Haversham House Limited

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Inspection report

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Date of inspection visit: 19 March 2015
Date of publication: 28/09/2015

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

Overall summary

The inspection took place on 19 March 2015 and was unannounced.

Haversham House provides accommodation with personal care for a maximum of 59 people. The service specialises in providing care for people with dementia over 65 years of age.

A registered manager was 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.

People's risks were assessed in a way that kept them safe from the risk of harm. Where possible people's right to be as independent as possible was respected.

Summary of findings

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's care needs. Staff were trained to carry out their role and the provider had plans in place for updates and refresher training. The provider had safe recruitment procedures that ensured people were supported by suitable staff.

Staff had knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff knew how to support people in a way that was in their best interests and advice had been sought from other agencies to ensure formal authorisations were in place where people may be restricted.

People were supported to maintain good health and were referred to relevant health care professionals as and when required. People had enough to eat and drink and were supported with their nutritional needs.

People told us that staff were kind and caring. Staff treated people with respect and ensured their privacy and dignity was upheld.

People had opportunities to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure available for people who used the service and complaints were appropriately managed.

There was a positive atmosphere within the home and staff told us that the registered manager was approachable and led the team well. Staff received supervision of their practice and had opportunities to meet regularly as a team.

The registered manager had systems in place to monitor the service and we saw that improvements had been made when identified as necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us that they felt safe and procedures, systems and risk assessments were in place that helped to ensure people were kept safe. Staff were recruited properly and staff knew how to meet people's needs and raise concerns about abuse and/or poor practice.

Good

Is the service effective?
The service was effective.

Staff had the skills and experience they needed to meet the needs of those in their care. People's consent was obtained before staff supported them. People requiring assistance at mealtimes were supported to have sufficient amounts of food and drink.

Good

Is the service caring?
The service was caring.

People told us that the staff were kind and respectful and we observed staff treating people in a gentle and caring manner. People were involved in making decisions about their care on a daily basis and their privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

Staff responded to people's needs and respected their views and opinions. People were supported to follow their hobbies and interests and people had choices in relation to their daily life in the home. People were able to raise concerns and/or complaints and knew that they would be taken seriously and addressed.

Good

Is the service well-led?
The service was well led.

The service was appropriately managed and the people who used the service were given the opportunity to share their thoughts on the service. The atmosphere was open and transparent and care was person centred. There were auditing systems in place which ensured that improvements were continually made.

Good

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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.

The inspection took place on 19 March 2015 and was unannounced.

The inspection team consisted of two inspectors.

The provider had kept us updated of events by sending us relevant notifications. Notifications are reports of accidents, incidents and deaths of service users. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority, commissioners and Healthwatch Staffordshire.

We spoke with 15 people who used the service and six relatives. We spoke with the registered manager of the home, the deputy manager, eight care staff, including four senior care staff and the person responsible for activities. We also spoke with a district nurse, the GP and a specialist mental health advocate (IMCA).

We observed the care and support people received in the home. This included looking in detail at four people who used the service and whether the care and support they received matched that contained in their care plans. This is called case tracking. We also looked at these people's daily care records and records of their medication. We spoke with staff about how they met the needs of these people and others.

We looked at records relating to the management of the service. These included audits, health and safety checks, staff files, staff rotas, incident, accident and complaints records and minutes of meetings.

Good

Is the service safe?

Our findings

People who used the service were kept safe from harm because the provider had effective systems in place to safeguard people. We saw that staff understood the needs of people and knew how to respond when people became agitated or upset. We observed a staff member calming a person who had walked along the corridor and had become confused and upset. Individual care plans contained risk assessments with information for staff on how to keep people safe. We saw that there were sufficient numbers of suitably qualified staff around the home to help people and to provide supervision and support in order to keep people safe. We noticed that call bells were responded to in a timely way and people who used the service told us that they didn't usually have to wait long for their call bell to be answered.

People using the service told us that they felt safe at Haversham House. One person said "I love it here and yes, I do feel safe because if I need anything someone is always there". A visiting relative told us, "[person's name] is being looked after very well. I was worried when he came here but I feel he is safe here." Staff had been trained in how to recognise and report poor practice or abuse. Staff told us that they knew about the procedures in place and had received training in this. The manager was also fully aware of her roles and responsibilities in identifying possible abuse and making referrals.

We saw that where people were at risk of developing skin damage, they were cared for appropriately using specialist mattresses and cushions to help prevent pressure damage. We observed staff assisting people to alternate their position to avoid pressure damage. We also saw that where people were at risk of malnutrition, staff assisted them to eat and drink. We saw relevant risk assessments contained in people's care plans which were updated frequently or when the person's needs had changed. Staff told us and we saw from records that staff had received training in nutrition and pressure area care.

