

Sun Healthcare Limited

# Havenfield Lodge

## 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 well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Havenfield Lodge is a nursing home registered to provide accommodation and nursing care for up to 46 people who have a learning disability and/or physical disabilities. There is a separate flat within the home shared by three people with its own staff team. At the time of this inspection 42 people were using the service.

### People's experience of using this service and what we found

There were systems in place to recognise and respond to any allegations of abuse. Staff had received training in safeguarding vulnerable adults. Safe recruitment procedures made sure staff were of suitable character and background. There were enough staff deployed to meet people's care and support needs in a timely way. Medicines were stored safely and securely. There were effective systems in place to ensure people received their medicines as prescribed. We were assured there were effective systems in place to help prevent and reduce the spread of infections.

Staff were provided with an induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through team meetings, regular supervisions and an annual appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People enjoyed the food served at Havenfield Lodge. They were supported to eat and drink to maintain a balanced diet. People were encouraged to maintain good health and have access to health and social care services as required.

The service was well-led. Comments about the registered manager and deputy manager were positive. There were effective systems in place to monitor and improve the quality of the service provided. The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. Significant improvements had been made by the provider and registered manager since the last inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. Overall people's individual needs were met by the size, setting and design of the service. However, the service can accommodate up to 46 people and as result there were large communal areas that were not conducive to meeting the varied and complex needs of some of the people who used the service. The type and layout of the building therefore did not meet all the components of right

support, right care, right culture.

Best practice guidance for people with a learning disability recommends living alone or with a small number of other people in shared housing that has a small-scale domestic feel. The provider had tried to make the service homely, with people involved in choosing decorations and soft furnishings. There were also smaller, cosy areas available for people to use. People who preferred quiet had a bedroom away from the main hub of the home, wherever possible.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was inadequate (published 11 March 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 11 March 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 and 16 January 2020. Five breaches of legal requirements were found regarding: Safeguarding service users from abuse and improper treatment; Safe care and treatment; Staffing; Good governance; and Notifications of other incidents. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Havenfield Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Havenfield Lodge

## Detailed findings

### Background to this inspection

#### The inspection

This was a focused inspection to check whether the provider had followed their action plan and to confirm they now met legal requirements in relation to Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As well as Regulation 18 (Notifications of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

#### Inspection team

The inspection team was made up of three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Havenfield Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection to ensure we could inspect the home safely during the Coronavirus pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

#### During the inspection

We spoke with six people who lived at Havenfield Lodge and ten of their relatives about their experience of the care provided. We met with the registered manager and the training & quality assurance manager. We spoke with nine members of staff.

We looked around the building to check environmental safety and cleanliness. We looked at written records, which included five people's care records and four staff files. A variety of records relating to the management of the service were also reviewed.

#### After the inspection

We continued to review information emailed to us by the provider. This included policies and procedures, and people's care records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not have effective systems in place to safeguard people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- There were systems in place to help protect people from abuse. Staff confirmed they had received training in safeguarding vulnerable adults from abuse. They were able to tell us about different types of abuse. They were confident any concerns they reported to managers would be taken seriously.
- People told us they felt safe. One person told us, "The staff are nice, I feel safe here." Relatives agreed. Comments included, "[Relative] is safe and I feel their needs are met [at Havenfield Lodge]. It was difficult for me to meet [relative's] needs. But now I can spend quality time with [relative]" and "[Relative is] absolutely safe, I just know all the staff are so caring and they know [relative] well. [Relative] loves them all and I trust them [staff] implicitly."
- The registered manager kept a file of safeguarding concerns referred to the local authority and any action taken in response. However, there was no tracker to keep an overview of what was happening with each referral. The registered manager agreed they would introduce this.
- The provider was responsible for managing small amounts of money for people living at Havenfield Lodge. Accurate financial records were kept for each person.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to review the risks to the health and safety of all people receiving care or treatment and to do all that is reasonably practicable to mitigate any such risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety and welfare were identified and managed. Care records included up to date risk assessments relating to areas such as falls, pressure ulcers and nutrition. Staff knew what they needed to do



to manage risks. For example, we saw staff gently reminding people about using their walking aids.

