J.E.M. Care Limited

Haylands Residential Home for Gentlemen

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Haylands Residential Home for Gentlemen is a residential care home providing accommodation with personal care to up to 24 people. The service provides support to people over the age of 65 including people living with dementia. At the time of our inspection there were 21 people using the service.

Haylands Residential Home for Gentlemen accommodates people across three floors in one adapted building.

People's experience of using this service and what we found
Medication was not always safely managed or recorded correctly. We found examples where medication administration records (MARS) had been completed incorrectly and one person had not received their medication. Care plans were not always updated in line with changing risk for people. Accidents and incidents were not always formally recorded and therefore not reviewed to identify trends. Staff wore personal protective equipment (PPE) appropriately.

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; the policies and systems in the service supported this practice.

People gave positive feedback about the staff and the service was described as a happy place. Staff felt supported by the registered manager and able to raise concerns. People were supported to access the community and were involved in decisions relating to the service, such as choosing the food menu. The staff training matrix showed multiple gaps in staff training. The registered manager told us they were having difficulty with the training provider and pulling information from the system.

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

Rating at last inspection
The last rating for this service was good (published 2 September 2017).

Why we inspected
We received concerns in relation to the care being provided. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Following the inspection the registered manager completed additional audits of the medication at the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haylands Residential Home for Gentlemen on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the administration of medicines at this inspection. We have recommended the provider reviews their systems around care planning updates.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Haylands Residential Home for Gentlemen

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of one inspector.

Service and service type
Haylands Residential Home for Gentlemen is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Haylands Residential Home for Gentlemen is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
The inspection was unannounced. We visited the service on 24 and 25 August 2022.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We reviewed three care plans, two staff files, health and safety records and the medicines records at the service. We spoke with five people using the service, two relatives and seven staff including the cook, care assistants, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Medicines were not always administered or recorded as given. There were two occasions where one person's medication had been signed as given, however; the stock levels indicated this had not been given.

●For people who receive medication 'as required' there were no protocols in place to guide staff on when this should be administered.

●Some people at the service required the use of thickener. Thickener is often prescribed to be added to people's drinks if they have difficulty swallowing. The administration of thickener was not recorded. During the inspection, the registered manager updated their electronic system to include the recording of the use of thickener.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate medicines were safely managed. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

● Risk assessments and care plans were not consistently updated to reflect people's needs. For example, there was no information regarding the use of thickener for one person using the service.
We recommend the provider reviews the systems in place to monitor care plans and risks assessments are updated.

● Risk assessments and safety checks relating to the premises and equipment were up to date.

● There had been updates to the service in response to a recent fire risk assessment.

Systems and processes to safeguard people from the risk of abuse

● Systems were in place to safeguard people from the risk of abuse. The service had a safeguarding policy in place and the service responded appropriately to concerns.

● The staff we spoke to had a good understanding of abuse, signs to look for and how to raise concerns.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment
● Staff were recruited safely. All necessary pre-employment checks had been completed prior to the most recently recruited staff commencing employment at the service.
● Staffing rotas were developed in line with the dependency tool. The provider was also using agency staff to cover short-term staffing shortfalls.
● The staff training matrix showed low training compliance. We have reported on this further in the well-led domain of the report.
● We received positive feedback about staff at the service. One person told us, " the staff are great, I like the way they treat people, if they say they are going to do something, they do it."

Preventing and controlling infection
● Staff wore personal protective equipment (PPE) appropriately. The service had responded to a recent audit and were making improvements. For example, the laundry area of the home was being refurbished during the inspection.
● The infection prevention and control policy required updating following recent updates in the government guidance. The registered manager was aware of the changes.

Visiting in care homes
● Visitors were supported to visit their friends and family in line with the government guidance. Relatives told us they were encouraged to visit the service. One relative told us they were "always made to feel welcome." And "They [staff] are always very accommodating which is also good as you see it as it is."

Learning lessons when things go wrong
● Accidents and incidents were not always recorded at the service. We identified two incidents which had not been formally recorded. However, records showed that appropriate action had been taken at the time of the incident and that relevant health care professionals had also been contacted.
● Accidents and incidents were reviewed monthly and categorised depending on where they occurred at the home. The analysis of the accidents lacked detail for future learning. For example, the records did not clearly show learning to mitigate the risk of future falls and this may have not been an accurate overview as not all accidents were recorded.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

●Records relating to the service were not all up to date. The training matrix showed that staff training was not up to date. The training matrix showed multiple gaps in relation to refresher training in areas such as safeguarding and MCA. The registered manager stated this was inaccurate and they were in the process of changing training providers.

●Medication audits were completed on a monthly basis and showed action had been taken to drive improvements. For example, speaking with staff about areas of improvement, such as homely remedies . The weekly check prior to the inspection had not been completed. Following the issues identified with the medication during this inspection, the registered manager completed additional audits and arranged a meeting with senior staff.

● Hand hygiene audits, checks on equipment and call bell checks were conducted on a monthly basis.

● The registered manager understood their role and regulatory requirements. The most recent CQC inspection rating was on display at the service and on their website .

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

● There was a positive culture at the service. We observed people being supported with their mobility and encouraged to be independent.

● Staff supported people to access the local community and engage in activities they enjoyed.

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 , Working in partnership with others

● The provider and registered manager understand their duty of candour responsibilities. The registered manager had spoken openly with the family following a safeguarding incident.

● Staff had a good relationship with the local GP. Staff contacted other health and social care professionals, when necessary.

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

● People, staff and relatives were engaged in the service. Staff told us there were regular team meetings at the service where they were able to discuss any concerns.

● Staff provided online updates about activities people had taken part in which could be seen by their relatives.

● During the pandemic, resident and relatives' meetings had stopped. The provider had a meeting scheduled to take place shortly after the inspection. Surveys were also scheduled to be sent out.
● Staff felt supported by the registered manager and that there was good morale at the service. One member of staff told us, "it is a happy home, we all help each other."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medication was recorded as administered when it had not been given.