

Regal Care Limited

Havencroft Nursing Home

Inspection report

Lea End Lane
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West Midlands
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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

Havencroft Nursing Home is registered to provide accommodation and nursing care for up to 32 people. There were 24 people living at the home at the time of our inspection.

This inspection took place on 10 January 2017 and was unannounced.

A registered manager was in post but was not at work on the day of our inspection. 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 felt safe living at the home and felt safe when staff supported them. Staff were able to identify signs of abuse and knew how to report concerns of abuse. Staff were aware of people's needs and took appropriate action to assist in reducing risks to people's safety and wellbeing were minimised. Staff were aware of action they needed to take in the event of an accident or incident and there were systems in place to prevent reoccurrence.

People's individual needs were supported by the availability of staff to meet needs throughout the day and night. The registered manager kept staffing levels under review and made sure staff absences were filled. The provider ensured safe recruitment procedures were followed to assist in making sure prospective staff were suitable to work with people before they started work with them.

People were supported to take their medicine as prescribed and there were safe systems in place for the storage and disposal of medicine. Staff understood people's care needs and how to support them effectively. They were provided with training to ensure they had the skills and knowledge to effectively meet these needs. Staff felt they supported each other and worked well as a team in order to effectively and safely meet people's needs.

People received the care and support they wanted. Staff respected and knew people's preferences in how they wanted their care needs met. People were involved in making decisions and giving consent to their own care. When people could not make their own decisions their rights were protected. Where decisions were made on people's behalf these were made in their best interests.

People were treated with kindness by staff who respected people's privacy and encouraged to remain as independent as possible and treated them with dignity and respect. Staff helped people to keep in contact with relatives and friends who were important to them.

People were supported with fun and interesting things to do. The provider had employed a dedicated activities co-ordinator available to support people with organised activities as well as individual support for

people to choose what they wanted to do.

People and their relatives were confident if they had any complaints they would be listened to and acted upon. The provider had responsive systems in place to monitor and review complaints to ensure improvements were made where necessary. The registered manager had set up and developed responsive systems to monitor and review people's experiences to ensure improvements were made where necessary.

The provider regularly visited the home to support the registered manager in driving through improvements to the standard of care provided. The registered manager used their quality checks to plan and enable improvements to be sought. As a result the quality of the service people received continued to improve.

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.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately. Staff were aware of the risks associated with people's needs and how to minimise these. There were sufficient staff on duty and people's needs were responded to without delay to support their safety. People were supported to take their medicine as prescribed to promote good health.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet and understand their needs. Staff respected people's right to make their own decisions and supported them to do so. People were supported to eat and drink enough and access healthcare from other professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had opportunity to build positive relationships with. People were kept involved in their own care and treatment and staff treated people with kindness, dignity and respect. Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

Care and support was personalised to each person's needs and staff responded to any changes in these needs. People were supported to spend their time how they wanted to and to have fun and interesting things to do. People were encouraged to give feedback on the care they received and complaints were investigated and dealt with in a timely manner.

Is the service well-led?

Good 

The service was well led.

People benefited from a registered manager who checked the quality of the care people received and were continually looking at how they could provide better care for people. The provider and registered manager provided support to the staff team. Staff understood their roles and responsibilities. Arrangements were in place that monitored the quality of the service provided and action was taken when improvements were identified.

Havencroft Nursing Home

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.

This unannounced inspection took place on 10 January 2017 and was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the provider and the services at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send to us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding some people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spoke with six people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with three relatives of people living at the home during the inspection.

We talked with the provider, the registered manager by telephone, one nurse, one senior staff member and two care staff members. We also spoke with the maintenance person and the activities co-ordinator. We looked at a range of documents and written records including four people's care records, records about the administration of medicines, incident report forms and four staff recruitment files. We sampled minutes of meetings with people who lived at the home, relatives and staff. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they

took.

Is the service safe?

