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Highnam Hall

Inspection report

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Overall summary

We carried out an unannounced comprehensive inspection of this service on 27 January 2015. Breaches of legal requirements were found.

We undertook this focused inspection as part of our on-going enforcement activity and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highnam Hall on our website at www.cqc.org.uk.

The focused inspection took place on 5 May 2015 and was unannounced. This meant the provider did not know we would be visiting. Highnam Hall is registered to provide residential care to 37 people some of whom are living with dementia. At the time of our inspection there were 31 people living at the home.

At the time of our inspection the registered manager for Highnam Hall had been seconded to another of the provider's homes. The deputy manager was acting as manager in the interim. The regional manager told us the registered manager was still involved and overseeing Highnam Hall one day each week. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed communal areas including lounges, stairways and corridors were clear from clutter. We saw domestic staff around the home undertaking cleaning duties. We noticed there were no unpleasant odours and that action had been taken to address the odour we detected during our last inspection. Soap and hand wash was available in all of the bathrooms and toilets. We checked in various bathrooms and toilets throughout our inspection and always found them clean.

Medicines administration records (MARs) had been mostly completed accurately for prescribed medicines. Where there were gaps in signatures on MARs these had been identified during the newly implemented monthly medicines audit. We saw from viewing MARs that there wasn't always a signature or code recorded for every medicine round. For 'when required' medicines staff only recorded a signature or non-administration code when these medicines were actually given or offered. The most recent MARs staff had not signed to confirm medicines had been received or checked. Since our last inspection the supplying pharmacy had assessed the competency of two staff responsible for administering medicines. Medicines stock control sheets were being completed consistently and a senior member of staff checked them regularly.

Administration plans had been developed for most 'when required' medicines but not all. Completed administration plans contained general information, rather than specific information relating to each person's

Summary of findings

needs. The provider had implemented a monthly medicines audit. Medicines audits completed to date identified issues with medicines management and detailed the action taken to prevent the issues happening again.

Staff had received training on the home's fire evacuation procedure including how to use the evacuation chair. Although staff had been trained since our comprehensive inspection, they remained unsure how to evacuate some people who used hoists. Staff told us weekly fire alarm tests were done but practice evacuations were not carried out at the home. However, they said they had covered this as part of their fire safety training. We found the fire zone plan available to us during the inspection had not been updated to reflect the change in room numbers.

All actions classed as potentially dangerous work requiring urgent action had been completed. We noticed that the cold water mains pipe in the cellar was dripping with condensation, as sections of pipework were not lagged. This was classed as potentially dangerous and required urgent action to resolve this issue. We identified some other work was required to the fire alarm and emergency lighting systems.

We carried out an observation for 45 minutes in the downstairs communal lounge, using the Standard Observation Framework for Inspection (SOFI). We saw

that staff were present throughout our observation to see to people's needs and ensure they were safe. We observed that staff were kind, caring and considerate towards people. People received regular interaction from staff including spending one to one time to chat with people. Staff checked whether they were alright and whether they needed anything. Towards the end of our observation we observed the person drink from another person's cup in a similar incident to our last inspection.

We found some care plans had been either updated or re-written since our last inspection to include additional information. We found these contained general information about each person's needs and steps required to support them. However, we saw the care plans lacked specific information regarding strategies to follow to provide appropriate support and re-assurance to the person, such as what worked best when supporting the person.

The acting manager told us they had spoken to the commissioners about care planning. The acting manager showed us one person's care plans which had recently been updated into a new format.

These were more person centred and included relevant information to help staff support the person appropriately. The acting manager said, "This is the standard I am aiming for for everyone."

Summary of findings

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 safe. Communal areas including lounges, stairways and corridors were clear from clutter with no unpleasant odours. Bathrooms and toilets were clean and soap and hand wash was available for people, staff and visitors to use.

Medicines administration records (MARs) had been mostly completed accurately. Medicines stock control sheets were being completed consistently. Basic administration plans had been developed for most 'when required' medicines but not all

Staff had received training on the home's fire evacuation procedure including how to use the evacuation chair. However, some remained unsure how to evacuate some people who used hoists.