We observed staff helping people to walk around the home safely. Where people were unable to mobilise we saw staff transfer them safely using appropriate equipment. We observed two staff members transfer a person using a hoist from a wheelchair to a chair. When we looked at this person's care plan we saw an appropriate assessment of their mobility needs had been carried out by a suitably trained person. Staff told us, and we saw from records, that staff had received training in how to move and handle people safely.

People who used the service received their medicines in a safe way. We observed a senior care staff member administering medicines safely and according to each person's needs. The medication round was completed in a timely way, ensuring that people who used the service received their medicines as they were prescribed. Staff told us that only senior staff administered medication following training in the safe handling of medicines process. There were procedures in place and information for staff to help ensure that medication was handled, stored, administered and disposed of safely.

We saw that people who used the service were protected from harm by the recruitment procedure adopted by the provider. Staff were carefully selected to work at the home and were only offered employment following suitable references and relevant checks. This ensured that staff were safe to work with people who used the service.

Good

Is the service effective?

Our findings

People who used the service were cared for by a staff team who were trained to meet their needs. A person who used the service said, “The staff seem to know what I want and nothing is too much trouble for them.” A person who used the service said, “The staff here are all very good and I think they look after us very well. I want for nothing I only have to ask and it is done.” People who used the service received care which was based on best practice because staff had up to date knowledge and skills to support people. The staff received regular training and supervision from induction onwards. The staff thought the training they received was good. A staff member said, “Its very good here for training , there is always training going on. I think it’s the best home I have worked in for training.” Staff training and supervision records confirmed that staff received on going training and support from the provider.

We saw that people who used the service benefitted from continuity of care because staff communicated well with each other about people’s needs. We observed a staff handover where information was passed on from one shift to another. The handover gave information about people’s experience of care and treatment since the last handover. There was a written entry for each person. A senior care staff member read the entries and gave more detailed information to support them. The feedback recounted how each person had presented during the shift, any changes and what actions were needed to be taken by staff.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA and the DoLS set out the requirements that ensure where applicable, decisions are made in people’s best interests when they are unable to do this for themselves. We saw that mental capacity assessments had been completed where there was doubt about people’s ability to make decisions. Where people who were not able to make their own day to day decisions such as what to wear, eat or do. These could be made by staff but still involving the person in making the decision as far as they were able to. More complex decisions were made by arranging a best interests decision meeting, involving the person, relatives, other professionals and care staff. We saw examples of best interests decisions made in relation to the best and most appropriate sensory and safety equipment to use for people. Mental capacity assessments were reviewed monthly as part of the person’s care plan.

We saw that one person had arrangements in place to lawfully restrict them from leaving the home. The person’s Mental Capacity Advocate (IMCA) was present in the home. They had come to visit the person and discuss their care and support needs with staff. They told us that an appropriate DoLS referral had been made by the provider and that staff communication was good and staff had provided them with relevant information and updates about the person. This showed that the correct guidance had been followed to ensure this restriction was lawful and in the person’s best interests.

We saw that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made by people able to do so, but usually involving family members. This is a legal order which tells a medical team not to perform CPR on a person. Where the person was unable to make a decision about this, following a mental capacity assessment, their family had been involved in the decision making. When we talked to the GP they confirmed this. We saw that DNACPR decisions were reviewed annually or more regularly by the GP to ensure they were still relevant.

People who used the service were supported to eat, drink and maintain a balanced diet. Nutritional assessments were in place for each person with related risk assessments and weight monitoring. We saw that where there were concerns about weight loss referrals had been made to the GP. A visiting relative told us, “There is always tea or other drinks on the go. I like it. People have sufficient food and fluids”. We saw that there were drinks available throughout the day and we observed people being assisted to eat and drink where this was required.

People had a choice of menu at each mealtime and special diets and preferences were catered for. We saw people eating different meals at lunchtime. We met with the chef who told us, “We can cook anything people like or want. We ask them regularly if there is anything different they would like. If people change their minds about their chosen food when it is given we will cook whatever they fancy.” A person who used the service said, “There is always choice at each mealtime. The meals are very good.”

Good

Is the service effective?

People who used the service benefited from good health care because staff made quick and appropriate referrals for people to be seen by relevant professionals. Staff monitored people's health care needs closely and acted quickly when people's needs and conditions changed. There were close links with the GP and the home facilitated weekly surgeries where people could access the GP. There were also close links with the district nurse, Community Psychiatric Nurse (CPN) and other relevant professionals. The GP and district nurse told us that they visited the service regularly, that staff communicated well about people's needs and that appropriate and timely referrals were made by staff.

Good

Is the service caring?

Our findings

We observed close and friendly relationships between staff and people using the service. People were treated with respect and approached in a kind and caring way. Repetitive behaviour was responded to as if it was the first mention of the subject. We observed a person distressed feeling they had to go somewhere. A staff member's response was, "You haven't got to go anywhere [person's name]. Just relax and I'll make you a cup of tea. Let me pamper you. You also like custard creams so you can have those too." The staff member continued to talk to the person whilst she prepared the tea. The reassurance was successful.

