

Hudson (Haven Lodge) Limited

Haven Lodge Care Centre

Inspection report

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22 February 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of Haven Lodge Care Centre on 17 and 18 July 2017. Breaches of legal requirements were found in relation to regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were insufficient numbers of staff to keep people safe and meet their needs. Staff were not receiving training regular supervisions and yearly appraisals. There were ineffective quality assurance systems in place to make sure any areas for improvement, for example in the management of people's medicines were identified and addressed.

We undertook an unannounced focused inspection of Haven Lodge Care Centre on 22 February 2018. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection had been made. This focused inspection looked at the breach of regulations 17 and 18. This report only covers our findings in relation to this area. You can read the report from our last comprehensive inspection by selecting the, 'All reports' link for 'Haven Lodge Care Centre' on our website at www.cqc.org.uk

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

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

At the time of the inspection there were 24 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 floor could have up to 27 people living on them. 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.

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 2008 and associated Regulations about how the service is run.

At this inspection, we found the provider had taken action to comply with some of the legal requirements. However, further improvements were still required in regards to the recording of medicines, support plans and effectiveness of quality assurance systems.

People's care plans did not always contain support plans relating to their individual care needs including catheter care or Parkinson's disease.

People did not always have accurate records that confirmed if they had been administered their medicines or had protocols for medicines that were given as required.

Whilst the provider had a system in place to monitor the quality and safety of the service. It was still not effective enough to identify shortfalls found during this inspection.

People who required medical supplements were given medicines belonging to other people.

We found medicines belonging to people who were no longer living at the service.

People's medicines were stored accurately and creams administered to people. Where people were at risk of dehydration; records relating to the amount people had drunk had improved.

People were now supported by staff who had received training and an annual appraisal.

People were supported by sufficient numbers of staff.

People were now receiving correct support relating to their skin care due to accurate handover sheets and staff were all familiar with people's care needs.

People's air mattresses were now accurately set when they were at risk of their skin developing pressure sores. When daily checks were being undertaken these identified mattresses that had been incorrectly set due to accurate records of what the mattress should be set to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made in the administration of medicines and the number of staff caring for people.

We could not improve the rating for this key question from requires improvement. There are additional areas for improvement required under this key question. In addition, we would require a record of consistent good practice over time. We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

Is the service effective?

Improvements had been made in the training and supervision of staff. We have improved the rating for this key question from requires improvement to good as all other areas of this domain were good at the previous inspection.

People were cared for by staff who were suitably qualified and knowledgeable. They were supported through regular supervision and appraisal.

Good ●

Is the service well-led?

Improvements had been made to the quality of the audits and there were clear actions plans in place.

We could not improve the rating for this key question from requires improvement. There are additional areas for improvement required under this key question. In addition, we would require a record of consistent good practice over time. We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection of Haven Lodge Care Centre on 22 February 2018.

Before the inspection, we reviewed the information we held about the service. We looked at the information we had received from the service including their action plan following the last inspection, which detailed the improvements, they intended to make.

The inspection was unannounced and undertaken by two inspectors. We inspected the service against three of the five questions we ask about services: is the service safe, effective and well led. This is because the breaches found at the last inspection were in relation to these questions.

During our focused inspection, we spoke with one relative, the registered manager, two nurses, two staff members, one healthcare professional and a local authority contracts and compliance officer. We reviewed 24 people's records in regards to their medicines. This included Medication Administration Records (MAR), Topical Medication Administration Records (TMAR), care records and medicines audits, seven care plans, audits and records relating to staff training, supervision and appraisals.

Following the inspection, we spoke with the providers' Quality Manager.



Our findings

At the last inspection of this service on 17 and 18 July 2017, we found some aspects of the service were not safe as it was not clear if people had received their prescribed creams as required due to incomplete records. People were not being supported and kept safe by sufficient numbers of staff.

At this inspection we found improvements had been made and action had been taken to comply with the regulations, however, we found during the inspection some shortfalls relating to the recording, storage and allocating of medicines.

Individual protocols for the use of 'when required' (PRN) medicines were not always available in the Medicine Administration Records (MAR). Having protocols is good practice as it directs staff as to when, how often and for how long the medicine can be used, improves monitoring of effects and reduces the risk of misuse.

