Haughcare Limited

# Haughgate House Nursing Home

**Inspection report**

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## Ratings

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

## Overall summary

Haughgate House provides accommodation and personal care for up to 30 older people who require 24 hour support and care. Some people are living with dementia.

There were 29 people living in the service when we carried out an unannounced inspection on 13 May 2015.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Improvements were needed to ensure people were consistently supported by sufficient numbers of staff with the knowledge and skills to meet their needs.

# Summary of findings

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake appropriate referrals had been made for specialist advice and support. However, improvements were needed in people's mealtime experience.

People were encouraged to attend appointments with other healthcare professionals to maintain their health and well-being. People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon. However this wasn't consistently reflected in their records.

Improvements were needed to ensure people's wellbeing and social needs were met. People who were more dependent including those living with dementia and/or who chose to remain in their bedrooms had limited interactions and meaningful engagement and were at risk of isolation.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals. Systems were in place to monitor the quality and safety of the service provided. However improvements were needed to drive the service forward.

Procedures and processes were in place which safeguarded people from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. Appropriate recruitment checks on staff were carried out.

People received care that was personalised to them and met their needs and wishes. The atmosphere in the service was friendly and welcoming. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

Staff listened to people and acted on what they said. Staff understood how to minimise risks and provide people with safe care. Appropriate arrangements were in place to provide people with their medicines safely.

People voiced their opinions and had their care needs provided for in the way they wanted. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. The service was up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were protected.

There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities.

# 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?**

Requires Improvement

The service was not consistently safe.

Staffing level arrangements were not consistent to ensure there were sufficient staff to meet people's care and welfare needs.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

People were provided with their medicines when they needed them and in a safe manner.

**Is the service effective?**

Requires Improvement

The service was not consistently effective.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. Improvements were needed in people's mealtime experience.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

**Is the service caring?**

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

**Is the service responsive?**

Requires Improvement

The service was not consistently responsive.

Improvements were needed to ensure people's wellbeing and social needs were met. People who were more dependent including those living with dementia and/or who chose to remain in their bedrooms had limited interactions and meaningful engagement and were at risk of isolation.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon. However this wasn't consistently reflected in their records.

People's complaints were investigated, responded to and used to improve the quality of the service.

# Summary of findings

**Is the service well-led?**

The service was not consistently well-led.

The service's quality assurance systems were not robust enough to identify shortfalls and take effective action. Further improvements were required to ensure the quality of the service continued to improve.

People were asked for their views about the service.

There was an open and transparent culture at the service. The management team were approachable and a visible presence in the service.

Staff were encouraged and supported by the manager and were clear on their roles and responsibilities.

**Requires Improvement**

# Haughgate House Nursing Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 May 2015 and was unannounced.

The inspection team consisted of one inspector and a specialist advisor who had knowledge and experience in nursing and dementia care.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 10 people who used the service and eight people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to six people's care. We spoke with the registered manager, the provider and nine members of staff, including care, nursing and domestic staff. We also spoke with a visiting professional. We looked at records relating to the management of the service, three staff recruitment and training files, and systems for monitoring the quality of the service provided.

Requires Improvement

# Is the service safe?

## Our findings

Improvements were needed with the staffing arrangements in the service. We found that the delegation and organisation of staff did not always mean people received the support they needed consistently and in a timely way, for example people in the lounge were left alone for long periods of time with no interaction whilst care staff were answering call bells or writing up care records. Some staff interactions at times were task orientated and staff appeared hurried and rushed to get things done. The lunch time meal in the dining room was not well managed; some people who required assistance were not appropriately supported; having to wait at times until there were enough staff available to provide assistance.

The manager told us they would review and monitor the systems in place to provide sufficient numbers of staff with the right skills and competencies to meet people's care and welfare needs. Following our inspection the manager updated us on actions taken to address the staffing shortfalls, this included recruitment of additional staff including a senior care worker to strengthen the leadership during shifts. These improvements will need to be sustained to ensure people are consistently supported by sufficient numbers of staff with the knowledge and skills to meet all their needs.

People told us that they were safe living in the service. One person said, "It is wonderful here; love it. Have nothing to worry about or to trouble me. All taken care of. Am totally safe. Only regret I should have moved here sooner." Several people told us that having their belongings with them in their bedrooms had added to their sense of wellbeing and feeling secure. One person said, "It is the next best thing to being at home. I have all my pictures and [personal] items from my flat here and this has helped me settle. I feel much safer here and happier knowing I only have to press my button [call bell] if I need help."

Staff had received training in safeguarding adults from abuse. Staff understood the provider's policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They were able to explain various types of abuse and knew how to report concerns. Staff also had an understanding of whistleblowing and told us that they would have no hesitation in reporting bad practice.

