

Vmaria & Rawther UK Ltd

Havendene Residential Home

Inspection report

Front Street
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Havendene Residential Home provides residential care for up to 25 people, some of whom were living with dementia. There were 14 people living at the service at the time of our inspection.

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

People felt safe. Medicines were well managed. The premises had undergone an extensive programme of improvements and decorating was now to be completed.

Record keeping had improved and care documentation, including risk assessments were being fully rewritten.

Quality assurance, oversight and upkeep of the service had improved. There were some areas still to work on, but an action plan was in place and being followed.

Infection control measures had improved, and the home was overall clean and tidy. The provider had some actions to take, including moving a PPE dispenser and completing the decoration of the service after the upgrade of the premises but this was in hand.

There were enough trained and safely recruited staff who felt supported. We have made a recommendation to enhance the interview process. Staff morale had improved.

People enjoyed the food and drink prepared and were offered choice. 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 and records were in the process of being fully reviewed.

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 requires improvement (published 26 January 2023).

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. 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 requires improvement to good based on the findings of this inspection.

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.

We found evidence that the provider had made improvements. Please see the safe, effective and well-led sections of this full report.

Recommendations

We made 3 recommendations. These regarded reviewing and updating interview processes, ensuring accident and incident forms were fully completed and reviewing activities to ensure they meet all people's needs.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Havendene Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection team were also joined by a regulatory coordinator who was new in post and shadowing the inspection process as part of the brand-new role.

Service and service type

Havendene Residential 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and commissioning teams and professionals who work with the service, including the fire service, infection control and community nurse teams. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to support our planning of this inspection.

During the inspection

We met every person at the home and either spoke to them or completed observations on those unable to share their experiences. We spoke with 8 relatives or friends to gather their feedback.

We spoke with, or contacted via email, all staff, including the nominated individual, the registered manager, cook, domestic staff and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records in full and parts of other people's; and multiple medication records. We looked at 4 staff files in relation to recruitment and staff support. We also viewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection, the provider did not have robust safety processes in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Safety monitoring was in place. Fire doors had been replaced.
- Risks identified had been assessed and monitored to keep people safe.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely in the case of an emergency.
- Improvements had been made to ensure issues found during the last inspection had been addressed. This included ensuring all wardrobes were attached to walls and mattress setting monitored.

Using medicines safely

At the last inspection, the provider did not have robust medicines management procedures in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were well managed. A new dedicated, clean and tidy medicine room was now in place and storage of all medicines was robust. The medicines optimisation team said, "Most recommendations have now been followed and it was great to finally see such a fantastic improvement to the medicines management systems."
- People received their medicines in a timely manner. One person said, "They are very good, no problems with the tablets."
- Any unused medicines were returned in line with best practice.

Preventing and controlling infection

At the last inspection, the provider did not have robust infection control measures in place. This was a

breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Infection control procedures had improved. There were no odours and the home was clean. The registered manager was reviewing and monitoring cleaning charts to ensure they were completed fully.
- Staff followed appropriate PPE practices. The apron dispenser in the kitchen was located incorrectly. This was going to be moved by the provider.
- There was some decorating to take place after the recent work in the home had been completed. The provider was going to ensure that all bare paint work was redecorated to ensure it could be cleaned properly.
- Visiting was taking place in line with guidance.

Staffing and recruitment

At the last inspection we recommended the provider review staffing levels to ensure enough staff were in place to complete tasks required.

The provider had addressed these recommendations.

- There were enough staff on duty to meet people's needs. One person said, "I think there's enough staff."
- Staff were recruited safely. This included checks with the Disclosure and Barring Service (DBS) to ensure staff were suitable to work at Havendene. A local authority visit had identified some gaps in references and the provider was addressing this.
- Interview questions and recordings of interviews were not robust. This meant we could not confirm fair and best practice recruitment procedures were in place.

We recommend the provider has clear consistent questions relating to the role being employed to and that clear records of interview responses are kept in line with best practice.

Learning lessons when things go wrong

- The provider continued to collaborate with the local authority and other professionals to further enhance the service.
- Where accidents and incidents occurred, these were recorded and reviewed to consider any themes or trends and to consider actions to prevent any occurrences. Although action was taken, some accident records were not fully completed to show those actions or lessons learnt.

