Haughcare Limited

Haughgate House Nursing Home

Inspection report

Haugh Lane
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Tel: 01394380201

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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

Haughgate House Nursing Home provides accommodation, care and support for up to 30 older people. People who live in the service have a range of needs which include; living with dementia, those who have a physical disability, and/or people who require palliative end of life care. There were 27 people living in the service when we carried out an unannounced inspection on 18 August 2016.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Our previous inspection of 13 May 2015 found that improvements were needed to ensure people were consistently supported by sufficient numbers of staff with the knowledge and skills to meet their needs. Further improvements were needed to provide people with a positive meal time experience and to ensure their wellbeing and social needs were met. There was also concern that people's records did not consistently reflect changes to their needs and preferences. The provider wrote to us and told us how they were addressing these shortfalls. During this inspection we found that improvements had been made.

People received care and support that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences. The atmosphere in the service was friendly and welcoming.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. Assessments had been carried out and personalised care records were in place which reflected individual needs and preferences.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

People and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs. Staff listened to people and acted on what they said.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Support workers

understood the need to obtain consent when providing care. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated Codes of Practice

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. There was visible leadership within the service and a clear management structure. The service had a quality assurance system with identified shortfalls addressed promptly which helped the service to continually 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 knew how to keep people safe from abuse. There were systems in place to keep people safe from harm.

There were sufficient numbers of staff who had been recruited safely and who had the skills to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. They respected and took account of people's individual needs and preferences.

People were involved in making decisions about their care and support. Where required their families and or representatives were appropriately involved.

People's independence, privacy and dignity was promoted and respected.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were regularly assessed and reviewed. Where changes to their needs and preferences were identified these were acted upon.

People's choices, views and preferences were respected and taken into account when provided with care and support.

Feedback including comments, concerns and complaints were investigated and responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

There was an open and transparent culture at the service. People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to monitor and improve the quality and safety of the service provided.

Haughgate House 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 inspection took place on 18 August 2016, was unannounced, and undertaken by an inspector and a specialist advisor who had knowledge and experience in nursing and dementia care.

Prior to 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 reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

We observed the interaction between people who used the service and the 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 may not be able to verbally communicate their experience of the service with us.

As part of the inspection we spoke with nine people who used the service and four relatives visiting the service. We also spoke with the provider's nominated individual, the registered manager, the deputy manager and six members of staff from the care and housekeeping teams. In addition we received electronic feedback from three community professionals.

To help us assess how people's care needs were being met we reviewed two people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for

monitoring the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection we found improvements were needed to ensure people were consistently supported by sufficient numbers of staff with the knowledge and skills to meet their needs. The provider submitted an action plan on how they planned to address our concerns. During this inspection we observed that the improvements had been made and there were enough staff to safely meet people's needs. Staff provided people with care and support at their own pace and were able to give people the time they needed for support.

The registered manager explained how the service was staffed each day and this was determined by the dependency levels of the people at the service. They told us this was regularly reviewed and staffing levels were flexible and could be increased to accommodate people's changing needs. For example, if they needed extra care or support to attend appointments or activities. They shared with us recent examples of how they had increased the levels of staff to support people when needed. Conversations with people, relatives and staff plus records seen confirmed this. This showed that appropriate action had been taken to reduce any risk to people.

People told us they felt safe in the home. One person said, "Of course I am perfectly safe here. We are well protected and looked after. They [staff] are always about if you need them. They [staff] lock up at night so no one is getting in here that shouldn't." Relatives told us that people were safe and received good care. One relative said, "I know [person] is safe here, they know [person] well.' Another relative commented, 'I have no worries about [person's] safety." A third relative explained why they felt that their relative was safe and how the staff were alert to the risk of them falling and had arranged specialist equipment like a sensor mat to alert them if the person was mobile. They said, "I do feel reassured by this and the frequent checks they do to make sure [person] is safe and secure."

