

Regal Care Limited

Havencroft Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Havencroft Nursing Home is a service registered to provide nursing care for 32 people in one adapted building. At the time of our visit 28 people were living there.

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

Staff were caring in their approach and had good relationships with people and relatives. People were supported with dignity and respect.

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks.

Staff understood their responsibility to safeguard people from harm and how to report concerns.

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

People received care which was responsive to their individual needs. Staff had a good understanding of how to support them well.

Care records provided staff with information in relation to people's backgrounds, interests and individual needs.

Staff ensured care was based upon good practice guidance to help ensure people received an effective service.

Staff encouraged people to maintain a balanced diet and respected their individual choices. Staff worked with external healthcare professionals to ensure people's health and wellbeing was maintained.

There was no registered manager in post. The provider was in the process of recruiting a registered manager.

Positive feedback was received in relation to the management of the service. People, staff and professionals had opportunities to feedback about the running of the service.

Quality checks were carried out to monitor the service, and these identified where improvements could be made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was rated as Good (published on 17 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will 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?

Good ●

The service was well-led

Details are in our well-led findings below.□

Havencroft Nursing 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 completed by two inspectors, a nurse specialist advisor and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider was actively recruiting a new manager.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as safeguarding concerns. We sought feedback from the local authorities who work with the service who told us they did not have any concerns.

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. This information helps support our inspections.

During the inspection

We spoke with three people about their experiences of the care provided. Some people were unable to tell us about their care; however, we completed some observations to understand their experience further. We also spoke with six relatives and one professional. We spoke with three care staff, an activities co-ordinator, a nurse, the chef, the business manager and the provider. We reviewed a range of records including six people's care records and a sample of medication records. Other records were reviewed in relation to the management of the service, including quality checks, training records and accidents and incidents. We looked at two staff files to ensure staff had been recruited safely.

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 Good. At this inspection this key question has remained the same.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and documented in care plans. For example, risks around moving people, skin care and use of bed rails. We observed staff moving people safely during our visit.
- Staff had been trained in fire safety. Regular fire alarm tests and practice drills took place. Personal emergency evacuation plans ensured in the event of a fire, people could be evacuated safely.
- Safety checks were carried out on equipment, for example hoists. The provider ensured environmental checks of the building were also completed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Havencroft Nursing Home, and the provider's policies and procedures provided staff with guidance of how to keep people safe.
- Staff understood the signs of abuse and how to recognise and protect people from this. One staff member told us if they had any concerns, they would speak with the nurses or the manager, or speak with CQC.

Staffing and recruitment

- People were supported by enough staff to meet their care needs. One relative told us, "There's plenty of staff and they are nice - they ask us if we want a cup of tea every time we come." There were two staff vacancies and temporary staff were used on occasion to cover unplanned absences.
- Staff recruitment files included relevant checks to ensure all care staff and nurses were suitable to work with vulnerable adults. Staff were unable to start work until these checks were completed.

Using medicines safely

- Medicines were organised, stored safely and people received their medicines as prescribed. One person's medicine was time specific, and these were administered correctly. We noted one fridge containing medicines did not lock easily and the business manager confirmed this would be addressed.
- Staff were trained to administer medication and competency checks were carried out to ensure they remained safe to do this. The management team completed audit checks of medicines to ensure this remained safe.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, such as wearing personal protective equipment. One relative told us, "The place is always clean (no odours)."

Comments in a recent survey sent to people included, 'We are very happy with the cleanliness of the home.' During our visit we noted some equipment required some further cleaning and the business manager told us this would be completed.

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. These were reviewed to identify any trends or themes.

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 Good. At this inspection this key question has remained the same.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff.
- Staff completed the necessary training to enable them to carry out their roles, for example in dignity and respect, and diabetes awareness. One staff member told us they did a lot of training at the service and some of this was on-line. Training was monitored to ensure this remained current. Plans were in place to access some further training in relation to dementia care.
- Staff were supported to take additional care qualifications, including the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily working life. It gives people and their relatives confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- Some people using the service had capacity to make their own decisions. Where people were unable to make decisions for themselves, mental capacity assessments or best interest's decisions had been completed. Staff understood the principles of the Mental Capacity Act and consent was sought from people before providing them with care.
- The manager had applied for a DoLS for people where this was required, and progress of applications was monitored.

