

Vmaria & Rawther UK Ltd

# Havendene Residential Home

## Inspection report

Front Street  
Prudhoe  
NE42 5HH

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Havendene is a residential care home providing personal care for up to 25 people. At the time of this inspection, there were 15 people living at the home, some of whom were living with dementia.

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

People and relatives had many positive comments about the service at this home. They praised the care and kindness shown by staff. The home had a very welcoming and friendly atmosphere. Staff were engaging and supportive of people and embraced their diversity. The home was run in the interests of the people who lived there.

People said they felt safe at the home. Staff knew how to report any concerns and said these would be acted upon. The home was clean, warm and comfortable. Some bedrooms were ready for decoration and there were plans to do this as rooms became vacant.

There were enough staff to assist people and they were quick to respond to calls for assistance. People's needs were assessed to make sure their care could be provided by this service. Staff were very knowledgeable about each person and how they wanted to be supported.

People said the meals were good and they got enough to eat and drink. People had good input from other care services to support their health needs. Staff provided sensitive and compassionate care to people when they reached the end stages of their lives.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People received individualised support that matched to their personal preferences. There was a good range of activities and engagement in the local community to maintain people's social inclusion.

People and relatives commented positively on the way the service was run and the approachability of the registered manager and staff. People and relatives were happy with the management of the home. They were asked for their views and these were acted upon.

The provider, registered manager and staff had worked hard to improve the way the service was run. There were better systems in place to check the quality and safety of the service.

The provider had failed to display the rating since the previous inspection. This was a breach of regulation. We are dealing with this outside the inspection process.

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 requires improvement (published 28 January 2019) and there were two 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 those regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

During the inspection we recognised that the provider had failed to display the rating since the previous inspection. This was a breach of regulation. We did not take any enforcement action in respect of this breach.

#### 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?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Havendene Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and assistant inspector.

#### Service and service type

Havendene is a 'care home'. People in care homes receive accommodation and nursing or 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.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care

services in England. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We asked three visiting care professionals for their views. We spoke with six members of staff including the registered manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection the provider had not always identified and acted upon risks to health and safety of people. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

### Assessing risk, safety monitoring and management

- The provider had made improvements to the safety of the service to make sure people were protected from avoidable harm. Lighting in corridors was much brighter, flooring had been resealed where necessary and fire evacuation equipment was in place for people with mobility needs.
- The registered manager carried out regular safety checks of the premises. Checks of hot water temperatures showed the hot water to some washbasins needed adjusting. The provider said this would be arranged immediately.
- Individual risk assessments were in place for each person. Action was taken to minimise any risks to their well-being. For example, one person had sensor equipment fitted to their bedroom door in case they left their room during the night.

### Systems and processes to safeguard people from the risk of abuse

- The service had safe systems to protect people from risk of abuse. People said they felt safe at the home.
- Staff understood their duty to safeguard people. There was clear information for staff displayed in the office about how to report any concerns. Staff said they felt well-trained and confident about raising concerns.
- The registered manager had reported any concerns appropriately and had good communication with the local safeguarding authority. There were no current safeguarding issues at the home.

### Staffing and recruitment

- There were enough staff to meet the number and needs of people living there at the time of this inspection.
- People said staff were quick to attend to them when they needed assistance. Staff sat with people or stayed near the lounges to be on hand when people needed support.
- Overall, the provider's recruitment process minimised the risk of unsuitable staff being employed. The provider previously asked for a 10-year employment history from applicants but said they would request a full employment history in future.

### Using medicines safely

- Staff managed people's medicines in a safe way. Medicines were stored safely and records to support medicines management were sufficiently detailed.
- Staff were trained to support people with their medicines and their competency was regularly checked.

#### Preventing and controlling infection

- The home was clean and free from odours.
- Staff used appropriate equipment to keep the home hygienically clean.
- Some records were not always completed to record food serving temperatures and cleaning of the kitchen. The registered manager addressed this straight away and reminded staff of this.

#### Learning lessons when things go wrong

- The registered manager used reflective discussions with staff to support any lessons learnt if anything went wrong. For example, after a minor medicine error an individual supervision discussion took place. Afterwards, all the staff discussed how the error had occurred and what could be done to prevent it from happening again.



# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service. The assessment decided whether their care could be met.
- The assessment helped to design personalised plans of care for each person, so staff had guidance about how to support them.
- Care was delivered in line with best practice guidance.

Staff support: induction, training, skills and experience

- Staff had the required skills training and support to undertake their role. The registered manager encouraged a wide range of relevant training events and these were advertised for staff in the office.
- New staff received induction training which was being aligned to the Care Certificate. (The Care Certificate is a set of standards for health and care workers.)
- Staff received regular support through supervisions and a yearly appraisal.

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

- People's nutritional and hydration needs were met by the service. Staff sought advice from health care professionals if people were having difficulty eating or drinking or losing weight.
- People made positive comments about the meals. They said, "The food is nice" and "I get what I want".

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 health care services.
- The home had good links with health and social care professionals. People were assisted with appointments or visits when needed. A health care professional commented, "They make timely referrals. I never come in here and think I should've seen this a while ago."
- Care professionals told us the staff communicated well with them and provided the information they needed to provide collaborative support for people. One care professional commented, "They've done everything we've advised and follow what we say. People are well looked after and healthy."

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

- The accommodation had been adapted to ensure it met people's individual needs. One person's room had been fitted with a door sensor to be activated on a night in the event they rose from bed so that staff

were informed and could keep them safe.

- There were signs around the home to help people identify their bedrooms, bathrooms and toilets.
- The provider had made good changes to the layout of lounge and dining rooms. There was now more space for people's mobility equipment.

