

MISTIS Ltd

Havengore House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Havengore House Residential Care Home is a residential care home that provides personal and nursing care for up to 22 older people aged 65 and over. At the time of the inspection there were 22 people living at the service.

People's experience of using this service:

Quality assurance arrangements were in place, but these had not picked up the issues highlighted as part of this inspection. This meant the service's quality assurance arrangements were not as effective as they should be to monitor the care and support people received. Improvements were also required to ensure documentation relating to people's end of life care arrangements and recruitment practices were robust. This would ensure people who were assessed as being at the end of their life had their wishes and preferences recorded so that staff could take these into account when providing care and support.

People were treated with care, kindness, respect and dignity, and spoke positively about the caring attitude of staff. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. There were sufficient staff available at all times to meet people's needs.

People told us they were safe. The service had effective safeguarding arrangements in place to protect people from harm and abuse. People's care and support needs were clearly documented, and staff had a good understanding and knowledge of these and the care to be delivered. Suitable arrangements were in place to manage risk and to ensure people received their medicines as they should.

The dining experience for people was positive and people received sufficient food and drink throughout the day. People received positive outcomes regarding their health and wellbeing; and the service worked jointly with other organisations to ensure good collaborative care.

Staff received appropriate training and newly employed staff completed an induction. However, minor improvements were required to ensure staff received a robust induction. Staff felt valued and supported by the registered provider and manager and received regular supervision.

Rating at last inspection:

This was the service's first inspection since being registered with a new provider.

Why we inspected:

This was a planned inspection based on our schedule of inspections.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received, we may inspect sooner.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Havengore House Residential Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Havengore House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At this inspection 22 people were living there.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on the 4 and 5 March 2019 and was unannounced.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service.

We observed the support provided throughout the service. We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff, the deputy manager and the registered manager. We reviewed four people's care records and three staff recruitment files. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medicines, staff training records, staff duty rotas and complaint records.

Is the service safe?

Our findings

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

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.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding arrangements were in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. This included escalating concerns to the Local Authority or Care Quality Commission.
- People told us they felt safe. One person told us, "Staff look after me, I know I am safe." Another person told us, "I am definitely safe living here." Relatives confirmed they had no doubts about their family member's safety or wellbeing.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were identified. Records showed how risks to people's safety and wellbeing were reduced and the actions required to keep people safe.
- Although staff had received moving and handling training, we observed two members of staff assist two people to move in a way that was unsafe and which put them at risk of harm. Staff attempted to transfer both people from a comfortable chair in the lounge to a wheelchair by placing their hands under the person's armpits. This technique is unsafe, can hurt and cause injury because the person's armpits and shoulders have too much pressure on them. We discussed this with the registered manager and they took immediate action to talk over the incidents with both members of staff to ensure this was not repeated.

Staffing and recruitment

- The deployment of staff was appropriate and there were enough staff available to meet people's needs. People, their relatives and staff suggested there were always enough staff available to meet people's needs. Observations showed staff responded to people's care needs in a timely manner. One member of staff told us, "Staffing levels here are fine and there is enough of us to meet people's needs."
- The dependency needs of people were assessed each month and this information was used to inform the service's staffing levels.
- Improvements were required to make sure staff employed had been recruited safely to ensure they were suitable to support vulnerable people. No proof of identification was available for one member of staff and only one reference had been sought for another member of staff. Additionally, the references for two members of staff were received after they commenced employment at the service. Following the inspection the registered manager wrote to us and advised the staff member's proof of identification had been filed in a separate folder. They also confirmed start dates for newly employed staff were recorded incorrectly and therefore staff's references had been sought prior to their employment.

Using medicines safely

- Medicine arrangements were organised, and people received their medicines when they should and as

prescribed. The registered provider and manager were following safe protocols for the receipt, storage, administration and disposal of medicines.

- Staff who administered medicines had received suitable training and had their competency assessed to ensure their practice remained safe.

Preventing and controlling infection

- Staff had received infection control training and knew what to do to prevent the spread of infection. Staff had access to Personal Protective Equipment [PPE] such as gloves and aprons and used these as necessary.
- The service was clean and odour free to help prevent the spread of infection.

Learning lessons when things go wrong

- Prior to the inspection an unforeseen incident occurred whereby one person sustained an injury which required hospital treatment. The registered manager conducted a thorough review of the circumstances leading up to and including the incident to ensure lessons were learned and communicated to all staff to support improvement.

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

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

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

- People's needs were assessed, regularly reviewed and this included their physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff were able to tell us about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff received online and face-to-face training opportunities and were complimentary regarding the quality of the training provided. Comments included, "I've done loads of online training, it was very good" and, "I know I've still got some training to do but what has been completed was helpful."
- Newly employed staff had received an induction relevant to their role. However, this did not include the Care Certificate where staff had not acquired a formal vocational qualification or had limited care experience. The registered manager confirmed this was part of the service's induction programme for newly appointed staff. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff told us they felt valued and supported by the registered provider and manager. Staff confirmed they received supervision at regular intervals.

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

- People's comments about the food were positive. Comments included, "The food is very nice" and, "I really enjoyed my dinner today, it was lovely."
- People had access to food and drink throughout the day and the overall dining experience for people was positive. People could choose where to have their meal, for example, in the dining room, sitting in a comfortable chair within the communal lounge or in the comfort of their bedroom.
- Where people were at risk of poor nutrition, their needs were assessed, and appropriate healthcare professionals were consulted for support and advice.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The service worked with other organisations to ensure they delivered joined-up care and support. People had access to healthcare services when they needed it and confirmed their healthcare needs were met. One person told us, "The staff would notice if I was unwell or required a doctor." One person's relative confirmed they were kept up-to-date by staff about their relative's healthcare needs, including the outcome of appointments."