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

- People's needs were complex, and care and support was provided in line with current guidance. For example, 'reactive' care plans were in place to support staff in managing short term health conditions which is considered good practice.
- A visiting professional told us they had no issues or concerns about the care at Havencroft. A staff member said, "It is good team work here, the nurses are really good, if you tell them something, they do get on to it."

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

- People were supported to access meals in line with their needs and choices. We observed people enjoying their lunch in a relaxed, jovial atmosphere. People chatted whilst music played in the background. One person told us, "They (staff) are feeding me well." Other comments from relatives included, "The food is fabulous. I feel envious watching (person) eat that pudding," and, "(Person) needs assistance to eat their food and there's always someone here (to do this)."
- Specific dietary needs were catered for and risks managed. Some people who were at risk of choking, had softened diets and people who had diabetes were supported with low sugar alternatives. Staff were aware of any food allergies, for example, one person was allergic to egg.

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated with other agencies such as dietitians, speech and language therapy and physiotherapists when required. Advice given by professionals was documented and followed. For example, one person had had a skin infection and following professional advice being followed by staff, this had now improved.

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

- People had their own rooms, some of which were en-suite. The provider had developed the service further with an extension, so people would be able to access additional areas. Some signage was used to aid people living with dementia and we discussed with the provider how this could be further enhanced.
- A large patio area with wheelchair access was available in the garden. Raised flower beds meant people could be involved in planting and tending plants. People told us they had grown their own vegetables there and these had been used for meals for everyone.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to remain healthy, for example, with eye sight checks and chiropody appointments. Staff were supporting one person to lose weight with support from a nutritionist and dietician.

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.

Good: 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 told us they were happy living at the service, were well cared for and spoke highly of the staff. One person told us, "It's marvellous here, it's like a holiday camp, I am quite satisfied. I just holler out to get staffs attention if I need them and they're pretty good."
- We observed some positive interactions between people and staff where staff were caring in their approach when supporting people. One relative told us the chef always made people a birthday cake and nothing was too much trouble for the staff. Staff told us they had time to be able to sit and chat with people.
- Relatives were appreciative about the attention their family members had been given and talked about the acts of kindness staff had shown. One relative told us, "I'm very happy that there are people who care. This is a 'caring home' and they do care. It's been such a relief and I know (person) is in good hands. Staff will put their arms around them and hug them – they like that and I'm happy about it as well."
- Staff also spoke positively. One staff member told us, "I am quite happy working here, it is a nice little home."
- Staff completed training in relation to equality and diversity. The provider told us people with were supported by staff inclusively at the service, whether this was in relation to their cultural needs, religion or sexuality.

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

- Staff understood the importance of people's views, wishes and choices being respected.
- People made decisions about their daily lives and care for example in choosing meals and social activities. An advocate was currently being arranged to support one person further.

Respecting and promoting people's privacy, dignity and independence

- People were supported with day to day tasks by staff ensuring dignity was maintained. One relative told us, "The staff always seem to be on the ball. [Person's] clothes are always washed, and they are always dressed in matching clothes." Another relative told us one day their family members bra needed adjusting, and staff made sure they put a privacy screen around them before doing this.
- Staff supported and respected people's privacy. One relative told us, "We can have private time as a family if needed." A quiet lounge area was available for people to use.
- During our visit we noted some personal information displayed could be visible to visitors to the service. The business manager confirmed this would be moved to ensure this remained confidential.