People had individual risk assessments which covered areas such as nutrition and moving and handling with clear instructions for staff on how to keep people safe. Outcomes of risk monitoring informed the care planning arrangements, for example sustained weight loss prompted onward referrals to dietetics services. We saw that people were being supported to move in a safe manner which was in line with their risk assessments.

Equipment, such as hoists had been serviced so they were fit for purpose and safe to use. The environment was free from obstacles which could cause a risk to people as they moved around the service. Records showed that fire safety checks and fire drills were regularly undertaken to reduce the risks to people if there was fire. Information including guidance and signage were visible in the service to tell people, visitors and staff of the evacuation process in the event of a fire.

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the manager or provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

People received their medication as prescribed and intended. One person said, "I get my pills everyday on time without fail." Medicines were stored safely for the protection of people who used the service. We observed a member of staff appropriately administering medicines to people. They dispensed the medicines and explained to people before giving them their medicines what they were taking and were supportive and encouraging when needed. Medicines were provided to people as prescribed, for example with food. There was a homely remedy policy in place. This allowed the dispensing of over the counter medications. The use of homely remedy policy enables the nursing staff to treat minor complaints promptly without waiting for a GP prescription. The supporting policy and documentation was clear and the records showed appropriate use of the medicines to meet people's needs.

During our inspection we spoke with a visiting health professional who confirmed that staff followed prescribed treatment plans and made appropriate referrals when required.

# Is the service effective?

## Our findings

We found inconsistencies in people's meal experience at lunch time. For people who had their meals in their bedrooms these were prepared, plated and served at the right temperature. The system of designated staff as 'runners' and 'assisters' was well co-ordinated. Runners moved between rooms delivering meals, clearing plates and ensuring people had everything they needed. Staff who were assisters provided support to people who required help with their meal. This was done sensitivity and respectfully. However, for people eating in the dining room the system in place was at times disorganised. Initially there were not enough staff to provide the support required. We saw instances where people were provided with food but they only engaged in eating their meal when staff sat with them and encouraged them to eat. Once staff walked away to assist somebody else or to undertake a task, people became disengaged in the activity and stopped eating. We noted that two people did not eat unless prompted and without the encouragement by staff ate very little. Another person who required assistance did not eat at the same time as everyone else in the room as they had to wait till there was an available member of staff to support them. Improvements were needed to ensure people who require assistance to eat or drink were effectively supported.

Those people that were able to tell us about their experience were complimentary about the food and told us they had plenty to eat and drink. One person said "[The] food is top notch. High standard and delicious." Another person told us, "The food is good, I'm very happy, there's always plenty of it." People told us their personal preferences were taken into account and there was a choice of options at meal times. One person said, "The food is very good. You get plenty of choice; hot and cold meals and you can always request something else if you want a lighter bite. I would recommend the omelettes here."

Staff were aware of risks to people's wellbeing in terms of their nutritional health, for example, where people were identified as at risk of choking, staff used prescribed thickeners for liquids to support them to drink safely.

People were supported by staff that received training and support to deliver care to them effectively. Staff told us they were provided with the training they needed to meet people's needs. This included refresher updates and specific training to meet people's individual needs. This included supporting people with their diabetes and people living with dementia. People had different levels of dependency for staff to help and support them and the training they had reflected this. We saw the activities coordinator supporting one person with their mobility care plan by assisting them to walk around the service at specific times during the day. Throughout they prompted and encouraged the person and provided reassurance when needed.

Staff told us they felt supported and were provided with opportunities to talk through any issues and learn about best practice, in regular team meetings and supervisions with their manager. Through discussion and shared experiences they were supported with their on-going learning and development. A member of staff told us how helpful they found their supervisions as it gave them a chance to discuss the people they cared for. They described how well the key worker system (designated staff to support people) worked. Explaining how the family of one person they supported had changed their visiting routine to match their shifts so they could have ongoing dialogue about the person's needs and welfare.

Staff had an awareness of how to support people with dementia and how it impacted on people in different ways. We saw this in how they adapted their approach to different people including how they communicated; taking their time to speak and waiting for the person to respond.

People told us that the staff sought their consent and acted in accordance with their wishes. One person said that the staff were "Ever so accommodating and ask me always what I need before they start." We observed that staff asked people if and how they could be supported. This included a member of staff repositioning a person in bed. The member of staff asked how best they could help and followed the person's instructions. They checked the person was pain free and continued to adjust the person until they were comfortable. This showed us that people's consent was sought and assistance was not provided until the person had agreed to it.

Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to this. The Deprivation of Liberty Safeguards (DoLS) were being correctly followed, with staff completing referrals to the local authority in accordance with new guidance to

# Is the service effective?

ensure that any restrictions on people, for their safety, were lawful. Staff recognised potential restrictions in practice and that these were appropriately managed. For example, staff understood that they needed to respect people's decisions if they had the capacity to make those decisions.

Where people did not have the capacity to consent to care and treatment an assessment had been carried out to ensure that decisions were only made in their best interests. People's relatives, health and social care professionals and staff had been involved and this was recorded in their care plans.

People said that their health needs were met and they had access to healthcare services and ongoing support where required. One person said that there were regular visits from the GP and that staff made sure they attended their healthcare appointments, "I see the doctor often and go to the hospital now and again. I have seen the optician and chiropodist since I have been here. All of that is well taken care of." During our inspection we spoke to a visiting healthcare professional. They praised the nursing staff describing them as 'superb' and found them skilled at monitoring and assessing people's needs.

Records showed routine observations such as weight monitoring were effectively used to identify the need for specialist input. Documentation showed that staff worked closely when required with specialists such as dieticians in relation to swallowing needs and people identified underweight on admission to the service and outcomes were used to inform care planning.

Good

# Is the service caring?

## Our findings

People told us that the staff were caring and treated them with respect. One person said, "The staff are very sweet and kind. Haven't a bad word to say about any of them". Another person commented about the staff, "They work so hard and are kind and considerate." A relative told us, "You hear terrible things on the news but I have never had any doubts about my [family member] being well looked after here."

The atmosphere within the service was friendly, relaxed and calm. One relative told us they spent a lot of time in the service visiting. They said the openness of the staff had made them confident that (person) was safe and well cared for. They described the staff to be 'fantastic', 'welcoming' and 'caring'.

We observed the staff and people together. Staff talked about people in an affectionate and compassionate manner. We saw that the staff treated people in a caring and respectful manner; making eye contact and listening to what people said and responding accordingly. People were at ease with each other and the staff showed genuine interest in people's lives and knew them well, their preferred routines, likes and dislikes.

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff took time to explain different options to people around daily living and supported them to make decisions such as what they wanted to eat and drink and where they wanted to spend their time. Staff listened and acted on what they said. Two relatives told us they were kept, "Very well informed," about the daily routines and wellbeing of people.

We saw that staff adapted their communication for the needs of people living with dementia. Staff used a variety of techniques to engage with people; through appropriate use of language and also through non-verbal communication such as using reassuring touch to encourage or show understanding and compassion. Staff referred to people by their preferred names including nicknames where appropriate.

We found that people and their relatives were involved in shared decision making about their care arrangements. This included a suggestion for a person identified as a high risk of falls to be moved to a room nearer the nurse's station. Following discussions with the family it was agreed not to make the change as it may be unsettling for the person. Instead alternative strategies were adopted to meet the person's needs such as encouraging the person to spend more time in communal areas where they could be closely monitored.

People's privacy, dignity and choices were respected. This included staff knocking on bedroom and bathroom doors before entering and ensuring bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

Requires Improvement

# Is the service responsive?

## Our findings

Improvements were needed to ensure people who were more dependent including those living with dementia consistently had their social and cognitive needs met. People who remained in their rooms or were cared for in bed received little social attention and were at risk of isolation as staff interactions were task focused.

There was one activity co-ordinator on shift responsible for providing activities and engagement for all 29 people and whilst we observed that there were some areas of good practice with regards to activities and social stimulation in the service we found inconsistences. This included several instances where some people were left for long periods of time with little or no stimulation. This was because staff were busy supporting people with their task based needs, including personal care or mobilising. The manager assured us they would look into this and address our concerns.

We observed staff delivering care and support to people in line with their care plans which was responsive to their needs.

There were some inconsistencies in people's daily records. Several seen were task focused and generic. Some record entries used language which did not value people such as 'bed bound' instead of 'nursed in bed' or 'remains in bed'. The manager explained how they were developing this area introducing a new format to enable staff to record their observations and comments about people's personalised care and wellbeing. Additional support for staff including training and internal communications had been planned and would address the shortfalls we found.

There were also discrepancies in people's care records not being updated following changes in need or treatment, for example one person with complex mobility needs had been reassessed and advised not to use a Zimmer frame as it posed a greater risk of falls but their records did not reflect the change. Another person receiving end of life care was at risk of not having their wishes adhered to as their preference for end of life care had changed since their admission to the service. Their records reflected several changes to where they wanted to be cared for. This included the hospital, hospice and care home. These entries were undated so it was not clear which decision was current. We spoke to their family who told us that a new decision had been made for their relative to remain in the care home in accordance to their wishes; however the care plan had no record of this change. The manager told us they would address this.