Our findings

People who lived at the home told us they felt safe when staff supported them with their needs. One person told us if they used their call bell or asked staff for assistance they would come quickly which reassured them and helped them feel secure. Relatives we spoke with had no concerns about their family member's safety as staff were always, 'on hand' to offer support when required.

Staff we spoke with understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff had received training and were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety which including reporting incidents of potential harm or abuse.

People were supported with their particular needs against any avoidable risks to their safety and wellbeing through assessment and monitoring by staff. These risks included people's awareness of their physical abilities, health needs, or their level of dependence. One person told us staff came to assist them with their washing and dressing needs. They knew this was required to support their confidence and to assist in ensuring the risks of them falling was lessened. The person told us, "I feel safer with just a little help from staff."

We saw people were assisted with their individual needs at different times in the day by staff. Where staff helped people to physically move around their home they showed they were aware of the individual support people needed to reduce risks to their safety. One staff member said, "We have plans to refer to and the handover information so we can read how to move people and whether they need certain equipment." We saw staff used equipment safely and provided people with reassurance when they supported them.

In the event of an accident or incident staff told us they would make sure the person was safe and alerted the nurse and/or registered manager. One staff member told us, "We always report any accidents people have and assess so we know whether an ambulance is required." We saw accidents and incidents had been recorded and action taken depending upon the person's needs. For example, if a person had experienced frequent falls they were referred to their doctor.

We had different responses from people when we asked them about the availability of staff. One person told us they felt when they needed staff support staff came quickly. Another person said, "I only have to wait a few minutes for them to help me, which is nothing at all." Another person told us there were enough staff to meet their personal care but would like to do more recreational activities and believed there was not enough staff to meet this need.

We spoke with staff about the staffing levels at the home and all told us there were enough staff to safely meet people's needs. The registered manager told us they took into account people's level of dependency and their individual nursing needs when monitoring staff levels. In the Provider Information Request [PIR]

the provider confirmed this approach, 'The home is staffed in accordance with the dependency of the service users. Nurses are not counted within the care numbers. This allows them to be free to supervise staff and give direct nursing care.' Although we saw staff were busy during the day of our inspection they met people's care and support needs without any unreasonable delays. We saw examples where staff responded to people's needs at the times they required assistance so risks to their safety and wellbeing was not compromised.

The provider had arrangements in to ensure people were supported by staff who had received appropriate checks prior to starting work with them. Staff did not work at the home until previous employers had provided references for them and criminal checks on their background had been completed. These are called Disclosure and Barring Service (DBS) checks. These checks helped to make sure potential new staff were suitable to work with people who lived at the home.

People told us staff helped them to take their medicine as prescribed. One person said, "The staff know what tablets I take and when I need them. If I need a little extra, if I have a headache or some other pain I only have to ask and they give it to me." We saw staff explained to people what their medicine was for and made sure they had a drink to take them with. Additionally, there was a personalised approach to the administration of people's medicines. For example, where people required their medicines in liquid form this was provided to them. Only staff who had training on the safe handling of medicine administered them. Staff had regular competency checks to ensure they continued to manage medicines safely. There were arrangements in place to store and dispose of medicines. We saw when a person declined their medicine the staff member showed us how they disposed of this and recorded they had done so.

Is the service effective?

Our findings

At our previous inspection on 26 May 2015 we found the provider required improvement because we needed to satisfy the improvements made to meet the legal requirements of the law and improve the effectiveness of the service had been consistent over time. At this inspection, we found staff followed the correct process and found people received care, treatment or support lawfully. This meant proper application of the Mental Capacity Act (MCA) 2005 had been followed to show that the decision done for or on behalf of each was in their best interests.

During our inspection we saw people were asked to give their consent to care and treatment provided by staff. We saw staff supported people to make their own choices around what they wanted to eat and drink and what they wanted to do with their time. One person said, "Staff always tell me what's going on and tell me what they're going to do." Staff understood the importance of gaining consent from people and the principles of making best interest's decisions when people may not be able to make their own decisions.

