity worker was employed and worked with people who used the service, providing opportunities for 1:1 support to be provided and enable their wishes and preferences to be met.

There was evidence the service worked closely with relatives to ensure they were supported and involved in decisions. We saw this included provision of transport to enable relatives to maintain regular visits or enable people to go home when required. A visiting relative was very positive about this aspect of the service. They told us they were included in regular meetings and reviews of support, to ensure they could contribute their views. The relative told us that staff listened to them and felt their concerns were taken on board with appropriate action taken to resolve issues when this was required. We found a newsletter was produced to enable information about the service to be provided to enable people to be kept informed about developments in the service.

Whilst the clinical nurse manager told us the service had no specific dignity champions, they said this was a, "Cornerstone for the service" and discussed in regular meetings with staff. We saw that training had been developed by the registered provider about areas of practice in relation to the fundamental standards of care and observed information about these displayed on the staff notice board, with requests for them to sign up and take responsibility for particular areas covered. A visiting specialist nurse told us that staff were good at supporting people and their relatives to make sensitive decisions about their complex medical conditions and the end of their lives. They told us staff had recently actively respected the views of someone choosing not to have medical interventions, following a discussion and explanations to be provided about the consequences of their desired course of action.

There was evidence staff monitored people's behaviours in a sensitive way whilst respecting their wishes for privacy and their dignity to be promoted. We observed that information about people was securely held in the office to ensure their confidentiality was maintained.

Requires Improvement

Is the service responsive?

Our findings

Staff who we spoke with confirmed they involved health care professionals in the community when this was required to enable people's specialist needs to be promoted. We spoke with a speech and language specialist about a safeguarding concern being investigated at the time of our visit, following a person not receiving their medication in a timely manner. We were told this had subsequently resulted in the person experiencing a number of seizures and a deterioration in their abilities to swallow. The speech and language specialist told us staff had failed to communicate with them about changes for this person that had occurred concerning this. They said and that following a best interests decision, they had subsequently recommended a gastronomy or PEG (Percutaneous endoscopic gastrostomy) feed be restarted and for this person to be Nil by Mouth for a trial period. We looked at the support plans for this person, but found an up to date care plan had not yet been developed about this, despite the decision for this having been made the previous week. This meant staff may not have accurate information about this person's needs, which placed them at potential risk of harm. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

We observed care staff worked as a team and carried out their roles in a professional and calm manner. Staff explained they had received a variety training on how to carry out their roles and minimise risks to people who used the service. We saw that staff demonstrated patience and sensitivity when supporting people who used the service, giving them time to respond to what was asked and was understood by them.

There was evidence a person centred approach was delivered to enable people's individual and differing wishes and needs to be appropriately supported. We found the building was equipped to meet the specialist needs of people and observed use sensory aids and equipment, such as picture boards and signage to enable people who used the service to recognise and orientate themselves around and to help them to feel in control of their lives.

We found a variety of support plans were available for people who used the service that documented action staff needed to take to ensure people's individual strengths and needs were safely supported. We looked at the support plans for three people who used the service and saw evidence they were generally being evaluated and kept up to date. Information in people's support plans contained details of risks and techniques staff should use to ensure the behaviour of people that challenged the service and others were managed safely and supported. Staff told us about training on Non Abusive Psychological Physical Intervention (NAPPI) they had received, to ensure both they and people who used the service were not placed at risk of harm.

Support plans for people contained details about their personal backgrounds and life histories to help staff engage with them about their individual preferences and needs. We observed staff involving people to take part in various activities and saw this was carried out in an encouraging and friendly way. We found the service employed an activity worker to provide opportunities for people with individual and group support. On the first day of our inspection visits a group of people went out bowling to a local leisure centre, whilst on the second day, we saw activities involved 1:1 support sessions with people, including a home visit for a person who was close to completing their period of rehabilitation at the service. This person told us they had made a request to go home to enable them see their pet dog. They told us, "Staff listen and help me be independent possible."

The activity worker told us they very much enjoyed their work and we observed they demonstrated confidence and a professional commitment to the service. A relative we spoke with told us they would like more activities to be regularly provided, the clinical nurse manager told us an additional life skills co-ordinator and a dedicated qualified driver were about to commence work, to enable further activities to take place and ensure family visits were maintained. This showed us that people's views were listened to and acted upon in order to make improvements to the service.

The registered provider had a complaints policy and procedure that was displayed in the service. People told us they were confident their concerns would be listened to and knew how to raise a complaint. We saw evidence the registered manager responded to complaints that had been made and followed these up appropriately. We found the registered manager had a positive approach to receiving complaints, viewing these as an opportunity to

Requires Improvement

Is the service responsive?

learn and develop the service. The registered manager told us told us there was, “Always room for improvement.” A relative contacted us about a recent complaint they had made, but confirmed they had received a response from the registered manager to explain the matter was being investigated.

Good

Is the service well-led?

Our findings

We found a variety of systems were used by the registered provider to ensure the service was well led and to enable the quality of the service people received to be assessed. There was a registered manager in post who we found was supported by a management team consisting of a clinical nurse manager, two unit managers and a dedicated administrator.

We saw a variety of methods were used to enable feedback about the service to be provided. We saw this included use of satisfaction surveys issued to people, their relatives and staff to enable their opinions and suggestions to be obtained. We saw results from the feedback from surveys was compiled in reports and that action plans were developed to address shortfalls where these had been highlighted. There was evidence that meetings took place with people who used the service and their relatives to enable the contribution of their views and saw a notice on display about a meeting for this that was scheduled to take place in the near future. We found a newsletter was produced giving details about events, trips out and competitions to enable people who used the service to be kept informed and involved in developments in the service.

Staff who we spoke with were very supportive of the management and confirmed the registered manager had an approachable style. We saw evidence of regular meetings with staff to enable communication and enable clear leadership and direction to be provided. The registered manager told us they carried out a daily, “Walk round” of the building to enable them to monitor and assess the service directly. We found the registered provider had a culture that positively valued the input and achievements of staff and we were told about a ‘Making a difference’ awards scheme to celebrate and encourage good practice.

The registered manager is a qualified nurse and we found they adopted an inclusive style of management that was open and transparent, whilst recognising the need for accountability. We saw evidence of regular visits to the service from an operations manager from the organisation, together with a variety of audits and checks that regularly took place to ensure people’s health and wellbeing was safely managed and monitored.

We saw records were maintained of accidents and incidents, that were reported to the registered provider to enable the service to learn from the past and minimise future occurrences. We found the service had appropriately notified the Care Quality Commission about issues that effected the health and welfare of people who used the service. We saw that quality checks were submitted on key performance indicators such as accidents and incidents, hospital admissions, infections, weight and pressure areas, staff training and complaints to enable trends and patterns to be recognised and improvements to be implemented where required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services How the regulation was not being met: Care and support plans had not always been developed to ensure people who used the service were protected against the risks of receiving care or treatment that is inappropriate or unsafe.