Blue Mar Limited

Haunton Hall

Inspection report

Haunton Hall
Haunton
Tamworth
Staffordshire
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Tel: 01827373631

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15 November 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15 November 2017 and was unannounced. Haunton Hall is a care home that provides accommodation with personal and nursing care and is registered to accommodate 90 people. Some areas of the home are unused and awaiting refurbishment; at the time of this inspection accommodation was available for up to 47 people and 46 people were using the service. Haunton Hall accommodates people in one building across four separate units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia; two units provide nursing care and there is residential accommodation. The home is in a rural location and there are extensive grounds and garden areas. There is no public transport to the village of Haunton.

The service had a registered manager 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 2008 and associated Regulations about how the service is run.

When we completed our previous inspection on 4 January 2017 we found concerns relating to how people received medicines that were on an 'as required' basis. This was because there was no information available to ensure all staff knew when these were needed. Prompt action was not always taken to ensure medicines were administered in a form that people could take. Capacity assessments had not always been completed where needed and it had not always been identified that some people were subject to restrictions. The fire safety systems also needed further improvements and evidence that action had been taken was not available. The provider was rated as requires improvement overall. At this inspection we found improvements had been made, however further improvements are needed to recognise where applications to lawfully restrict people's liberty need to be made.

On this inspection we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to make decisions about their care and staff knew how to respond if people no longer had capacity to make some specific decisions. However, where people were assessed as having capacity, authorisations to deprive them of their liberty had been applied for. Restrictions on liberty can only apply where people lack capacity to make certain decisions. We have made a recommendation about staff training on this subject.

Medicines were now managed to ensure people were protected from the risks associated to them. The number of staff on duty had been reviewed to enable people to receive support when they needed this. Recruitment procedures were in place to check that staff were suitable to work with people.

Risks to people were managed in a safe way and staff knew how to recognise and report potential abuse. Safeguarding procedures were in place and where concerns were identified these had been reported to ensure people's safety. Accidents were reviewed and improvements were made to prevent further incidents and keep people safe. Infection control procedures were in place and the home was clean.

People felt the staff had the right skills to provide the care they wanted. People had access to health professionals and where advice was given, this was followed. People enjoyed the food and were offered a choice of what to eat and drink. Adapted cutlery and crockery was provided to support people to retain their independence. There were large pictorial signs in the home to help people to recognise different areas and rooms. The communal areas enabled people to have a choice of where to sit and there were hand rails fitted in corridors.

Staff knew people well and people were happy with the care they received. People's privacy and dignity was promoted and they were treated in a caring way. People were encouraged to make choices about their day and remain independent.

People had care records that included information about how they wanted to be supported and this was reviewed to reflect any changing needs. The registered manager had considered people's diverse needs when they planned to move into the home. Where people were living with dementia they had been supported to make choices and different methods of communication had been explored to help people tell the staff how they felt. People were offered the opportunity to participate in activities and pastimes they enjoyed.

Quality assurance systems were in place to identify where improvements could be made and the provider worked with other organisations to share idea; to develop the service and used feedback from people and relatives to bring about changes. The registered manager understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home. The provider was displaying their previous rating in line with our requirements.

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.

There were sufficient staff working in the service and people felt safe when they received care. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. People received their medicines as prescribed and systems were in place to recruit staff that were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported to make decisions for themselves and helped to make best interest decisions were made where they lacked capacity. Where restrictions had been identified, applications to make these lawful had been submitted; however, these applications had also been made for people who had capacity. Staff knew how to support people and ensured that their health and wellbeing was maintained. People were involved in ensuring that they had their nutritional needs met.

Is the service caring?

Good

The service was caring.

People received support from staff that were kind and caring. Staff knew how people wanted to be supported and provided care in line with their preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care; their views were listened to and acted upon.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in activities that interested them. Information was available to ensure people received personalised care and support; this was reviewed to reflect their current support needs. People knew how to raise concerns and

complaints.

Is the service well-led?

Good

The service was well-led.

Systems were in place to assess and monitor the quality of care and to identify where improvements could be made. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. The quality of service people received was regularly monitored through feedback from people. The future of the home was reviewed to ensure quality could be improved and the service could be sustained.

Haunton Hall

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.

