

Haversham House Limited

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Inspection report

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Date of inspection visit:
24 November 2020

Date of publication:
26 January 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Haversham House is a residential care home providing personal care to 30 people aged 60 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 49 people.

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

Quality assurance tools had failed to identify, implement and sustain improvements at the service in relation to people's care records, medicines and falls monitoring equipment.

People's care plans and risk assessments did not consistently contain clear guidance around their changing needs. Despite this, staff knew people well and were meeting their needs.

People received their medicines as prescribed by trained staff. However, staff were not always recording where they had administered people's medicines that were prescribed in patch form.

People were supported by staff in a timely way with their needs.

People were protected from potential abuse and neglect.

People and their relatives felt able to share their feedback about the service.

People had access to external healthcare professionals as they required these.

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 10 April 2020) and there was a breach of regulation in relation to the governance at the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had not been embedded or sustained and the service remained in breach of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns about safety and oversight at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at 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 coronavirus and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the governance and oversight of people's care documentation, risk and medicines at the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Haversham House Limited

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 three inspectors. Two inspectors visited the service and one inspector made calls to staff members, relatives and professionals.

Service and service type

Haversham House 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. 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

We gave a short period notice of the inspection to be sure that the registered manager would be in the office to support the inspection.

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 and professionals who work with the service. The provider was not 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 the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior carers, maintenance and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 remained the same. This meant there was an increased risk that people could be harmed as risks were not always documented clearly.

Assessing risk, safety monitoring and management

- Staff were not consistently recording they had checked people's motion sensors were in working order prior to them being used. We raised this concern at the previous inspection. This placed people at risk of staff not being alerted to them requiring support with their mobility in a timely way; which may have resulted in people falling.
- People did not consistently have care plans and risk assessments in place which contained accurate and up to date guidance for staff to follow. For example, one person had Parkinson's disease and diabetes however did not have a care plan or risk assessment which identified this or provided guidance for staff on how they should support them with these conditions.
- Staff did not have clear guidance around how to support people with their mobility needs. For example, one person's care plan contained conflicting information about the level of support and mobility equipment they required.
- Despite this, staff knew people well and understood their needs. For example, during the inspection we observed staff providing care and support to people in line with their needs and following the visit our conversations with staff supported this.

Using medicines safely

- People received their medicines as prescribed by trained staff and had access to medical professionals to review their medicines where this was required. However, we identified medicine records needed to be improved to demonstrate safe procedures were consistently followed.
- Medicine records did not show medicines prescribed as a patch were administered in line with manufacturer's guidance. For example, staff were not recording where they had applied people's patches to ensure these were administered to a different part of the body each time. This placed people at risk of skin irritation. This was a continued concern from our last inspection.

Learning lessons when things go wrong

- We could not be assured lessons were always learned when things went wrong as improvements required at the previous inspection had not been implemented effectively and embedded into staff practice.
- However, accidents and incidents were reviewed by the registered manager to ensure they had been investigated and reviewed to enable improvements to be implemented where required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach around PPE and admitting people safely to the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and people looked comfortable in the home. One person told us, "I feel safe here."
- Staff knew how to recognise the signs of potential abuse and how to report and record their concerns. Records confirmed staff reported concerns to the local safeguarding team as required.

Staffing and recruitment

- People's needs were met by staff in a timely way and we observed people did not have to wait for their care. One relative told us, "There seems to be enough [staff]. [Staff] don't really rush about, they have time for a chat with you if needed."
- Staff had been recruited safely in line with the provider's policies.

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 has remained the same. This meant the effectiveness of oversight and governance at the home was inconsistent.

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

At our last inspection the provider had failed to ensure quality assurance tools had identified where improvements were required at the service and change was implemented effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there had not been sufficient improvements and the service remained in breach of regulation.

- The provider and registered manager had failed to sustain and drive improvements to ensure compliance with the regulations. At this inspection, sufficient improvement had not been made, in relation to effective systems and processes and oversight at the service.
- The provider and registered manager had not implemented consistently effective quality assurance tools to identify where areas of improvement were required to people's medicines and ensure these were implemented. For example, at the last inspection we raised concerns around there being no record of where staff had applied people's medicine's which were in patch form. At this inspection we found the same concerns.
- The provider and registered managers quality assurance tools had not been effective in identifying that staff had not recorded checks of equipment people used to reduce the risk of falls. This included motion sensors. This was continued concern from our previous inspection.
- The provider and registered manager's audits of people's care records had not identified they did not consistently reflect people's changing needs. For example, a review on one person's care file had not identified they did not have a care plan or risk assessment to support staff in the management of their diabetes.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was the third consecutive inspection the service remained in breach of regulation.

- The provider had displayed their previous rating clearly on entrance to the service and on their website.

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

- People, relative's and staff gave consistently positive feedback about the registered manager and

management team. One relative told us, "The managers are very approachable."

- The management team had implemented a staff wellbeing clinic where staff could spend time with them to discuss any concerns. One staff member told us, "We have drop in sessions every day that are run by [the management team]. They are really good as its gives us the chance to talk about things."
- The management team addressed areas of immediate concern during the inspection in relation to people's records and the monitoring of falls equipment, we will check whether these improvements have been sustained at our next inspection.

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 was meeting these.

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

- Feedback questionnaires for people and their relatives had been delayed due to COVID-19. The management team planned for these to be completed shortly following the inspection, we will check this on our next visit to the service. Despite this, we observed people felt comfortable to speak with staff and relatives told us they were able to share feedback with the management team.

Working in partnership with others

- People had access to external healthcare and social work professionals as required. Professionals gave positive feedback about how the service worked alongside them to manage people's long term health conditions.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Improvements were required in medicines, risk management and oversight within the home that had been identified at a previous inspection. This meant improvements in these areas had not been implemented or effectively embedded into practice and sustained.</p>

The enforcement action we took:

We served the provider with a warning notice. This requires them to make the identified improvements within an allotted timeframe.