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.

We checked whether the service was working within the principles of the MCA. 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. The provider was now following the requirements in the DoLS and had submitted applications to a 'Supervisory Body'. We saw the provider was acting upon the decisions made by the supervisory body and had processes in place to review these over time. Staff we spoke with knew where to check if a DoL had been authorised, and gave us examples of how they would support people so their rights would be respected and they would receive the care they needed.

When we spoke with the registered manager they showed us they were aware of the MCA and DoLS. They had worked with the local authority in establishing whether people were being deprived of their liberty.

The provider told us in the PIR, 'Staff inducted into the home given all the necessary training, and those with no or limited experience in care given training in the Care Certificates within their first 12 weeks if employment, so as to give them the skills and confidence to carry out their responsibilities and roles.' Staff we spoke with told us they had all received an induction which included a period of shadowing experienced colleagues before they started to work as a full member of the team. One staff member described to us how they had benefitted from their induction, "I was able to get to know people and their care needs."

People and their relatives told us they felt confident the staff had the required skills to meet the needs of the people they cared for. One person told us, "Staff know how to assist me in the right way with all my personal hygiene needs and what medicine I require." A relative said "They [staff] all seem to be knowledgeable about

how to support [person's name] with their care." We asked the staff about their training. One staff member told us they received training through on line courses and classroom based sessions. They told us, "This gives them the opportunity to practice what they had learned before supporting people." They told us they completed specialised courses in dementia and diabetes to help them understand specific health conditions of the people they supported and assisted them to stay healthy.

We spoke with the registered manager to ask how they ensured staff had the necessary skills to support people. They said, "I have done a lot of work around staff training and checking staff have the right skills which were beneficial to people's care. I work a lot alongside staff so I can see staff practices."

Staff told us they received the support they needed through one to one supervision meetings. This gave them the opportunity to talk about their training and skills and receive feedback on their practice. On staff member told us, "I can ask questions and look at any training I need."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw each person had a jug of water in their room and refreshments could be made at any time of the day in the lounges and dining rooms. People were offered a choice of menu which included fresh meat and vegetables. One person said, "The food is good." Another person told us, "The food is very good, better since the new cook came." We saw at lunchtime this had been understood by staff and people were then assisted with special diets or soft foods to ease their digestion and eat healthily.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly by the nurses and up to date.

People told us, they had access to health professionals when they required. One person told us, "I asked them and they did get me a doctor recently when I felt poorly." Another person said they went regularly to the hospital for their, "Health check ups'." A relative told us how they were informed by staff when the condition of their family member's health had deteriorated. We saw where required, records were kept of people's, personal bathing, people's food and drink intake and positional changes to prevent people developing sore skin and keeping their skin healthy.

People said they had been consulted and we saw records of people's end of life choices. These were clearly recorded so staff knew how to respect people's wishes. Where people had made the decision or where best interests decisions on their behalf, not to be resuscitated [should their heart stop beating]; the appropriate forms were in their care files and had been reviewed by a doctor.

Is the service caring?

Our findings

People were happy living at the home and had developed positive relationships with staff who knew them well. One person said "It is very nice. The staff are good to me." Another person said, "They [staff] are all lovely." One relative we spoke with felt staff's manner was one of kindness and they were lovely. Another relative said, "Staff are very good and very kind." The relative described how they had been supported by staff to stay with their family member overnight and staff had offered them drinks.

In the PIR the provider confirmed, 'Staff are encouraged to get to know our resident's [people's] likes and dislikes, with whom they can share a joke with or not, who likes to have their teeth cleaned before or after a meal etc.' Staff we spoke with also told us it was important to get to know people and spend time so people trusted them. We saw staff chatting with people and asking them about their day or families. The activities co-ordinator had recently completed life history work with people. This gave staff insight into people's history and what was important to them. Staff were able to use these as a focal point for conversations with people. We saw staff took time to ask people about their family members and whether they would be visiting them. People were happy in staff company as they smiled and chatted.