Some PRN protocols had not been signed or dated, some had not been reviewed in line with the providers' policies and we found some people did not have them in place for their PRN medicines. For example, one person did not have a protocol in place for the use of Zopiclone. This meant staff would not be able to know when they were due for review or staff would not be aware when it may be appropriate to use.

There were still gaps in people's MARs where staff had not signed to confirm if medicines had been administered; therefore, staff would not know whether a medicine had been given. We found one instance, where a staff member had dropped a person's medicine, but the MAR had not been completed properly and the nurse on duty was unaware that it had happened which this meant the person might have run out of that particular medicine. We discussed this with the registered manager and they showed us the most recent weekly audit of medicines and the issues we found had not been identified.

We found medicines on Willow unit that should have been disposed of when the person no longer required them, being kept in the treatment room. From speaking with staff, there was no clear reason why this medicine had not been disposed of. We informed the registered manager and this was investigated in line with the providers policies

One person had been prescribed Warfarin, an anticoagulant. This meant that they needed regular blood tests (INR). Notes of previous blood test results were kept with the MAR sheets. It was noted that the person's last INR result was dated 31 January 2018 and stated that the next test was due on the 14 February 2018,

eight days prior to our visit. This result was not available in the person's file. The nurse we spoke with stated that the blood test had been taken. A note had been added in the nurse's communication book for the 22nd February 2018, the day of the inspection, asking for the result to be chased up and the nurse did this. This meant that the person might not have been receiving the correct dose of warfarin over that eight-day period. We asked a senior member of staff and thought that the bloods results had been forgotten. We spoke with the registered manager about this and they told us that they would investigate this.

One person on Sycamore Unit with swallowing difficulties had been prescribed thickening agent for their drinks in order to lessen the risk of choking. Their care plan indicated that the thickener was 'Nutilis Clear' to stage one consistency. Information on display on a noticeboard in the nurse's office also stated the person should have 'Stage 1 thickened fluids'. The same information was displayed in the unit kitchen area however, 'Stage 1' had been scored through with a pen and a 2 had been added. The same person had a fluid intake record chart. On this was recorded '1 - 11/2 thickener'. The name of the thickener used was not stated and there was no information as to what 1 - 11/2 meant; for example scoops or teaspoons.

We asked a member of staff which consistency they used to thicken the person's drink and they replied stage one and that they used one scoop in 200mls of fluid. These are the correct guidelines for that brand of thickener. We asked them to show us the thickener they used. They showed us a tin of 'Nutilis Clear' in a cupboard in the kitchen area, however we noted that the prescription label attached indicated that this had been prescribed for another person who had now left the home. There were no other 'Nutilis' containers in the cupboard.

The staff member then asked a senior member of staff where the person's thickener was. The staff member showed us to the medicine storage room, and went to a dressing trolley where there was a tin of Nutilis Clear, which had been opened. The name of the person it had been prescribed for had been scored out using a black marker pen and was illegible. They noticed this and then went and got an unopened tin from the store with the correct person's name on the prescription label.

We later asked another staff member how much thickener they used to thicken the person's drinks and they gave us a different answer "One and a half scoops in 160 to 180mls."

Therefore people could be at risk of choking as staff did not have access to the correct information regarding the safe use of prescribed thickening agents and had been using other people's prescribed medicines.

We discussed this with the registered manager who assured us that they would speak with the members of staff involved and ensure that the correct protocols for the use of thickener would be available for all staff and staff would only use the thickener prescribed for people.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there was now a system in place for the recording of prescribed topical medicines, such as creams and lotions. Topical medicine application recording sheets were kept in people's rooms. We saw all had been signed following application and included body charts detailing areas of application. However, one topical medicine (Cavalon) had been prescribed 'as required.', but there were no protocols available for its use. Some people had been prescribed transdermal patches. Manufacturer guidance specifies that the site of these patches should be rotated to avoid skin irritation. There were patch records in place and staff had documented on the MAR where they had applied the patches.