- Incidents and accidents were recorded, and actions were taken to reduce the risk of them happening again. Since November 2020 incidents and accidents had been recorded electronically. Prior to this the registered manager had been analysing paper records monthly to identify any common themes and trends. The provider audits had already identified this now needed to be done electronically. The registered manager was working with the training and quality assurance manager to implement this.
- Risks to people in the event of a fire had been assessed and managed. There were regular checks of firefighting equipment. Staff took part in fire drills. Care records contained detailed, personalised evacuation plans (PEEPs) which showed what support people would need to remain safe in an emergency, such as a fire in the home.

### Staffing and recruitment

- The process of recruiting staff was safe. Staff personnel files contained enough information to help ensure people employed were of good character.
- There were enough staff employed to help keep people safe. The registered manager used the local authority care fund calculator alongside assessments of people's care and support needs to work out staffing levels. Staff rotas showed consistent staffing levels.
- Staff told us there were enough staff. One member of staff told us, "I feel there are enough staff to meet people needs safely."
- The majority of relatives we spoke with felt there were enough staff employed to help keep people safe. "There are enough staff, loads of staff, and the residents have buzzers in their rooms if they need someone" and "I have no concerns, I trust them [staff] and there are sufficient staff."

### Using medicines safely

- People's medicines were managed safely. The provider followed national guidance and had systems in place to make sure people's medicines were managed safely. For example, staff who supported people with their medicines were trained and regular checks of their practice were carried out to make sure they were following the correct procedures.
- Medicines were stored securely and disposed of safely. Regular temperature checks were undertaken of clinical rooms and fridges to ensure medicines were stored correctly.
- People told us they received their medicines as prescribed and this was confirmed by their medication administration records. A relative told us, "[Relative] receives medicines on time and they have altered the time of them to suit [relative's] needs."
- Some people were prescribed medicines on an 'as required' basis (PRN). In these cases, we saw there was clear, person-centred guidance for staff on when a PRN medicine may be required by the person.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Overall people's individual needs were met by the adaptation, design and decoration of the service. It was homely and spacious and had a range of communal spaces which were used for a variety of activities. However, there were large communal areas that were not conducive to meeting the complex needs of people who used the service. The type and layout of the building did not meet the principles of right support, right care, right culture and therefore this key question can not be rated as good.
- Since the last inspection a programme of refurbishment had been introduced. This included updating the communal toilet areas and fitting new carpets. This programme was ongoing and had experienced some delays due to working restrictions imposed as a result of the coronavirus pandemic.
- People's rooms were personalised; with wallpaper, curtains and bedding of their choosing.
- People's photographs and names were on their bedroom doors. There was clear signage of communal areas to aid orientation.
- The outside area was accessible to the people who lived at the home and inside there was a lift between the two floors.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were provided with the support they need to undertake their jobs effectively. There were records of new staff completing an induction. Staff new to the caring profession were supported to complete The Care Certificate.
- Staff received regular training. The registered manager kept a training matrix which confirmed staff received regular training and the matrix enabled them to chase staff when training was due. A member of staff told us, "Training is good. We get lots of training updates."
- Staff received ongoing support through regular supervisions and appraisals. Staff confirmed this. Staff files held records of regular supervisions and yearly appraisals taking place.

- Relatives told us they thought staff were well trained. Comments included, "They [staff] seem to be well trained, they know how to calm [relative] down and [relative] trusts them [staff]" and "We trust them [staff] to best support [relative]. They [staff] cope very well and they are trained within an inch of their lives."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. People who used the service, their relatives and other professionals were involved in the assessments to ensure they fully reflected people's needs.
- People's care records were person centred. They gave the reader a sense of what was important to the person, their likes, dislikes and routines. Care records were reviewed at regular intervals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of health and social care professionals. Staff from the local GP surgery undertook a multi-disciplinary team meeting every Monday to review people's needs. The person themselves, their relative and relevant care staff were also involved in these meetings.
- Relatives told us they were involved in discussions about their family member's care, both on a day to day basis and in the larger multi-disciplinary team meetings. A relative told us, "They [staff] do multi-disciplinary team meetings by video calls, they ask me my opinions. The [registered] manager is very open and always contacts me if anything happens."
- Any changes to a person's care and support needs were shared with staff during their daily handover meetings between shifts.