People were given choices and involved in decisions about their care. One person said, "I get up when I like and go to bed when I like." Another person said, "If you want anything you only have to ask and they get it for you". A relative we spoke with told us staff took time to explain things to their family member." Staff said they were mindful of people's communication needs and used their preferred method of communication to involve them in decisions about their care. Where staff had difficulty communicating with people verbally they gave them visual choices and observed their body language. Staff spoke with and about people in a respectful manner. We saw examples of staff offering people choices such as, where they wanted to be in the home and what drinks they would like.

People were supported to keep in contact with people who were important to them. There were visitors during our inspection. It was evident staff knew people's relatives well and welcomed them. Relatives told us they felt welcomed into the home at any time. On the day of our inspection we saw visitors chose to sit in the lounge and dining room whilst their relatives ate their lunch.

People who lived at the home and their relatives told us staff treated people with dignity and respect. One person explained staff helped them have a wash and would make sure they had their clothes ready for them to put on when they got out. Another person told us staff encouraged them to do as much as they could for themselves as it was important to them to maintain their independence. Staff told they promoted people's dignity by ensuring they treated them as individuals. They also ensured people were kept covered up as much as possible when receiving personal care and doors and curtains were closed. We saw staff offered support in a discreet and dignified manner.

Written records which contained private information were stored securely. Staff understood the importance of respecting confidential information. For example, we noted staff did not discuss information relating to any of the people who lived at the home if another person who lived there was present.

Is the service responsive?

Our findings

People living at the home were encouraged and supported to enjoy pastimes of their choice. We saw some people were supported to enjoy crafts and other activities such as art work, jigsaws and word searches. One person told us, "There is always something on but I like my own company which staff respect and are aware of." The provider had employed a designated activities co-ordinator to offer activities five days a week. Activities on offer were advertised in the hallway to show people what was happening each day. At our inspection we saw an exercise session to music, followed by a game of skittles. People were asked whether they wanted to join in or not. We saw people smiling and enjoying the stretching exercises and throwing a large balloon. A relative commented, "Since coming here [person's name] has started to become more sociable, since joining in the group sessions. They love throwing the balloon. I never thought I'd see that!"

Two people we spoke with felt they would like more activities to be provided at the weekend. We discussed this with the provider who told us they would consider making more entertainment on Saturdays and Sundays available for people as requested.

We asked the activities co-ordinator how they facilitated pastimes for people who were unwell or chose to spend time in their bed. They told us they tried to encourage people to come into the lounge to join in, but if that was not possible they made a point of trying to see individuals in their own room. They kept a record of how often people were offered and joined in activities so to try to prevent them becoming socially isolated.

Staff we spoke with were knowledgeable about people's individual needs and provided us with examples of how through the care and support provided by staff people's needs were responded to. For example, one staff member had started their shift early to accompany person to their hospital appointment.

Staff understood the importance of promoting equality and diversity. We saw staff put this into action. One example was the arrangements which were in place to ensure people only received close personal care from a member of staff who was the same gender as them if this was the person's choice. Another example was where staff had respected people's decisions to express themselves in different ways, such as what people wanted to wear. A further example was the support people received to attend church services at the home.

We saw staff kept daily records of the care they provided and how people responded to care so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and verbally shared information between the staff team, such as, at handover meetings. One member of staff told us "If I think a person's health has changed I can tell the nurse on duty and they will help them."

Although the provider had not sent out annual surveys on a consistent basis, they had arranged a resident/relative feedback meeting to measure people's opinion of the service. We saw the minutes of the meeting which had recorded very positive responses of how people thought they were cared for and supported by staff. We also saw people were supported to share their views. For example a person had

shared their views about the noise of the traffic and they had been offered a change of room. We saw in the hallway the provider had a suggestions box for people to leave comments about the support they received.