All actions classed as potentially dangerous work requiring urgent action had been completed. The cold water mains pipe in the cellar was dripping with condensation and was classed as potentially dangerous with urgent action required. Other work was required to the fire alarm and emergency lighting systems.

Is the service caring?

The service was not always caring. We observed staff were present in communal lounges throughout our observations. Staff were kind, caring and considerate towards people.

People received regular interaction from staff and staff checked whether they were alright and whether they needed anything. Towards the end of our observation we observed one person drink from another person's cup.

Is the service responsive?

The service was not always responsive. We found some care plans had been either updated or re-written. These contained general information about each person's needs rather than specific strategies for staff to follow to provide appropriate support to people.

The acting manager showed us one person's care plans which had recently been updated into a new format. These were more person centred and included relevant information to help staff support the person appropriately.

Highnam Hall

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.

We undertook an unannounced focused inspection of Highnam Hall on 5 May 2015. This inspection was done to check that improvements to meet legal requirements after our 27 May 2015 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, is the service caring, and, is the service responsive. This is because the service was not meeting some legal requirements.

The inspection was carried out by two adult social care inspectors and a specialist advisor who was a qualified electrician.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also spoke with the local authority commissioners for the service.

We used the Short Observations 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 spoke with the acting manager, a senior care worker and two care staff. We observed how staff interacted with people and looked at a range of care records. These included care records three of the 31 people who used the service, ten people's medicines records and the home's emergency plans.

Is the service safe?

Our findings

During our comprehensive inspection on 27 January 2015 we found the service was not safe. This was because the provider had breached Regulations 12, 13 and 15. In particular, we found areas of the home were not clean including bathrooms and toilets and noticed there was a strong odour of urine in one area of the home. We found medicines records did not support the safe administration of medicines. We also found the home's emergency procedures were ineffective. For example, an exit route was partially obstructed, staff we spoke with did not have a sound understanding of the procedures to follow in an emergency and the home's fire zone plan was out of date.

When we arrived on 5 May 2015, we walked around the home to observe how clean and tidy it was. We observed communal areas including lounges, stairways and corridors were clear from clutter. We saw domestic staff around the home undertaking cleaning duties. We noticed there were no unpleasant odours and that action had been taken to address the odour we detected during our last inspection. Soap and hand wash was available in all of the bathrooms and toilets. Records displayed in bathrooms and toilets confirmed they had been checked and cleaned regularly each day. We checked in various bathrooms and toilets throughout our inspection and always found them clean.

We viewed the medicines administration records (MARs) for ten people who used the service. We found these had been mostly completed accurately for prescribed medicines. Where there were gaps in signatures on MARs these had been identified during the newly implemented monthly medicines audit. We saw from viewing MARs that there wasn't always a signature or code recorded for every medicine round. Staff told us they only recorded a signature when these medicines were actually given. We observed that on the most recent MARs staff had not signed to confirm medicines had been received or checked. The deputy manager told us this had been due to an oversight by a new senior care worker. We saw that previous MARs had been signed appropriately. Since our last inspection the supplying pharmacy had assessed as competent two staff responsible for administering medicines.

We viewed medicines stock control sheets. These were being completed consistently and a senior member of staff had checked them regularly. We saw these recorded the

initial amount of the medicine, the date, amount and the route medicines had been administered. However, the stock control sheet didn't record the level of stock remaining.

Some people who used the service had been prescribed 'when required' medicines. These are medicines which are only needed in specific situations. For example, for managing discomfort and pain. Some people had also been prescribed 'when required' medicines to help with supporting and managing behaviours that challenge the service. We found administration plans had been developed for most 'when required' medicines but not all. These are required to ensure people received their medicines safely when they need them. We viewed examples of completed administration plans and found they contained general information, rather than specific information relating to each person's needs. For example, we viewed the 'administration plan for PRN medicines' for one person who had been prescribed medicines to be administered when they were agitated or anxious. The plan advised staff to give this medicine when the person was 'agitated or behavioural issues had increased past their normal limits.' The plan did not record specific signs or triggers to look out for but instead referred staff to 'see behaviour care plan' which was kept in a different file.