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing (the reporting of poor practice) procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse to the appropriate professionals who were responsible for investigating concerns. One member of staff told us, "There is safeguarding information in the office with the local authority safeguarding contact details if you need it plus guidance on what processes to follow." Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified or following the provider's disciplinary procedures.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff were aware of people's needs and how to meet them. People's care records included individual risk assessments which identified how the risks in their care and support were minimised and included areas such as nutrition, medicines and accessing the local community. People who were vulnerable as a result of specific medical conditions, such as diabetes and Parkinson's, had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. From the

sample of care records we looked at we found staff had clear and detailed information about how to manage risks. This also included examples of where healthcare professionals had been involved in the development and review of risk assessments. These measures helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff were familiar with the risk assessments in place and they confirmed that the risk assessments were accurate and regularly updated.

The provider had plans in place to direct staff on the action to take in the event of any unexpected emergency that affected the delivery of the service, or put people at risk.

Safe recruitment procedures were followed. Staff employed at the service told us they had relevant pre-employment checks before they commenced work, to check their suitability to work with people. They had also completed a thorough induction programme once in post. This included reading information about people living in the service, including information about any risks that had been identified and how these risks were managed to ensure staff members could support people safely. Records we looked at confirmed this.

People told us they received their medications when required. One person said, "I have my pain killers when I need them. I have my regular tablets I take daily which they [staff] bring me with a glass of squash." We observed a member of staff administering medicines to people after their lunch so it did not impact on people's enjoyment of their meal. They dispensed the medicines and explained to people before giving them their medicines what they were taking and were supportive and encouraging when needed. Medicines were provided to people as prescribed, for example with food.

There were suitable arrangements for the management of medicines. Staff were provided with medicines training. People's records provided guidance to support workers on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide staff on when to offer these.

Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Staff recorded that people had taken their medicines on medicine administration records (MAR).

Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required. However the audits showed continued minor drug errors had occurred. The management team had implemented several strategies to address the issue including protected time for drug rounds, further training and competency assessments, discussions at team meetings and in supervisions and had contacted staff explaining their responsibilities and the consequences for repeated failures in practice. They advised us they were working continuously with staff to improve practice and this may result in disciplinary proceedings for individual staff if there were continued failures.

Good

Is the service effective?

Our findings

People told us that staff were well trained and competent in meeting their needs. One person said, "[Member of staff] is excellent, very supportive and understands how to care and look after me. They know me really well and recognise when I need extra help." Another person said, "They are all highly capable and skilled. They know what needs to be done." We saw that staff training was effective in meeting people's needs. For example staff communicated well with people in line with their individual needs. This included maintaining eye contact, providing reassurance and using familiar words that people understood.

Discussions and records showed that staff were provided with the core training that they needed to meet people's requirements and preferences effectively, including regular updates. In addition training was linked to the specific needs of people. For example, staff received training in diabetes, Parkinson's, catheter care and wound care management. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Feedback from staff about their experience of working for the service and the support arrangements in place were positive. They described how they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues seek advice and receive feedback about their work practice. One member of staff said, "The training is really good and relevant to people's needs. If you want further training it is not a problem they [management] will sort it out." Another staff member told us, "My induction and training have been really good. The camaraderie amongst the team is great. I have regular supervisions and feel supported." A third member of staff said, "I am up to date with my training and recently had a few refresher courses which is good as things do change."

The registered manager described how staff were encouraged to professionally develop and were supported with their career progression. This included new staff being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager and staff we spoke with demonstrated how they involved people that used the service as fully as possible in decisions about their care and support. They had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that support workers had received this training. Guidance on best interest decisions in line with MCA was available to support workers in the office.

People were asked for their consent before staff supported them with their care needs, for example, to mobilise or assisting them with personal care. Care records identified people's capacity to make decisions and reflected they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result.

Since our last inspection improvements had been made to consistently provide people with a positive meal time experience. Feedback about the food in the service was complimentary. One person said, "The food is very nice. You can have what you want when you want. I like it." The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or making referrals to health professionals.

Staff monitored people's health and well-being to ensure they maintained good health and identified any problems. Where the staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, they had taken action to reduce the risk. This included prompt referrals to health care professionals and requests for advice and guidance. This showed us that action was taken to maintain people's health and wellbeing. People's care records contained records of hospital and other health care appointments. Staff prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within their records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the staff approach and told us that the staff were caring and attended to their needs with understanding. One person said, "I am very satisfied with everything. They [staff] are friendly and all work hard to do right by you". Another person said, "Utterly delightful place. Friendly, caring staff who are polite and decent." One person's relative commented, "The staff team are fantastic and very caring."