Following the last inspection on 4 January 2017, we asked the provider to complete an action plan by 25 February 2017 to show what they would do and by when to improve the key questions safe, effective and well led to at least good. When we completed our previous inspection we found concerns relating to how people received medicines that were on an 'as required' basis. This was because there was no information available to ensure all staff knew when these were needed. Prompt action was not always taken to ensure medicines were administered in a form that people could take. Capacity assessments had not always been completed where needed and it had not always been identified that some people were subject to restrictions. The fire safety systems also needed further improvements and evidence that action had been taken was not available. The provider was rated as Requires Improvement overall.

Haunton Hall is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Haunton Hall accommodates 47 people across four separate units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia; two units provide nursing care and there is residential accommodation. The home is in a rural location and there are extensive grounds and garden areas. There is no public transport to the village of Haunton.

This inspection visit took place on the 15 November 2017 and was unannounced. The inspection visit was carried out by two 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.

The provider completed a Provider Information Return as part of the Provider Information Collection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information

we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We reviewed the quality monitoring report that the local authority had sent to us. All this information was used to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with 12 people who used the service and six relatives. We also spoke with 13 members of care staff, a nurse and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for eleven people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks, medicine records, applications to deprive people of their liberty and staff files.

Good

Is the service safe?

Our findings

On our last inspection visit we identified concerns with the level of staffing, as there was little flexibility to cover for emergencies and when staff took their breaks. This constituted a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made. An additional member of staff had been introduced and was on duty to provide cover when staff had their breaks. This meant that there was always two staff available in each living area within the home. The member of staff was also available to provide support if there were any emergencies.

People felt the staff were available to provide support when they needed this. One person told us, "The staff are always popping in and there's always someone around." We spent time in communal areas and saw that the level of staffing allowed them to care for people safely and to spend time chatting and engaging with them. Staff had time to carry out their duties and people told us that if they ever had needed to call them, they responded quickly. Pendants were available for people to wear in communal areas, which could be used to call for assistance. The registered manager told us, "To make sure people can summon help if they need it, they can wear a pendant." They also explained, "Where people like to spend time in their room and walk independently, we have had this new system installed in their bedroom so they don't have to worry about not being able to reach their alarms." We saw people use these when in the lounge area and one person had put one in their pocket. They told us, "I think this is a good idea. If I need the staff, I can call them from wherever I am. That has to be a good thing."

The staff felt the rotas were better organised and having additional staff meant they could have breaks throughout the day without worrying. One member of staff told us, "It's much better now. We all used to be rushing back as it wasn't fair that staff were on their own and we would always be around in case we were needed. Now we can have a break and that means we aren't so tired and can do our job better."

On our last inspection visit we found that improvements were needed with how people's medicines were managed as there had been a delay in starting a prescribed medicine. Where people needed medicines on an 'as required basis' medicine plans weren't written to ensure that staff had guidance to follow about when to administer these and the amount to give. On this inspection we found improvements had been made.

People received their medicines as prescribed and were given time to take these and staff explained what they were for. One person told us, "I don't have to worry about taking my tablets now. The staff sort all that out for me and if I need some more, I just need to ask." People's medicines were reviewed to ensure medicines were still suitable and safe for current needs. Staff were knowledgeable about the medicines and any associated risks. For example, they told us about pain relief medicines and how these were managed to make sure people received effective pain relief whenever needed. Medicines were dispensed by a registered nurse in the nursing unit and trained care staff in the other two units. Photographs were included on the medication administration record and we saw the records were correctly completed; including the recording the different codes, for example, when people refused their medicine. A fridge was provided to store certain medicines and this was monitored to ensure they were kept at a suitable temperature.

People were protected from harm as staff understood how to recognise abuse and how to act if they were concerned. The staff were able to describe different types of abuse and the correct action they would take to protect people if they observed an incident of abuse or became aware of an allegation. One member of staff told us, "We are all very clear about our responsibilities with safeguarding to make sure people are well looked after and safe. Any concerns are reported to the manager straight away." Where concerns had been identified the registered manager had reported this to the safeguarding team and liaised with them to ensure this was investigated and people were protected from further potential harm.