The provider had implemented a monthly medicines audit. We viewed the records for the audits which had been completed to date. These had been completed in February 2015 and March 2015. These had identified issues with medicines management and detailed the action taken to prevent the issues happening again. For example, missing signatures on MARs and the controlled drug book. We saw the issue with the controlled drug book had been resolved. We viewed the book and saw there had no further missing signatures identified since. The audit also identified that the medicines disposal record book supplied by the pharmacy was not detailed enough. The provider had requested another book from the pharmacy and this was now in use.

Staff had received training on the home's fire evacuation procedure. One senior staff member said, "If the fire alarm goes off we meet at the front panel. The manager will look where the fire is and send carers in twos to see which room it's in. If the fire's downstairs we evacuate the bottom first and call the fire brigade." They went on to say, "Yes, we have all been trained in how to use the fire evacuation

Is the service safe?

chair. It's recently been changed but it's the same process", and, "We do a fire alarm test every Friday and check the lighting." The acting manager said training on the use of the evacuation chair had been completed as part of the fire training. They told us they had been completing observations. We saw evidence of this which included an assessment of staff using the chair and a record of any further actions needed to ensure competence.

Since our last inspection staff had received training on the home's emergency evacuation procedures. Staff we spoke with showed a greater understanding of the action to take in an emergency. However, even though staff had completed this training, they remained unsure how to evacuate some people who used hoists. We asked staff about the evacuation procedure for a specific person who used the service. However, we received different views about how this person should be supported in an emergency. For example, one staff member said the person could be lifted whilst another staff member said, "[Person's name] would have to left for the fire brigade." We viewed the person's 'Fire safety Care Plan' dated 27/02/13. We found the plan did not contain specific information about how to evacuate them using specialist equipment. There was a note on a piece of paper stating 'two staff needed.' Staff told us practice evacuations were not carried out at the home. The staff member said, "No, I don't think we have them here. We talk through it in the fire training in terms of how to evacuate people as we have five people who use a hoist." This meant that some people, who required assistance using specialist equipment, were at risk of not being evacuated appropriately in an emergency.

We found the fire zone plan available to us during the inspection had not been updated to reflect the change in room numbers. The acting manager said, "Property management is updating the fire zone plan and the fire risk assessment action plan." We asked the deputy manager to confirm the deadline for completing this work. They said, "I don't know when, he may have already done it." We asked the deputy manager to send us a copy of the updated plan. This meant people were at risk as staff and the fire brigade would not be able to use the fire zone plan to evacuate people as it was out of date.

Following concerns raised about the electrical safety in the home a site inspection was completed.

The electrical installation condition report completed on 31 March 2014 described the condition of the installation as 'unsatisfactory.' This meant dangerous or potentially dangerous conditions had been identified. The provider had developed an urgent action plan dated 27 February 2015. During our focused inspection we found all actions classed as potentially dangerous work requiring urgent action had been completed. We noticed that the cold water mains pipe in the cellar was dripping with condensation, as sections of pipework were not lagged. This was classed as potentially dangerous and requires urgent action to resolve this issue. We identified some other work was required to fit a lock to the first floor boiler room doors, light fittings in two bathroom need changing, a light switch in top floor kitchen was less than 300mm from the kitchen sink and a fan isolator was required in the top floor en-suite bathroom.

We inspected the fire alarm system and associated records. We found the annual fire alarm inspection was due as the last inspection was completed on 30 April 2014. The last report identified that six fire detectors did not operate correctly when tested and identified that some areas had no detection. Records we viewed did not confirm whether these issues had been resolved. We discussed this with the acting manager who told us this work had been done. We noted there was a lack of detectors in boiler rooms and a fire smoke detector required re-fixing. We advised the acting manager of these issues during the inspection.