#### 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.

- People had their capacity assessed and applications for DoLS had been made appropriately.
- Where people lacked capacity, best interest processes had been followed. This made sure any restrictions, such as bed rails for safety, were only done as a last resort and in people's best interests. This helped protect people's rights.
- Where relatives had Lasting Power of Attorneys (LPA), the service had not always acquired copies of the relevant documentation. This could lead to decisions being made against people's best interests. The registered manager took steps to get this information from relatives immediately.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives praised the caring and kind support they received. They commented, "The staff are nice", "The girls [staff] are lovely. They treat my mum as if she were their own mum" and "They are very good with my [family member] and they seem really happy there".
- The home had a warm, friendly and welcoming atmosphere. Staff greeted the people they were going to assist with smiles and spent time chatting sociably to them. A relative commented, "It's nice, it's like your own home, not clinical. Staff talk about all sorts with them [people]. They have a good joke together."
- People had a range of needs and abilities. Staff embraced people's individuality and their diversity was fully respected.

Supporting people to express their views and be involved in making decisions about their care

- People said they were encouraged to make their own choices. Their comments included, "They do give you a choice", "I get as many baths and showers as I'd like" and "They don't just say here have that, they say what would you like?"
- Staff involved people, and their relatives where appropriate, in day to day discussions about their care. Staff stated, "We do things the way people like [them to be done], as long as they are happy and safe."
- The service assisted people to access advocacy services, whenever needed, to provide impartial support with any significant decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff described the discreet way they supported people to maintain their dignity when supporting them with personal care.
- People were supported to enjoy privacy in a safe way. For example, one person liked spending some time in their room. They had a special device fitted to their door as they preferred it to be left open.
- People's independence was promoted, wherever appropriate. People were encouraged by staff to assist with tasks in the home to involve them and to maintain their abilities. For example, one person enjoyed helping to fold napkins and set tables with the staff team.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised service that met their individual needs.
- A care professional who frequently visited the home said staff understood each person's life history and preferences. They commented, "Staff have excellent knowledge about them as a person as well as their needs."
- Overall, care plans provided detailed guidance for staff to meet each person's needs. One person's care records did not include a specific care plan for a health condition. The registered manager immediately created a specific plan and was going to review care plans for everyone individual's health needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were adept at understanding each person's individual ways of communicating. Some people had limited verbal skills, but staff understood their communication styles and made sure their choices and preferences were met.
- The registered manager stated everyone was able to make needs known in their own way. For example, if offered a selection of choices people would be able to point to which one they wanted.
- The home's notice board included information in easy-read, pictures and photographs to support people's communication needs. This included clear information about activities and menus.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had very good support to lead social, active lives if they wanted. The home's activity staff was very engaging with people and provided a range of physical and mentally stimulating activities.
- Staff helped people to have a great relationship with their local community. People went out frequently to the local shops and to events in the community hall. Every week people went to coffee mornings at the neighbouring community centre where they joined other people from the community.
- People and staff talked enthusiastically about fancy-dress parties and a summer fair which were great successes. Two people described how they had enjoyed a trip on the train, some people went to Hexham Abbey and several had been out to a pantomime. There were lots photos on the notice board of people enjoying themselves at various events.

#### Improving care quality in response to complaints or concerns

- People had clear information about how to make a complaint. This was in easy-read and pictures to support people's understanding.
- People and relatives said they felt very able to approach the registered manager about anything. They said they would feel confident that she would address any issues. Their comments included, "I can talk to [registered manager] about anything" and "I know she would sort anything out".
- Any complaints or comments were recorded, and the registered manager had taken action to put things right.

#### End of life care and support

- People were provided with sensitive and compassionate support at the end stages of their lives. Staff had good training in end of life care.
- A relative recently wrote to thank the staff for the care their family member had received during their final stages. They said, "It was touching to see the commitment from you all in her final few days."
- Each person's end of life preferences were recorded so staff could respect their last wishes at that time.

# 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 requires improvement. At this inspection this key question has remained requires improvement. This meant the provider had not met their regulatory requirements.

At the last inspection the provider's quality monitoring systems had not been effective to ensure the safety and quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of that regulation. However, a further breach of regulation was found.

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

- Since the last inspection the provider, registered manager and staff had worked hard to make essential improvements to the service. The governance systems now included the safety checks which were missing at the last inspection.
- Some staff carried out multiple roles in the home including care, housekeeping and catering. They were clear about when to prioritise those roles.
- During this inspection it was evident that the provider had failed to display the rating of the home.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking action outside the inspection process to deal with this.

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

- The culture was open, warm and welcoming. People's individual lifestyles were at the heart of the service.
- Good working partnerships were fostered with other agencies to achieve the best holistic care outcomes for people.
- People, relatives and care professionals said the registered manager and staff were helpful and approachable.

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

- People and relatives were invited to take part in monthly meetings and encouraged to give their views about the service. They said their suggestions were listened to and acted upon.
- People benefited from the home's strong links with the local community. They enjoyed community events at the neighbouring community hall and were included in arranging their own events there.
- Staff had opportunities for providing their views and feedback.

Continuous learning and improving care; 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

- The provider and registered manager were committed to continuous improvements to the service. They had acted on recommendations made by the local authority.
- The provider was keen to establish new management reporting systems to improve the governance of the service. They also had refurbishment plans to redecorate rooms as they became vacant.
- The registered manager understood their responsibilities to be open and transparent if anything went wrong.

Working in partnership with others

- The service networked with other health and social care organisations to achieve positive outcomes for the people who used the service.
- The service had good links with local community services that reflected their social, cultural and spiritual needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider had failed to display the rating of the performance of Havendene Residential Home following the publication of the inspection report on 28 January 2019.</p>

### **The enforcement action we took:**

We did not take any enforcement action in respect of this breach.