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.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff knew people at the service well and supported them in line with their wishes. For example, it was important for one person to have their bag with them at all times and staff ensured they did. One visitor told us, "It's a smashing place. (Friend) likes her make-up, and when we came this morning a girl was making her face up. They do that every day."
- Care records were person centred and contained information which enabled staff to understand about their likes, dislikes and preferences.
- People's care and support plans had been reviewed and updated to reflect any changes to people's needs. It was noted these contained less detail in recent months and in some instances had not been completed. We discussed this with the provider who confirmed they were aware the clinical oversight could be strengthened, and the appointment of a new registered manager would ensure this further.
- People and relatives, where applicable, were involved in care review meetings with staff and other professionals to ensure their care remained suitable. Relatives told us communication was good. One relative told us, "They phone me regularly to keep me updated about (person's) condition. They take them to all the appointments, but they always inform me about what's happening."
- People had opportunities to follow their interests and hobbies. Activities took place daily. One relative felt there could be further stimulation for people. However, another was happy and told us, "[Staff] took [Person] for a walk to the garden centre in their wheel chair. It was a hot day and they bought them an ice cream. [Person] enjoyed it so much." The activities co-ordinator said, "We stick to what's on the notice board. Sometimes there are trips down to the garden centre and I am planning a trip to the Botanical Gardens. For people who are mainly in their rooms, I will go around and give them foot massages and read to them. I do try to get them out to the garden where we play skittles and hoops, weather permitting. We have a BBQ coming up where we will have entertainment and raffles."
- The provider had recently purchased a mini bus to use with another service. People had access to a hairdressing and beauty salon within the service.

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.

- People's information and communication needs were assessed, and staff understood these alongside the AIS. Information was provided to people in a format that met their needs for example, one person used

picture cards to communicate with staff. We observed staff talking to people who were hard of hearing bent down to the same height to aid them further. Some staff and people communicated using hand gestures. The provider told us staff also used photo albums to engage with people living with dementia, and these had proved successful.

Improving care quality in response to complaints or concerns

- Where concerns had been received by the provider, they were followed up and information was used to make improvements if required. The provider told us they ensured any issues raised, were addressed straight away and people confirmed this.
- No formal complaints had been received. One relative told us, "On the whole it is very good here, if you have anything to raise, they do sort it out."

End of life care and support

- People received support with end of life care when required at the service and care plans documented this. Staff had received training in end of life care.
- Some clinical staff felt they would benefit from stronger links with community palliative teams and we discussed this with the business manager who told us this was something which could be arranged.

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 Good. At this inspection this key question has remained the same.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers and senior staff checked the quality and safety of the care provided, for example, checks in relation to medicines and staff practice. These checks had been successful in identifying some areas for improvement such as gaps on medicine records.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed at the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team consisted of the provider, business manager, nurses and senior care staff. Staff told us they felt supported by the provider and the business manager, however they would like a manager in post to oversee the clinical aspects of the service. The provider confirmed this person was being recruited currently and records confirmed this.
- Further adaptations to the building had taken place including the addition of eight bedrooms and a large lounge area. A kitchenette area in the lounge was planned to enable people and their visitors to make their own drinks and to use for further activities such as baking.
- Other improvements being considered were to change to computerised care systems.
- People gave positive feedback about the management team. People told us they all knew the manager by name, they were always around, and they found them friendly and approachable.
- Some people told us they would have no hesitation in recommending Havencroft to other people, and one visitor said they had recently done so.
- Staff felt the business manager and provider were supportive. One staff member told us, "The manager is always there if you need to speak with them, you can go in anytime if you have any queries."
- Staff had one to one meeting's with nursing staff to discuss any issues. A staff member said, "The nurses are quite approachable here, it is like a little family home."
- Challenges for the staff included the increasingly high-level needs of people receiving care.
- Staff understood their responsibilities in relation to duty of candour, that was being open and honest and accepting responsibility when things went wrong.

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

characteristics

- Views of people were gathered at resident and relative's meeting's; however, these were not always well attended. Some people told us they did not feel meetings were necessary because the home was 'intimate', and communications were good between relatives and staff.
- Satisfaction surveys had been sent out to gather feedback from people and relatives recently and responses had been received. Some feedback was around further variety with food and activities. Positive comments included, 'We are so glad Dad is here,' and 'It is a very good level of care and attentive staff.' 'A 'You ask, we did' display board showed the changes which had been made in response to people's suggestions already.
- Staff meetings were held. These provided an opportunity for staff to feedback their views and suggestions.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement.

Working in partnership with others

- Staff and the management team worked with social workers, occupational therapists and other professionals to support people's care.