We inspected the emergency lighting system and associated records. We found test key switches were required to all emergency lighting apart from the top floor and second floor of the home. Test key switches avoid local lighting circuits being switched off. We observed that an extra emergency light was required at the top of stairs on the fire exit and the first floor to ground floor laundry room corridor. We also noted the outside emergency lighting from the small lounge on the ground floor should be relocated and extra emergency light fittings provided to illuminate the outside ramp and walkway.

Is the service caring?

Our findings

During our comprehensive inspection on 27 January 2015 we found the service was not always caring. This was because the provider had breached Regulation 9. In particular, there were no staff members in the lounge for long periods of time leaving people unsupervised, there was little or no interaction between people and staff. There were also no staff present to support one person who was upset and to prevent a person from drinking from another person's cup.

We carried out an observation for 45 minutes in the downstairs communal lounge, using the Standard Observation Framework for Inspection (SOFI). We saw at the start of the observation there were 12 people in the lounge. We saw that staff were present throughout our

observation to see to people's needs and ensure they were safe. We observed that staff were kind, caring and considerate towards people. One person said to a staff member, "Can you put a movie on?" The staff member replied, "Do you want to pick one?" They then proceeded to take a selection of DVD's to the person to choose from. Staff spoke to all of the people we were tracking during our observation. They checked whether they were alright and whether they needed anything. For example, people were offered a cup of tea. We saw staff engaged in one to one conversations with people and were dancing with other people. Towards the end of our observation we observed a person drink from another person's cup in a similar incident to our last inspection. This happened in a split second when the staff member left the lounge very briefly. We raised this matter with senior staff to investigate.

Is the service responsive?

Our findings

During our comprehensive inspection on 27 January 2015 we found the service was not always responsive. This was because the provider had breached Regulation 9. In particular, one person's 'capacity and dementia care plan', 'behaviour care plan', and 'Medication Care Plan' did not contain up to date and relevant information. For example, specific strategies to support staff with managing the person's behaviours that challenged the service.

We viewed this person's 'medication care plan.' We found this had been updated since our last inspection to include additional information. The care plan still required further development to ensure it was person-centred and specific to the individual needs. For example, we saw a hand written amendment had been made on the medication care plan to include a brief reference to 'when required' medicine having been prescribed to support behaviours that challenged. We found there was an administration plan for this medicine in the MAR file. However, this did not provide staff with specific information as to potential triggers for when the person should be offered the medicine.

We saw the provider had re-written care plans for this person for 'capacity', 'behaviour', and, 'DoLS.' These contained more detailed information for staff to refer to when supporting the person. The care plans identified steps for staff to follow and a goal to work towards. For example, the identified goal for the person's capacity care plan was 'to ensure I receive reassurances at all times of

any confusion or distress I may have.' However, the care plans lacked specific information regarding strategies to follow to provide appropriate support and re-assurance to the person. For example, the 'behaviour support plan' identified the person attempted to enter other people's bedrooms, picked up items and carried the around and could be verbally aggressive at times. The steps identified for staff to follow were identified as for staff to stop the person attempting to enter bedrooms, distracting the person and providing a stimulating activity. However, the care plan did not provide any specific information about what particular strategies worked best when supporting the person. For instance, what stimulating activities the person enjoyed, what works best when reassuring the person and what strategies are effective in calming the person when agitated. The person's other care plans had not yet been updated.

The acting manager said, "I've been speaking to the commissioners about care planning to try and get it right. I have a new format in the files, see [person's name]." We viewed this person's care plans which had been updated following our last inspection. We saw the person's care plans were more person centred. Control measures for managing risk had been recorded and specific strategies for moving and handling were in place. The person also had a capacity and communication care plan which gave detailed information about the person's diagnosis of dementia. All of the person's other care plans had been re-written. The deputy manager said, "This is the standard I am aiming for everyone."

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

People were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately.

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate emergency procedures.

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

People were not protected against the risks of receiving care that is inappropriate or unsafe because care was not planned and delivered to meet their individual needs or ensure their safety and welfare.

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.