- The service was part of the 'Red Bag Care Home Scheme'. This is a new national initiative. The aim is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

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

- Havengore House Residential Care Home is a detached house within a residential area in Leigh on Sea. There were sufficient communal areas for people to use and access. People had personalised rooms which supported and suited their individual needs and preferences.
- People had access to a secure outdoor garden and this was well maintained.
- The registered provider had made many improvements to the décor of the care home, both internally and externally.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff asked for people's consent before providing care and support. People were supported to make their own decisions and choices wherever possible.
- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS and how this impacted on the people they supported.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

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

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

- Comments made by people and those acting on their behalf about the quality of care received was positive. One person told us, "The staff are very good." A relative told us, "I am very happy with the care my relative receives. The staff know their care needs well and are kind and caring. I have seen [relative's] care plan and am happy with what is written." Another relative told us, "[Name of relative] is happy here and we feel they get good care and support."
- People were supported and cared for by a consistent team of staff. Observations showed people received a good level of care and had a good rapport and relationship with the staff who supported them.
- People and staff were relaxed in each other's company and it was clear staff knew people well. • Staff understood people's communication needs and how to communicate with them. Where people were unable to communicate their needs and choices, staff used their knowledge about the person to understand their way of communicating. Staff confirmed no-one at the time of the inspection required specialist assistive technology. However, improvements were required to ensure the service complied with the Accessible Information Standard. For example, menus and the service's activity programme were not written in an appropriate format which people could easily understand.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People, relatives and healthcare professionals were given the opportunity to provide feedback about the service through regular reviews and through the completion of annual questionnaires. Relatives comments were positive and included, "Staff are amazing, "Staff are lovely" and, "The most important part of the care is the carers, I can't fault the level of care and attention provided." Healthcare professionals felt the staff demonstrated a caring approach to the people they supported.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to use the bathroom or to have their comfort needs met.
- People's independence was promoted and encouraged according to their capabilities and abilities. People told us they could manage aspects of their personal care independently or with limited staff support. Most people were able to eat and drink independently.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome by the management team and staff.

Is the service responsive?

Our findings

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

People's needs were not always met.

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

- Care plans covered all aspects of a person's individual care and support needs, including how the delivery of care and support was to be provided by staff. Staff had a good understanding and knowledge of people's individual care and support needs, including the delivery of care to be provided. This included people's specific preferences and diverse needs.

- Information showed people's care plans were reviewed to ensure these were up-to-date and accurately reflected where people's needs had changed.

- Suitable arrangements were in place to ensure people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community.

During the inspection people were supported to participate in a quiz, reminiscence and other games. The person responsible for providing activities also supported a small number of people to access the local community. An external entertainer visited the service to sing popular songs that people knew and this event was very positive.

Improving care quality in response to complaints or concerns

- Arrangements were in place to ensure complaints and concerns were recorded, however investigations were poorly completed and not as robust as they should be. Supporting documentation to evidence how conclusions and outcomes had been reached were not routinely available. For example, in relation to one complaint, not all elements of the complaint were fully investigated. Interviews and statements with staff involved were not conducted or recorded to provide an account of events. A record of the meeting with the complainant was not maintained. Although, a response was provided to the complainant following the completion of the investigation, the complaint outcome did not portray a correct account of actions taken. The complainant confirmed to the registered manager they were not happy with the outcome, but this was not followed-up by the registered manager or provider.

Effective arrangements were not in place to investigate, record and respond to complaints. This demonstrated a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they were confident to raise any concerns or complaints with the registered manager or provider.

- A record of compliments was maintained to evidence the service's achievements. One written compliment recorded, "[Relative] looked very well and relaxed last night when I visited them. Havengore is clearly a much better environment for them than being on their own. I can tell the difference in them and it is a very positive one."

End of life care and support

- There was no evidence to suggest people were not receiving appropriate end of life care. No information was recorded relating to how the person's end of life care symptoms and pain management arrangements were to be managed to maintain the person's quality of life and dignity as much as possible. This was discussed with the registered manager and prior to us leaving the inspection, they had devised a new end of life care plan document.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were quality assurance arrangements in place to monitor the quality of the service provided. However, these arrangements had not identified the issues found during our inspection. Areas which required improvement included, the management of complaints, ensuring end of life care plans and recruitment practices were robust. Minor improvements were required to ensure the registered provider's quality assurance arrangements were robust in all areas of the service.

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

- The registered provider and manager understood the importance of their role and responsibilities.
- People were complimentary regarding the registered manager and their management style. People and their relatives said they knew who the registered manager was, and they provided visible leadership. Staff and people consistently described the registered manager as supportive and approachable. Comments included, "I feel [name of registered manager] is good, they are always helpful and make time to talk with me" and, "The manager is alright, I find them approachable and get on well with them."
- Staff were positive about working at the service. One member of staff told us, "I love my job and working here."

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

- Arrangements were in place for gathering people's, relatives and healthcare professionals' views of the service. Comments recorded were mostly positive and suggested people found staff employed at the service to be kind and caring and the quality of care received to be good.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Where areas for corrective action or monitoring were required, an action plan had been completed.
- Meetings were also held with people using the service to enable them to have a voice and to discuss matters and issues important to them. These were facilitated by the person responsible for providing social activities.

Working in partnership with others

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.

- The registered manager confirmed they had initiated a talk for relatives with a dementia specialist in November 2018 and was looking to be part of the local Southend Dementia Alliance. This is a partnership of organisations and community groups, working together to transform the quality of life for people living with dementia and their staff.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered provider must have effective arrangements in place for identifying, recording, handling and responding to complaints by people using the service and others.