Accident and incidents were reviewed to assess whether there were any trends which could point to a preventable cause. The registered manager recognised any errors and reflected on situations to make on-going improvements. For example, as a result of one incident, we saw that seating had been changed within the entrance hall as this had been unsuitable for people to sit safely and in comfort.

Staff had a good understanding of people's needs, including any individual risks and knew how to provide care and support to reduce the risk of harm. The staff recognised how people's behaviour may change when they became anxious and one member of staff told us, "Some people are living with dementia and this can affect what they do. We work together so we can help people so they don't come to any harm. This doesn't mean we stop people doing what they want to do. I like to think that we recognise where people are becoming upset and we work together so nobody gets hurt." We saw staff spoke with people in a reassuring manner, and where people were upset, the staff sat with them, talking with them, resulting in people becoming calmer; we saw people became relaxed when talking about subjects that interested them. The care records contained risk assessments that were proportionate and included information for staff on how to reduce identified risks while avoiding undue restriction.

Some people were at risk of developing sore skin, and we saw that their support was provided according to the recommendations made to reduce this risk. People were regularly repositioned, their skin was checked frequently, and referrals were made to the necessary professionals when needed. We saw that when people needed to use a specialist mattress or cushions these were in place and maintained at the correct setting. Where people had mobility aids, these were placed in reach of people and we saw, people were able to move around the home unrestricted.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

A review of the environment was carried out and this included ensuring it was clean and that there were no obstructions to people wishing to move about the building. Care staff and domestic staff were responsible for ensuring that all areas of the home were clean and had received training to maintain infection control standards. One member of staff told us, "We learnt about checking mattresses and opening up the covers to make sure everything was alright. We've now done a full mattress audit and check this each month." We saw each area of the home had colour coded equipment to reduce the risk of cross infection. People were happy with the standard of cleanliness and one relative told us, "One of the first things I noticed was that the home didn't smell when we visited here." Staff wore protective equipment and hand gel was available around the home. One member of staff told us, "We are very careful about making sure we wash our hands. We have some poorly people here and we have to do what we can to stop any infections spreading." We also saw people were supported to wash their hands before meals and where this was difficult for people, they were provided with hand wipes before eating.

Requires Improvement

Is the service effective?

Our findings

On our last inspection visit we identified concerns with how people could make decisions when they no longer had capacity and improvements were needed. On this inspection we found some improvements had been made, however further improvements were needed to recognise where applications are required to restrict people of their liberty.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. 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 were being met.

Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements had been applied for. However, we saw where people had been assessed as having capacity; an application had been made to deprive them of their liberty. The manager explained this had been completed as the dementia unit had a door which needed a code to exit. The staff had received training for MCA and recognised that people were able to make decisions about their own safety where they had capacity; however the necessary staff had not recognised that that DoLS applications would only apply where people lacked capacity. This meant unnecessary restrictions may be placed on people.

We recommend that the provider seek guidance and support in relation to MCA and making applications to deprive people of their liberty.

People's consent was sought before giving assistance and staff waited for a response. When people declined, staff were respectful and returned to try again later if necessary. We saw where people lacked capacity to make decisions; a capacity assessment had been completed and recorded how this decision had been reached. For example, the capacity assessment explored whether people understood the equipment needed to help them use or to be safe. Where it is was noted that people lacked capacity, there was information about people's past wishes and beliefs to demonstrate why that decision had been reached in their best interests.

The home was a listed building and there were large rooms and corridors with handrails which supported safe movement. Information to support people living with dementia, such as the day and date and the food choices were on display. People were able to personalise their rooms and had their own belongings and items of interest nearby. To support people living with dementia, there were large pictorial signs and the bedroom doors included a photograph and personal items around the door frame to help them be familiar

with their home and orientate them. One member of staff told us, "Where possible we put a picture of people when they were younger. It's important to recognise how they see themselves as often they do not see themselves as being older." The dementia unit had been refurbished and an ornamental fire place had been fitted. One member of staff told us, "It's much more homely in here now. It's lovely having the fire as its real focal point, and the new larger windows and doors have made everything much brighter for people."