People's families were made to feel welcome by staff at any time. A visitor told us, "The family visit often. Staff are very nice and everything here is ok. [person's name] would tell us if it were not. I see [person's name] in the lounge but we can go to her bedroom if we wish. I asked her today if we could go to her room but she didn't want to go. There are no restrictions here". A visiting relative told us, "[person's name] loves it here and she feels safe. The staff are wonderful I can't praise them enough. They are friendly and welcoming, they always find time to talk. I know who the manager is. [person's name] is extremely happy and she has settled well. There is nothing I can think of that could be improved."

People who used the service were involved in planning their care and felt that they could talk to staff about their care and support needs. A person who used the service told us, " If I want to change anything I just let the staff know and discuss it with them." Another person said, "I know about my care plan, I don't bother much with it but I could if I wanted to."

We observed that people were treated with dignity and respect. Personal care was carried out discreetly in bedrooms and bathrooms. People were visited by health care professionals in private. Care plans documented how staff should promote privacy, dignity and respect for people.

Good

Is the service responsive?

Our findings

People who used the service were supported to maintain their hobbies and follow their interests. One person told us how they attended different social events on different days and when they went out staff planned their personal care so that they would be on time for their lift when it arrived. The person also relayed to us how staff made a fuss of birthdays and celebrated with them. They said they had enjoyed a birthday at a local venue. They said, "[staff name] got me a light for reading my books. The staff are very helpful." We observed the person going out and locking their bedroom door. They said that a staff member had provided them with a lanyard for their key so that they wouldn't lose it.

People were able to join in with regular organised activities. We saw a bingo session taking place followed by songs and, following lunch, a singing group took place. People were seen to be enjoying it and were joining in with the singing. People who used the service thought that the activities were good. A person told us, "I think the entertainment is good here." A daily programme of activities was planned and included pub lunches, regular entertainers twice per month, baking, table games, quizzes and other activities. We spoke with the staff member who organised activities and she explained how these were organised to meet people's needs. She said that, whilst most people like to join in group activities, some people preferred one-to-one therapy. We saw a person who preferred one to one and not group activity enjoying a pampering session.

People who used the service were able to maintain their spiritual needs. Pastoral care was provided with regular visits from various clergy. People were happy that their spiritual needs were met. A person was supported to go out and attend church services of their choice and told us, "I love going to my church services and the staff support me."

People who used the service and their families had been asked about social histories and staff took an interest in this. We saw examples of where people's personal social histories were known by staff and the activities person. A staff member said that this often provided a starting point on which to hold conversations. For the future the activities person wished to set goals for people of achievable life-long wishes, for example going to the theatre, with plans to achieve the goals.

People who used the service were listened to and encouraged to provide feedback . An example of this was where people who used the service had suggested that the meals to be changed around. The lunchtime meal was now a light lunch comprising of soup and sandwiches, teacakes and crumpets. The evening meal was now the main hot meal. People had been involved in this decision to avoid two large meals close together (breakfast and dinner). People told us they liked the change. Staff told us some people had gained weight and had eaten more with a gap between main meals.

People who used the service and their families told us that they knew that they could raise concerns or formal complaints and that they would be taken seriously and acted on. A person who used the service said, "I feel quite comfortable raising concerns with any staff member not just the manager. You can approach them all." There was a formal complaints procedure in place and the manager was available for people to speak with about any concerns they might have. People told us that any suggestions they had would be listened to and taken seriously.

Good

Is the service well-led?

Our findings

People told us there was a positive atmosphere at the home. One person said, "Yes the staff communicate in a friendly way." A visitor told us, "It's just like one large family here, very relaxed". Staff told us they enjoyed working at the home. The manager monitored the support and care people received. She said, "I walk around every day and listen to how staff are talking with people and listen how they interact with them." The manager told us that she turned up at different times of the day to check that standards were consistently being maintained. If she found a problem she took action to address it. A staff member said, "The manager turns up to check on things sometimes and talks to you about anything that's not quite right. We also discuss these things in team meetings."

There was a quality monitoring system in place. Evidence of improvements based upon the outcomes of audits. An example of this was that it had been identified that staff were not always recording when they applied prescribed creams and lotions to people. The manager had identified this and had put plans into place for staff to use a separate form to record this.

The manager had detailed knowledge of people using the service. She was able to clarify/answer questions relating to a range of topics including consent, capacity assessments, DoLS and other matters. She had systems in place to answer queries we raised and was competent and confident in her knowledge of the home and current needs of the people living there. The manager assessed and monitored the staffs' learning and development needs through regular meetings, supervision and appraisals. Staff confirmed that they received regular supervision and felt very supported.

Staff told us the manager was approachable and supportive. A staff member said, "She is a good manager, you can go to her at any time and she will always listen." Staff confirmed that regular staff meetings took place where they were able to make suggestions and that communication was good. A staff member said, "I feel that they listen to you here."

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.