Haven Lodge Opco Limited

Haven Lodge Care Centre

Inspection report

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Overall summary

We carried out an unannounced inspection of this service on 23 and 24 February 2015. At the previous inspection we found breaches of legal requirements. The provider told us following the previous inspection what they would do to meet legal requirements in relation to the enforcement notices we served.

We undertook this focused inspection to check the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. 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

Haven Lodge is a modern, purpose built care home situated in Portishead, North Somerset. The home currently provides 98 single rooms for people living with dementia and or needing nursing care.

A registered manager was in post. 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.

At the focused inspection we found improvements had taken place but they were not consistent throughout the home. People told us their bedrooms were clean. We found the standards of cleanliness and hygiene had improved. However, we saw there were areas of the home which needed cleaning and fridge temperatures were not consistently recorded. Cleaning schedules were introduced but they did not accurately reflect the cleaning tasks undertaken.

People told us the staff were good and their care delivered by the staff was good. Relatives told us review meetings to discuss their family member's needs took place. We looked at the care plans on the first and second floor and they were variable in detail. Care plans did not have sufficient guidance for staff to consistently meet people's needs. Intervention charts for example repositioning times and food and fluid charts were not consistently completed by the staff. This meant people may not have received care and treatment that met their assessed needs.

Staff told us there was an expectation they attend training. The provider introduced an intensive programme of essential training which included moving and handling, dementia awareness and safeguarding adults from abuse. We saw members of staff using safe moving and handling techniques to support people with mobility needs. However, the training was recent and had

Summary of findings

not yet embedded. Relatives told us activities were taking place, the property was adapted for people living with dementia and staff were based in lounges to provide support and to interact with people.

A system of auditing was taking place for example care plans, supervision and medicines. We saw standards of care and treatment were assessed and action was being taken to meet standards of quality.

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?

We found that action had been taken to improve safety. However, this requires consistent good practice over time.

We found standards of cleanliness and hygiene had improved. However, cleaning schedules were not accurate and did not reflect the tasks undertaken. This meant there was a lack of monitoring. We found some areas of the property were dirty.

People told us the their bedrooms were clean and we found supplies of equipment such as hand washing soap, gloves and aprons to control the spread of infection.

This meant the provider was not fully meeting infection control standards.

Not sufficient evidence to rate

Is the service effective?

We found that action had been taken to improve the effectiveness of the service. However, this requires consistent good practice over time.

The provider introduced an intensive programme of training. Staff were attending essential training to develop their skills to meet people's needs. This training included moving and handling, dementia awareness, safeguarding adults from abuse.

Not sufficient evidence to rate

Is the service responsive?

We found that action was taken to improve the responsiveness of the service. However, this requires consistent good practice over time.

Care plans were variable in detail and did not have sufficient detail for staff to consistently meet people's changing needs. Intervention charts were not consistently completed. This meant people were not always receiving their care and treatment according to their assessed need.

People told us the staff were good and one person said "on the whole the care is good." A relative said "staff are good with people."

Not sufficient evidence to rate

Is the service well-led?

We found that action was taken to improve the standards of care for people. However, this requires consistent good practice over time .

The provider devised an action plan on how standards were to be met. Audits were in progress to ensure set standards were being met and action was being taken to meet them.

Not sufficient evidence to rate

Haven Lodge Care Centre

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Haven Lodge Care Centre on 23 and 24 February 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection of September 2014 had been made. The team inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by two inspectors. During our inspection we spoke with the provider, the registered manager, registered nurses, care staff, catering staff, housekeeping staff, district nurses, external training provider. We looked at action plans, care record, staff files, and supervision and training records.

Not sufficient evidence to rate

Is the service safe?

Our findings

At the previous inspection we took enforcement action when we found people were placed at risk from the spread of infection. We told the provider "You have not implemented effective systems to assess the risk of, and to prevent, detect and control the spread of health care associated infections. You have also failed to maintain appropriate standards of cleanliness and hygiene at the Home, both in relation to the premises occupied, and the equipment used for the purposes of carrying on the regulated activity."

This was a breach of Regulation12(of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the provider was required to comply by 01 February 2015. We were provided with an action plan following the inspection. The action plan from the provider told us how the requirements of this regulation were to be met.

At this inspection we assessed if the action plan written by the provider was effective and people were protected from the risk of the spread of infection. We found there had been improvements but they were inconsistent.

A relative told us "it's the small things. Laundry can be a problem. The food is good and the home is kept clean. "

We carried out a tour of the property and we found improvements in the cleanliness of the property. However, there were areas of the property that were dirty such as the lift doors and a number of wheelchairs were dirty. We found en-suites bedrooms had adequate provision of suitable hand washing facilities. We saw staff were using protective personal equipment appropriately for example, when providing personal care. The staff told us there were adequate supplies of gloves, aprons, and bags to transport used continence pads to sluices.

The cleaning scheduled we looked at were not correctly completed. The housekeeper told us housekeeping staff were recruited but there were inconsistencies with monitoring the cleaning schedule.

We found the recording of fridge temperatures were inconsistent in the small kitchens on the three floors. One member of staff we spoke with was not able to tell us how to read the thermometer to then record the reading. Another member of staff was not able to tell us the safe operating temperature for the fridges. The provider told us fridges and thermometer were replaced and staff had attended food safety training. It was explained ensuring staff recorded the fridge temperatures was being monitored.