We saw that people were relaxed in the presence of staff. Staff knew people well and understood their needs. Time was given to people, and we saw that interactions were not rushed. When speaking about people, we observed that staff were respectful in their language, and ensured people's wishes were communicated. We observed interactions between staff and people to be kind, compassionate, person-centred and supportive. This showed that staff attended to people's needs with care.

There was a warm and friendly atmosphere in the service which people and relatives commented on. One person said, "It is a calm and happy place here. I like being able to go outside the gardens. They are lovely and I find sitting out there very soothing." People spoke positively about their home. One person who had attended hospital in the morning came back after lunch and as they came through the front door greeted the staff member with a big smile and said, "It's good to be home." The staff member spoke to them about their appointment and asked which treatments they had had as they had been longer than they expected. This demonstrated an interest in the person's wellbeing and an awareness to check on any worries the person may have.

People's preferences and choices wherever possible were acted on. For example one person told us that they liked to remain in their bedroom which was respected by staff who, "popped in throughout the day to see if they were ok and needed anything."

Staff described how they provided a sensitive and personalised approach to their role and were respectful of people's needs. They told us they enjoyed their work and showed commitment and a positive approach. One member of staff said, "I love my job, I feel like the people here have become like an extended family and really care about them." Staff knew people well; demonstrating an understanding of people's preferred routines likes and dislikes and what mattered to them.

People's independence and privacy was promoted and respected. This included closing curtains and shutting doors before supporting them with personal care. In addition, when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner. People's records provided guidance to support workers on the areas of care that they could attend to independently and how this should be promoted and respected.

We observed that staff took an interest in the hobbies and interests of people which helped to promote positive relationships and shared experiences. During our inspection people were watching and discussing the Olympic Games and this promoted both cognitive and social stimulation as well as a connection with

global events outside the service.

People's care records showed that people, and where appropriate their relatives had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed, these were reflected in their records. This told us that people's comments were listened to and respected.

People who used the service were supported to maintain relationships with others. Their relatives and or representatives were able to visit the service when they wished.

Good

Is the service responsive?

Our findings

At our last inspection we found that further improvements were needed to ensure people's wellbeing and social needs were consistently met and their care records reflected changes to their needs and preferences. The provider wrote to us and told us how they were addressing these shortfalls. During this inspection we found that improvements had been made.

People received personalised care that took account of their individual choices and preferences and responded to their changing needs. We found that people's ongoing care and support was planned proactively with their involvement and they were encouraged and enabled to maintain their independence. We observed that staff were patient and respectful of the need for people to take their time to achieve things for themselves. They encouraged people when they undertook activities independently and supported them to choose their own daily routine. We observed that people moved confidently about the service choosing where and with whom to spend their time.

People received personalised care which was responsive to their needs. We saw a positive and enabling interaction from a member of staff who encouraged a person to join in with a group playing a game. With support the person enjoyed the game and looked pleased to have been involved.

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff moved around the service to make sure that people were not left without any interaction for long periods of time. This resulted in people showing positive signs of wellbeing.

People and relatives told us there were activities and events they could participate in. A list of activities was displayed within the service. Activities included keep fit sessions, arts and craft, church services, and outside entertainers. People said they enjoyed the outings and exercise groups. One person particularly enjoyed gardening and they were supported to do this every day. They were currently helping to grow a range of herbs for the kitchen and told us they derived a good deal of personal satisfaction from keeping the garden tidy and well-watered. We observed other people and visitors complimenting them on their work. This demonstrated a positive sense of shared community at the service.

However not all feedback about activities was complimentary. When asked what they felt could be improved people and their relatives told us that sometimes it was, "boring in the home". This was particularly the case at weekends and in the evenings. One person said they liked the visits from the mobile library but didn't always know what books they would like or if they were available in large print and that they would like more help with this. Another person said that some of the activities were very basic and that there was nothing to do at weekends. A third person commented that the activity co-ordinator got pulled into lots of other things and "Activities should come before other things but it always comes last." We fed this back to the management team who advised us they were recruiting additional support for the activity coordinator and in response to our comments would review their existing arrangements to ensure people's wellbeing and social needs were met.