The majority of care plans contained information about people's likes, needs and preferences. This included details about what they liked to wear, how they liked to be approached and addressed. Information about people's life history and previous skills and abilities were used to inform the care planning process. This included planning activities which interested and stimulated them.

People told us that they received personalised care which was responsive to their needs. One person said, "This is my home and so I come and go as I please and when I want help I get it. They (staff) are very sweet; you don't have to wait too long if you press your alarm. [Staff are] quick to come and help. Relatives told us they were happy with the standard of care and it met their family member's individual needs. One relative said, "My [family member] has settled in really well. I attribute that to the care provided. The staff are close by if you need them and very attentive." We saw that call bells and requests for assistance were answered in a timely manner.

Staff talked with us about people's specific needs such as their individual likes and dislikes and demonstrated an understanding about meeting people's diverse needs, such as those living with dementia. This included how people communicated, mobilised and their spiritual needs. They knew what was important to the individual people they cared for. This was reflected in their care records.

People and their relatives told us that they knew who to speak with if they needed to make a complaint but had not done so as any concerns were usually addressed by a member of staff. One person's relative told us how they had reported a concern to the management team about the lack of weekend activities. They said, "I had to mention it as not everyone has visitors and you wonder how they spend their time. As there doesn't seem to be much on unless there is a special event or occasion planned." They told us that their concern was being looked into and they felt they had been listened to and staff had acted appropriately.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. People were asked if they had any concerns and were reminded about the complaints

Requires Improvement

# Is the service responsive?

procedure in meetings which were attended by the people who used the service. Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising issues. Compliments, comments, concerns and complaints were documented, acted upon and were used to improve the service.

Requires Improvement

# Is the service well-led?

## Our findings

Staff understood the importance of reporting accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant professionals where required. Staff were aware of the provider's whistleblowing policy which meant they knew how to report any concerns to managers and agencies outside of the service and organisation. However improvements were needed in the recording of incidents. Records seen were not filed in date order making it difficult to track and identify patterns to related incidents. Some records did not record the date accurately; others had dates and signatures missing. Not all entries included outcomes and actions taken to prevent further incident. The manager told us they would address these inconsistencies.

During our inspection we noted there were some areas where changes could have been made to improve the quality of the service provided and experience for people using the service. The management team had not picked these up through their internal monitoring systems. Whilst the manager assured us these would be addressed immediately, improvements were needed to ensure that shortfalls were identified independently; swift action taken with outcomes supporting ongoing learning and sustained improvements. This included ensuring that there were sufficient numbers of staff to consistently meet people's care and welfare needs.

There were quality assurance processes in place, but these needed to be further developed to reflect how things could be done differently and improved, including what the impact would be to people. Improvements were needed to ensure swift effective action is taken when shortfalls are identified. For example, medication audits and incident records had identified 17 medication errors during a six month period. Records highlighted several contributing factors such as a new style of blister pack that did not allow for easy checking when dispensed, insufficient time and distractions for staff. Corrective measures were discussed in February 2015, this including protected time, extra checks and changing the medication administrations system.

However further errors continued into April 2015. These were rectified once the new system was introduced in May 2015. Since then no further medication errors have been recorded.

It was clear from our observations and discussions that people, their relatives and staff were comfortable and at ease with the manager, senior team and the provider. Staff told us they valued the accessibility of having the provider on site as this made reporting issues easy.

People told us they felt valued, respected and included because the manager and staff were approachable and listened to and valued their opinions. Relatives said the management team were a visible presence and accessible to them. They said that they were provided with the opportunity to attend meetings and considered it relevant because their feedback was acted on which improved things, such as the quality of food, environment and laundry arrangements. Meeting minutes showed that people were encouraged to share their views. One relative said, "I find the manager is very accommodating and always has an open door. Anytime I have wanted to speak to them or the staff I have found them to be very supportive and agreeable."

People, relatives and visitors told us they had expressed their views about the service through regular meetings and through individual reviews of their care. A satisfaction survey also provided people with an opportunity to comment on the way the service was run. Action plans to address issues raised were in place and either completed or in progress.

Staff were clear on their roles and responsibilities. People received care from staff who had the knowledge and skills they needed. Staff told us they felt supported by the management team and could go and talk to them if they had concerns. Staff meetings were held regularly, providing staff with an opportunity for feedback and discussion. Staff told us that changes to people's needs were discussed at the meetings, as well as any issues that had arisen and what actions had been taken. They said that the meetings promoted shared learning and accountability within the staff team.

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<br><br>Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>**Staffing arrangements were not consistent to ensure there was sufficient numbers staff to meet people's care and welfare needs.**<br><br>Regulation 18 (1) |