At our previous inspection, people, their relatives and staff told us that there was not enough staff to keep people safe. At this inspection, we found that there was sufficient staff to keep people safe. One relative said, "There's more than a good ratio of staff now here." Staff stated they felt that there were enough staff during the day to meet people's needs. One said, "Staffing is okay, especially with having the homemakers. They help with the food and drinks whilst we can get on with the care and turns." The homemakers supported care staff by engaging people in meaningful activities and providing drinks and snacks to people. We observed this throughout the inspection.

We look at staffing rotas and saw that there sufficient staff on each floor to keep people safe and provide for their needs. The registered manager told us they were still recruiting new staff and this meant that they were no longer using agency staff during the daytime and only once to cover unexpected sickness during the night.



Our findings

At the last inspection of this service on 17 and 18 July 2017, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were being cared for by staff that did not have access to up to date training, supervision or appraisals.

At this inspection, we found that improvements had been made. The provider was now meeting this regulation.

Staff we spoke with told us they welcomed the changes in the training they received. One nurse told us that they were about to start some training on swallowing and choking, and would be disseminating the information to the staff group, "I'm really excited to do that". Staff also said that the training they received helped them better support people and understand their needs. We looked at the training matrix and saw that it included a range of courses such as dementia care, nutrition and hydration and mental capacity.

Staff told us and the registered managers' spreadsheet showed they received regular supervision to discuss their work performance and training needs. Staff members' comments included, "I have supervision every two months or more if I need it" and "[Name] does my supervision." Staff told us they were well supported to carry out their caring role. Staff said they could also approach the registered manager at any time to discuss any issues. They also said they were now receiving an annual appraisal to review their progress and work performance. Staff told us communication was effective to keep them up to date with people's changing needs. We observed a handover and looked at the new detailed handover sheet. This handover sheet detailed any changes in people's needs and whether people had appointments that day.



Our findings

At the last inspection of this service on the 17 and 18 July 2017, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to internal systems not identifying that records were not always accurate and audits not always identifying shortfalls.

The provider had been sending monthly reports to the Commission regarding medicines management, care planning and governance systems. At this inspection, improvements had been made. To ensure continuous improvement the registered manager and regional manager conducted a number of audits such as; health and safety; infection control; care plans; training; dining experience and medicines. This has resulted in improvements in the quality of service, such as staff receiving regular training and supervision. The shortfalls identified at our previous inspection had in the main been addressed. However, we found during this inspection shortfalls relating to recording of medicines, protocols for the use of some medicines, failing to dispose of unused medicines and safe use of prescribed thickener.

Whilst we recognised that action was being taken to address the previous concerns; the systems and changes, which had been introduced, were still in the process of being embedded and improvements were still required with regards to the monitoring of the use of thickeners and ensuring that all paperwork in the MARs is complete and up to date. The registered manager assured us that actions were being taken and following the inspection, the quality assurance manager stated that they would be conducting an in depth audit and issues such as these should not happen again.

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

One staff member said, "There has definitely been an improvement in communication and team work; particularly in things like recording food and drinks and position changes. We've been made aware of the importance of these things."

Another staff member felt that the fact many new staff had been recruited at the same time had meant they were all given the same training and guidance, which had resulted in good team work. The staff member confirmed that the management had made them aware of the things that needed improvement, such as monitoring and recording of interventions.

Staff said of the registered manager, "She's in every day and comes around. She's very approachable. She sorted out some staffing problems at the weekends and now people are working as one team."

We observed that this positivity was reflected in the care and support, which staff provided throughout the inspection. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

Various communication systems had been introduced or strengthened. A new documented handover system was in place and daily, '10 at 10' meetings were carried out for the heads of departments where information was shared and all areas were up to date on people's current care and support needs.

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Regular staff meetings were also carried out. These systems helped improve staff awareness, communication and involvement in all aspects of the service.

Meetings for people and relatives were held. A newsletter had also been introduced. For those people who could not attend the meetings and it detailed the issues that had been raised and what had been done by the service to resolve them, for example the changes in staffing levels and the changes effecting the service. One relative said, "We have had a newsletter. We also have resident and relatives meetings." The registered manager told us that they had not actually produced a newsletter yet but the provider wrote regularly to relatives to keep them informed of any changes happening at Haven Lodge. These systems helped involve people and their representatives in the running of the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	medicines were not being managed correctly.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Audits were not picking up the omissions we were finding
Treatment of disease, disorder or injury	