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

- People's nutritional needs were met. People were supported and encouraged to eat and drink to maintain a balanced diet. Relatives confirmed this. A relative told us, "There is a good choice of food, they know what [relative] likes, they will cater for [relative]. The food is well prepared and well served."
- People told us they enjoyed the food served. We saw the lunchtime service was a pleasant, unrushed experience. Adapted drinking cups, crockery and cutlery were used as required.
- Some people had specific dietary needs and special diets. The kitchen staff were knowledgeable about people's different needs and were able to cater for them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood their responsibilities under the MCA and they had made appropriate

applications to the local authority for DoLS authorisations. They kept an overview of all DoLS applications.

- People's care records contained consent to care documents. It was clear where people did not have capacity and would require support with making some decisions. Where people did not have capacity to consent to care we saw their relatives or advocate were consulted, as appropriate.
- Best interest meetings took place when significant decisions needed to be made. For example, where there was a need for potentially restrictive interventions, such as bed rails or lap belts.
- Care staff understood the principles of the MCA and this was part of their mandatory training.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure appropriate governance systems were in place to monitor the quality of service provision and compliance with requirements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had effective quality assurance and governance systems in place to assess the safety and quality of the service. For example, there were regular audits of medicines management and infection control. We saw any issues identified were recorded and acted upon.
- The training and quality assurance manager kept oversight of the service by regularly visiting the service and completing provider audits. We saw actions recorded as a result of these audits were followed up at the next audit.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. These were up to date and therefore reflected current legislation and good practice guidance. Paper copies were available to staff.
- Regular checks of the buildings and the equipment were carried out to keep people safe.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection the provider had failed to report all notifiable incidents to CQC. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager understood their role in terms of regulatory requirements. They were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. We checked and appropriate notifications had been submitted since the last inspection.

- Relatives confirmed the registered manager was open and honest. They told us the registered manager kept them informed of any issues and action taken. A relative told us, "I think [registered manager] is absolutely wonderful, [registered manager] goes above and beyond, [registered manager] treats the residents like their own family. I am so appreciative of [registered manager]."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they felt part of a team and enjoyed their jobs. Comments included "People get on. There is a good atmosphere. I love working here", "This is a nice, friendly place to work" and "I enjoy it [my job]. I like looking after people, it makes my day when service user's smile."
- Staff told us the registered manager had an 'open door' policy and they felt able to speak with the registered manager if they had any concerns or queries. A member of staff told us, "This is a well-managed service. The [registered] manager and deputy [manager] are both approachable."

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

- There were some systems in place to regularly ask people for their views on the service. The registered manager told us a survey had been sent out to relatives earlier in the year. Relatives confirmed they had been asked to complete a survey. The provider was currently undertaking a staff survey.
- There were regular meetings held with staff. There were records of these meetings taking place. The registered manager told us people living at Havenfield Lodge preferred a one to one meeting, rather than large group meetings. People spoken with confirmed this. Some people told us they also liked to meet amongst themselves.
- Relatives meetings had not been held as a result of the visiting restrictions imposed by the coronavirus pandemic. The registered manager had developed a private Facebook page for relatives to see what had been happening at the service. A relative told us, "They [Havenfield Lodge] have a Facebook page and it shows photos of them doing activities. The staff also tell us what they [relatives] have been doing."
- The provider also produced a monthly newsletter for staff and a quarterly residents newsletter to help keep people up to date.

Working in partnership with others

- The registered manager had worked with the local authority to implement improvements since the last inspection.
- The registered manager was part of a number of forums to share learning and best practice with other local care providers. They told us they had recently started working with Public Health England to review their guidance for care homes.