Where people or their relatives had raised concerns or complaints there was a system in place to record and these showed any required actions which had taken place. These were reviewed regularly by the registered manager and provider. We saw from the complaints records how the registered manager had investigated and responded to a complaint. Only one complaint was recorded in the last twelve months.

The provider confirmed within the PIR a sample of the compliments they had received which included, 'They [people] are happy with the good care that we have been providing' and 'Thanking us for doing all we could for making the service user [person] happy and attending to all their needs.' Additionally, we saw the provider had received a number of compliments in the form of 'Thank you cards' The comments we read included, 'Thank you for everything you have done for [person's name] and supporting mum through a very tough time' and 'Thank you all for the care and attention you gave to [person's name] whilst she was at Havencroft you were very good.'

Is the service well-led?

Our findings

People and their relatives were pleased with how the home was run. They found both the staff and management easy to talk to. One person said, "I see the manager regularly and if I had any concerns I would see them, they would sort them out." One relative told us, "I know the manager. They're here every day and is always available if I want to talk to them." Another relative said, "It's a lovely home."

The registered manager had been promoted and had previously worked as a deputy manager at the home. Staff knew them well and found them approachable. One staff member told us, "[Registered manager] is very fair and they will let you know if there is a problem." Another staff member agreed and was confident in their abilities. They described them as, "Excellent nurse, very knowledgeable." The registered manager was not at work on the day of our inspection visit but spoke with us by telephone and had made provision for the day to day running of the home in their absence.

There was a clear management structure in place where the registered manager was supported by the provider and other registered managers employed by the provider. Staff were able to contact the registered manager for support outside office hours should the need arise. The registered manager told us the vision of the service was to provide good quality care and to provide opportunities for people to maintain contact with the community. The vision was shared by staff who told us they gave people choices about how they wanted to live their lives. They promoted people's independence and participation in things they enjoyed doing. This included visits from a local church and various entertainers.

Staff told us there was a positive working culture at the home and they felt valued. There was a good sense of teamwork and they enjoyed working there. They found both the registered manager and the provider open to discussion about and their views were listened to. One staff member said, "There is a nice atmosphere here and we work as a team."

People and their relatives were given the opportunity to comment on the quality of the service through surveys and during care plan reviews. In the PIR the registered manager told us, 'On a regular basis, we meet up with any visitors and speak to them whenever they come to see the service users [people]. As we meet up with all concerned so regularly, we have found that this has had an adverse effect, resulting in a low attendance in the Residents [people] and Relatives meetings that we hold. Residents [people] and relatives tell us that they prefer the one to one meetings that we have where they find any concerns that they may have are quickly addressed.' The registered manager also said they worked in a 'Hands on' way alongside staff and spoke with people on an everyday basis. During our inspection we saw the provider also took this approach as they spoke with a person who lived at the home and a relative.

The registered manager had systems in place to record and respond to incidents, accidents, and concerns of abuse. They were aware of their duties under the duty of candour regulations and were open and honest in their approach. They were also aware of their responsibility to notify us of any significant events and had submitted statutory notifications where necessary.

The provider visited the home regularly and had identified along with the registered manager improvements for the refurbishment and redecoration. We saw people's personal rooms were in the process of being redecorated to include new flooring and curtains. We found the provider and registered manager had open and responsive styles of leadership. For example, there was an issue with carpet on the entrance to a person's room which the provider told us they would be replacing to make sure this was not a health and safety hazard. Additionally, the provider would make sure the quality checks they completed were consistently recorded.

The registered manager regularly checked the quality of care and we saw systems were in place to formally assess and monitor the quality of care. These included checks of the environment, health and safety, medicines management and care records. We saw these checks had helped the registered manager to focus on aspects of the service and drive through improvements following our last inspection. For example, the quality of care was being checked with people, care records had been developed and people were being enabled and consistently supported to do fun and interesting things.