We recommend the provider ensures full completion of accident and incident records as per best practice.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "Yes, I feel safe...why would I not. The staff are lovely." One relative commented about safety, "Yes, no doubt about it (person kept safe)." Another relative said, "Never see distress. Carers are really nice and approachable."
- Safeguarding systems were in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse.
- Where safeguarding concerns had been raised, they had been acted on appropriately and reported to the local authority and CQC.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection, the provider had not addressed all the issues we found regarding the premises. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The home had undergone recent extensive refurbishment. This included replacement windows, new kitchen, fire doors and flooring throughout the home.
- Plans were in place to undertake painting and decorating now the refurbishment work was completed.
- There was also a plan in place to update the garden area to provide larger areas for people to sit and relax. The provider was asked to keep us up to date on further improvements made.

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

At the last inspection, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were supported with enough food and fluids in line with their dietary needs.
- A choice of meals was available, which considered any personal preferences, including for example if people were vegetarian or disliked certain foods.
- The mealtime experience had improved. People told us they enjoyed the food and drink provided. One person said, "The food's good, I get nice chicken pie" and "I order what I want."

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

At the last inspection, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Prior to being supported by the service, people's needs were assessed to ensure the service was able to support them effectively and safely. The provider continued to update care records to ensure they were fully reviewed and up to date.
- People and their relatives told us they engaged in conversations about the care to be provided and their care records demonstrated this. One relative said, "[Registered manager] has done a really good job of understanding [persons] needs."

Staff support: induction, training, skills and experience

- People were supported by staff who had been provided with an induction and opportunities to shadow more experienced colleagues. This enabled them to get to know people living at the home.
- Staff received regular supervision and support. One staff member said, "I receive regular supervisions and appraisals. They are supportive and I feel supported by the manager."
- Suitable staff training deemed mandatory by the provider was completed. Additional support and advice had been provided by the local authority and other health care professionals. There had been no impact, but there were a few gap in training. However, the vast majority was completed and up to date. The provider had an action plan in place to address the gaps.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the importance of adhering to the provisions of the MCA, including ensuring consent to care was in line with law and guidance.
- People who lacked capacity had mental capacity assessments in place and details were within their care plan around best interest decisions made. The provider was currently reviewing all care plans to ensure nothing had been missed.

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

- Staff worked with other agencies to the benefit of people they cared for.
- People were supported to access healthcare services and support when needed. Regular GP visits were conducted, and referrals were made to speech and language therapist's teams and occupational therapists when required.
- We did receive a report from a health professional who felt staff had not always acted as quickly as they should have in reporting health issues. We found no evidence of this during the inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had changed to good. This meant the service was managed and well-led. Leaders and the culture they created promoted person-centred care.

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

At the last inspection, the provider did not have robust governance procedures in place. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. Some further actions were required, and we were confident the management team were working hard to address these.

- The provider had addressed concerns regarding the premises and was finalising their action plan to address other issues identified. Following our inspection, the management team were responsive to our early feedback and confirmed this had been added to the service action plan.
- Audits and quality assurance checks were completed. Actions were completed but not always signed off when finalised. The provider was going to address this.
- People were supported by staff who were motivated to carry out their role.
- Staff received supervisions where they had the opportunity to discuss their role and performance.
- The provider showed a better understanding of their roles. Policies and procedures were in place and the provider had used a specialist organisation to support this.

Continuous learning and improving care

- The provider had worked hard to implement improvements to the service for the benefit of the people living there.
- An updated action plan was in place to continue to further develop the service, including garden areas
- All care plans were in the process of being rewritten. We suggested typing these to save time and make them easier to update when required and the provider took this feedback on board.

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

- People and their relatives were involved and engaged in the service. Relatives said they could raise issues directly with the registered manager and would be listened to.
- Surveys had been conducted and these were going to be regularly sent out to gain feedback. One relative said, "I've got a questionnaire to fill in at home. It's annual I think."

- Staff meetings had taken place to discuss the service and enable staff to contribute to them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service promoted a positive person-centred culture. One relative said, "The manager is very approachable. Very nice lady, and the staff are very good too, they are a proper team she has around her."
- Staff worked in partnership with others. There had been some breakdown in working relationships with a small number of healthcare professionals who visited the home. The registered manager was keen to improve this as where the healthcare professionals.
- The service engaged with the local community. People were visited by local children and crafts were completed together. Staff also held a recent summer Fete in which approximately £700 was fund raised to support people in the home with further activities.
- Activities took place, but we received comments from some relatives to say this could be better.

We recommend the provider review activities taking place to ensure they are robust and in line with best practice to meet the needs of all people at the home.

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

- The registered manager understood their responsibilities under the duty of candour and the need to apologise and be open and transparent with people and relatives.