Following the inspection the provider and registered manager advised us they were consulting with people on the range of activities provided and had made changes to the activities programme to include covering the weekends and evenings. In addition a range of dementia friendly resources had been purchased to support the activity programme and there were plans to provide a greater diversity of activities to meet the wide range of cognitive and social needs of different people. These measures showed us that appropriate arrangements were in place to ensure people's wellbeing and social needs were met.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs and preferences. This included information about people's specific needs and conditions and the areas of their care that they could attend to independently. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. The inconsistencies found at the last inspection relating to recording changes to people's needs had been addressed. In addition regular care reviews and risk assessments were undertaken and included feedback from family members, staff, health and social care professionals and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders. Records of shift change handover meetings identified that where there were issues in people's wellbeing or changes in their care this was discussed and appropriate actions planned. This showed that people received personalised support that was responsive to their needs.

Systems were in place for people and their relatives and or representatives to feedback their experiences of the care provided and raise any issues or concerns they may have. There had been several compliments received about the service within the last 12 months. Themes included caring staff approach and supporting an individual and their family through end of life care.

The provider's complaints policy and procedure was made freely available in the office and copies were given to people who used the service. It explained how people could make a complaint or raise a concern about the service they received. Five formal complaints had been received about the service in the last 12 months. This had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. Records seen identified how the service acted on people's feedback including their informal comments for example providing additional training to staff and improving communications where required. The registered manager and the provider's nominated individual advised us they were developing their systems for capturing feedback to include information from comments and concerns as well as complaints so they could reflect the actions taken to further improve the service.

Good

Is the service well-led?

Our findings

We found that the management team had made continued progress in addressing the shortfalls found at the last inspection, particularly with the staffing arrangements, documentation of people's records, improving people's meal time experience and meeting people's social and wellbeing needs. The leadership team were proactive and positive when errors or improvements were identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. They acknowledged some improvements were still needed, to ensure that new systems, processes and expectations of responsibilities were embedded. However, we found that this positive change in the culture of the service meant it was being well run.

Effective systems and processes to assess and monitor the service had been implemented. For example, regular checks on health and safety, medicines administration and management, risk assessments, care plans and daily records. These independently highlighted where there had been shortfalls and the actions taken to address this, such as inconsistencies found in the medication audits when recording people's medicines. Steps taken to address this included internal communications to staff on best practice, competency checks and further training where required. In addition governance arrangements had been improved to include regular meetings with the provider. This provided an opportunity to drive improvement across the service by sharing best practice, identifying themes and trends, escalating issues of concern and developing accompanying action plans.

People, their relatives and or representatives were regularly asked for their views about the service. Their feedback was used to make improvements in the service. This included regular care reviews, daily interactions and communications and quality satisfaction questionnaires. We reviewed some of the feedback received from last survey and saw that the return rate was high and comments were positive specifically about the caring nature of the staff.

Staff told us the service was well-led and that the management team were approachable and listened to them. One member of staff said, "I love my job. It is hard work at times but so rewarding. Everyone is valued whether your domestic or catering or from the care teams. We all work together. I think it is really good that everyone who comes into contact with the people that live here get training in safeguarding and dementia. I was impressed with that." Another staff member commented, "I do feel supported by the management team. The provider is here on a daily basis the manager and deputy are approachable and a visible presence if you need them."

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example, staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. Staff were motivated and committed to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. The staff were clear on their roles and responsibilities and committed to providing a good quality service.

Meeting minutes showed that staff were encouraged to feedback and their comments were valued, acted on and used to improve the service. For example, they contributed their views about issues affecting people's daily lives. This included how best to support people with personal care and to be independent. Care staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff said, "We have regular team meetings that the management attend. We escalate any concerns and these are dealt with. We work as a team to resolve any issues". For example, staff had made suggestions about how to work differently with a person to encourage them to participate in activities. They told us the management team had listened and supported them to try out their suggestions which had a positive outcome for the person.

The service worked in partnership with various organisations, including the local authority, district nurses, local GP services and older people services to ensure they were following correct practice and providing a high quality service.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.