People felt they were supported and cared for by staff who knew them well and knew how to provide their care. Staff were clear about their role and responsibilities and demonstrated they understood how to provide effective care and support. Staff had received training to support people who were living with dementia and where people had specific health conditions, further training and guidance was available. One member of staff told us, "The care records are much better now and there is information for us to refer to if we don't understand anything. So we only have to go to the care file and read all about it." Another member of staff told us, "The training and support is really good. If we don't understand anything then we get more support. Sometimes this is just about having time with the nurses so they can explain everything and sometimes we all go on the training together so we all know what we should be doing."

Staff received supervision and support in their role which focused on recognition of good practice and areas for development. Appraisals were completed where staff were encouraged to review their performance over the year and to commit to develop their practice to improve people's quality of care. New staff completed the care certificate as part of their induction. The care certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. Staff told us that during their induction they were supported to develop a good understanding of each individual's care needs and the philosophy of the home.

Good

Is the service caring?

Our findings

People received respectful care from staff who were kind and caring. One person told us, "There's not one member of staff who's spoken to me out of turn. They have good staff, very trust worthy. The management is very good as well." The staff were respectful in their interactions with people and any visitors. One relative said, "We are always made to feel welcome and the staff take time to ask how we are too." People were asked what they wanted to do and whether they would like to join in with any activity. One person told us, "It's nice when you can have a laugh with someone." Staff explained what they were doing when providing any care. We saw that staff visited people who spent most of their time in their bedrooms to ensure that they were comfortable, to offer drinks or snacks or carry out personal care activities.

The staff were patient with people when they provided support and we saw them speaking and engaging with people in a positive way. People had opportunities to speak with staff about things they were interested in. One person told us, "The staff are like my family. It's good to talk and I like listening to them telling me what they've done too." We saw staff sat with people talking and waiting for them to respond, providing touch and eye contact as a way of communicating with people who were unable to communicate verbally.

Staff recognised the value people placed on their personal possessions and offered them their handbags and placed these in reach so people could access them. Some people held soft toys and they spoke and interacted with them; this is known as 'cuddle therapy'. Cuddle therapy may bring back memories of early parenthood and caring for a doll or soft toy can play a major part in some people's life. The staff understood the value of this therapy and one member of staff told us, "We have the 'empathy doll' that people often use and enjoy looking after. We have found that if it is around all the time, it gets ignored but if we offer it to people when they are anxious or upset. They get a lot from this and start to look after it and they become less anxious."

Staff had registered to become dignity champions and some staff had trained to become a care ambassador. One member of staff told us, "Being an ambassador means not being afraid to speak out and to set an example to other staff about how care should be provided. When we do any care, we should ask ourselves 'Is this person centred?'" Each unit had a 'Dignity-tree' displayed and was decorated with leaves which recorded what dignity meant to people. We saw this included; 'Zero tolerance to all forms of abuse.' 'Support people with the same respect you would want for yourself or a member of your family.' 'Listen and support people to express their needs.' And 'Respect people's right to privacy.' One member of staff told us, We keep the tree lit up so it reminds us not to forget what it means to promote people's dignity."

People felt that visitors were encouraged and we saw that visitors were greeted by staff in a friendly way. They told us that the staff always offered them refreshment and that they were made to feel welcome and could visit at any time. One relative told us, "It's a very homely here. You wouldn't think so as it's so big, but it is with all the different smaller areas. It's nice that we can visit and still feel comfortable with [Person who used the service]."

Good

Is the service responsive?

Our findings

When people moved into the home, pre-assessments had been completed prior to people moving into the service. Pre-assessments provide information to ensure the service is able to meet people's individual needs. People had plans developed with them, which detailed how they liked to be supported. One relative told us, "The staff are have been brilliant. They are so friendly and responsive and have welcomed us all here with open arms." People's diversity and sexuality was considered in the care records and identified people's personal preferences and how they wanted to be supported. Where people had chosen to disclose their sexual orientation, this had been recorded in a non-discriminatory manner and records referred to people's spouse or partner. Information was recorded about how people expressed their sexuality, their preferred clothes style and how they liked their hair styled. There was information about how to provide support, what the person liked, disliked and their preferences. The plans were regularly reviewed to make sure they reflected the person's needs. We saw that the support we observed matched what was recorded in people's care records, for example how they were supported to move.