The chef showed us the cleaning schedules and told us catering staff had been recruited which ensured the kitchen including equipment was kept clean. We saw the standards of cleanliness and hygiene had improved. Food Safety visits had taken place by the local council and had a three star rating had been awarded.

Not sufficient evidence to rate

Is the service effective?

Our findings

At the previous inspection we took enforcement action when we found staff were not supported to provide care and treatment to people. We told the provider "You failed to have suitable training, supervision and appraisal arrangements in place to ensure that staff were able to deliver care and treatment to service users safely and to an appropriate standard."

We notified the provider of their obligation to meet Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (the Regulated Activities Regulations 2010). The action plan from the provider following the inspection told us how the requirements of this regulation were to be met. While there were some improvements the training was not embedded in day to day practice throughout the home.

At this focused inspection we assessed if the action plan written by the provider was effective. We assessed if the staff had received the training and support needed to deliver appropriate care and treatment.

The provider introduced an extensive programme of essential training to develop staff skills for them to meet people's needs. The training matrix showed staff had attended safeguarding adults, moving and handling, infection control, dementia awareness and Mental Capacity Act training. A training provider was used to deliver training and on the day of the inspection staff were attending training in food hygiene.

Members of staff told us there was an expectation they attend training. They told us the delivery of training had improved. We observed staff use safe moving and handling techniques when they supported people with mobility needs.

One to one meetings were organised with a designated external professional who monitored staff performance and assessed their training needs.

Not sufficient evidence to rate

Is the service responsive?

Our findings

At the previous inspection we took enforcement action when we found steps were not taken to ensure people were protected against receiving care or treatment which was inappropriate or unsafe. We told the provider "You are failing to assess, plan and deliver care that meets the needs of service users who have complex behaviours, are at risk of developing pressure ulcers and who have needs relating to hydration and nutrition. Care planning and delivery does not meet the individual needs of the service users and ensure their welfare and safety."

We notified the provider of their obligation to meet Regulation 9. The action plan from the provider following the inspection told us how the requirements of this regulation were to be met. However, the improvements we found were not consistent on all floors.

At this focused inspection we checked if the action plan written by the provider was effective. We looked at the way staff delivered care and treatment to people.

People's level of dependency was assessed including the potential of them developing malnutrition and skin damage. Risks assessments were developed for people at risk of falls and for people with moving and handling and continence needs. Care plans were developed from the assessments to provide guidance to staff on how to meet the identified needs. We found care plans were variable in detail and did not give staff enough direction on how to meet people's needs. Intervention charts did not tell staff the frequency for repositioning people and the recommended fluid intake. We saw the weight of people at risk of malnutrition was not recorded according to the care plan.

One person told us "on the whole the care is good. There was a review meeting a while ago. I was reassessed for a chair." A relative told us activities are taking place. They said "I have no concerns about the care and treatment provided." The registered nurse on the first floor told us there was an audit of care plans to ensure the required information was included. On the first floor we were shown "this is me" booklets which told staff about people's background histories, the things that were important to the person including their likes and dislikes.

We saw the home was being adapted to provide a stimulating environment, which gave the home the appearance of a domestic dwelling. A relative knew the purpose of adapting the property. They told us it was to provide a more homely environment. We saw the staff were based in lounges and were available to support and interact with people. Staff engaged in actives with people and we saw on the second floor the activities coordinator had organised a quiz.

During the inspection we observed the lunchtime meals on the first floor. The mealtime was less disorganised. Meals were served by catering staff allowing care staff to support people with eating. We heard staff use a gentle approach, they touched the person to gain their attention and offered advice about the importance of eating the meals.

Not sufficient evidence to rate

Is the service well-led?

Our findings

At the previous inspection we took enforcement action when we found that the provider did not have appropriate systems for gathering, recording and evaluating information about the quality and safety of care people received. We told the provider "You were not protecting service users, and others who may be at risk, against risk of inappropriate or unsafe care and treatment as you did not have effective operation of systems to regularly assess and monitor the service provided. You did not identify and assess all risks and where you did, you failed to effectively manage risks and take action relating to health, safety and welfare of service users and others failing."

We notified the provider of their obligation to meet Regulation 10. The action plan from the provider following the inspection told us how the requirements of this regulation were to be met.

At this focused inspection we checked if the action plan written by the provider was effective. We looked at the systems in place for assessing the standards of quality and safety.

A relative told us meetings had taken place on each floor. We were told in future relatives meetings were to take place on each floor and not for the whole home. This gave them better opportunities to discuss issues relevant to their family member. For example, the care people with dementia or nursing care issues. The minutes of the meeting showed information about our recent inspection visit was shared with relatives.

Members of staff told us there had some improvements with the management of the home. We were told the provider visited the home to assess the quality of the service.

A system of audits were introduced to measure the quality of the service and where the standards were not fully met action was taken. Care plans and medicine audits had taken place. Staff were receiving training to develop their skills and meet people's changing needs. Their performance was being monitored through one to one meetings. Registered nurses were aware of the people with high dependency needs for example, high risk of developing pressure ulcers, malnutrition or were cared for in bed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 (RA) Regulations 2014 Person-centred care **Care and treatment was not planned and delivered in a way that ensured people's safety and welfare.**

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not cared for in a clean, hygienic environment. People were not protected from the risk of infection because appropriate guidance had not been followed.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider did not have a system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others**