Information was available in different formats and people were supported to express their views where they had limited verbal communication. There was a care communication board which had pictorial symbols to help people to express their feelings about how well they were or if they needed personal care. One member of staff told us, "This has been particularly useful when asking people how much pain they are in, because there is a pain chart so people can point to this."

People were supported to pursue their interests and take part in social activities from staff who understood their preferences. There was a range of craft equipment in the home and people told us they enjoyed participating in craft events. One member of staff told us, "We've had really good feedback when we have displayed the craft items. It's nice for everyone to show off and be proud of what they have done." We saw people participate in group games and were laughing and competing with each other. One person told us, "They do something every day, it's enough for me." Another person told us, "We sometimes go out to different places. Last week we went to the garden centre which I liked." We saw some people enjoyed a game of dominoes. Some members of the group required support and this was provided by the staff. Throughout the many games played, there was laughter and friendly banter between the players and the staff. After each game the staff member asked if they wished to play again and offered refreshments at regular intervals. Some people chose not to play, however enjoyed listening to the joyful noises from the event. There were dedicated activity staff who organised activities around people's interests. The registered manager valued the role these staff had and supported their training and development. They told us, "They are on training today. There are sessions on living and not just existing and simple home pleasures."

People felt confident telling the staff if they had any concerns and felt that these would be taken seriously. There was a guide in the entrance hall which informed people and relatives what to do if they were unhappy. One person told us, "I've never complained but I would go straight to the boss, it would get seen to straight away". A relative told us, "I know the complaints procedure it's at home. I haven't had any cause to." Where people had raised concerns, these had been investigated and people informed of any outcome. This demonstrated that the provider welcomed and reviewed any feedback and had an accessible complaints

procedure.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Good

Is the service well-led?

Our findings

On our last inspection visit we identified improvements were needed as fire safety concerns had been identified and there was no evidence of action taken to ensure people were safe. Following our inspection the necessary work was completed and documented to demonstrate improvements that had been made.

There was a registered manager in the service and staff felt they were approachable and supportive. There was a team of senior staff who supported the manager and staff felt that they were keen to listen to them and take their comments on board. The registered manager and senior staff worked alongside staff to promote good practice and so that any areas of concern could be quickly resolved. One member of staff told us, "The manager has been here for many years and knows how this place should be run and knows everybody who lives here. I feel quite comfortable speaking with them about anything and confident they listen to what we have to say."

The registered manager carried out checks to monitor the quality and safety of the service, which included checks on personal support plans and how the service was managed. The results of monitoring checks were discussed in meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service. The staff told us they felt their views were listened to and one member of staff told us, "We can say what we feel and we don't have to worry. I think we have developed a lot over the past year and if we come up with any ideas, then the manager listens."

The registered manager spoke with people and staff and discussed any concerns as part of the daily walk around. People told us they knew who the manager was and they spoke with them when they visited each day and asked about their welfare. One person said, "I know the manager, she's very nice; always available." Another person told us, "The manager is always around; she knows who I am and say's hello." The staff told us, "We prepare a report which covers the last 24 hours. This includes information about anyone who has moved in, and changes in care and issues relating to staffing. We also have to record that we have checked the daily records and these have all been completed. This helps the manager to know what is happening in all areas of the home and they speak to people to see if everything is alright."

People were given the opportunity to have a say in what they thought about the quality of the service and they received quality surveys. The last survey highlighted that people would like the grounds to be developed and that areas of the home needed to be redecorated. As a result of this, the registered manager arranged for a gardener to visit the home each week and parts of the home had been refurbished. We also saw thank you cards and comments included, 'Thank you so much for the wonderful care you have given and the kindness you have shown.' And 'I knew they were safe and happy in your care.'

The registered manager liaised with the local authority and other care providers to review how the service was managed and ensure sustainability. They considered any improvements that could be made to the quality of care provision and how the service could develop. The registered manager told us, "We are looking at how we can provide a better service to people. We have linked with a local nursery and the children will be coming to visit here each month. We are quite excited about the new ventures." They also

told us, "Staff recruitment and retention is a key priority as we are so rural, we can sometimes struggle to recruit staff. We need to focus on this so we can maintain a consistent team of staff for people. Staffing is key to whether we can open up our other unit or stay as we are."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home.