

Kay Care Services Ltd

Haydon View Residential Home

Inspection report

North Bank
Haydon Bridge
Hexham
NE47 6NA

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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

Haydon View Residential Home provides accommodation and personal care for up to 27 people, some of whom were living with a dementia. At the time of our inspection there were 24 people living at the home.

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

Infection control and medicines management procedures needed to be improved. Infection control and medicines optimisations teams were contacted to offer additional support.

Quality assurance checks and procedures had not always found the issues we had during the inspection. The registered manager acted on many of the suggestions we made, but further work was required.

People were cared for in a warm and homely environment. People and relatives commented on how all staff were very kind and extremely caring and we witnessed this throughout the inspection.

People felt safe and were protected from abuse. There was enough dedicated staff working at the service to meet people's individual needs and recruitment processes were robust.

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

Rating at last inspection and update

The last rating for this service was good (published on 28 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. This included information that the home was currently in a COVID-19 outbreak.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We inspected and found there was a concern with infection control, so we widened the scope of the inspection to become a focused inspection which included the key questions of Safe and Well-Led.

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 good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe

and Well-Led key questions sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haydon View Residential Home on our website at www.cqc.org.uk.

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 monitor the service and will take further action if needed.

We have identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to infection control, medicines and governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

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 ●

Haydon View 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 was carried out by one inspector.

Service and service type

Haydon View 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short notice period to check on the current status of the recent COVID-19 outbreak and to ensure the inspection was safe to undertake. This also allowed us to gather information prior to the site visit.

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.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people about their experiences of the care provided. We contacted six relatives to gather their feedback. We looked at every person's medicines record. We also reviewed accidents and incident records, three staff recruitment records, quality assurance checks, elements of care records and a range of other documentation relating to the management of the service.

After the inspection

We contacted the local authority commissioning team and medicines optimisation team to ask for additional support for the service. 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance in some areas. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. The medicine room was not clean and was cluttered with items unrelated to medicines, including alcohol, toiletries and raffle prizes.
- A number of recording issues were found. This included staff not signing for administered medicines and topical medicine charts which did not show staff where to apply creams and lotions.
- Staff had not always followed instructions when a medicine needed to be administered before food.
- 'As required' medicines which are often administered for pain relief, did not always have information (protocols) in place to inform staff when people would require these. This is particularly important for people who are unable to communicate due to living with dementia.
- Staff had not always followed up when medicines had not arrived or when the results of tests had not been received which could have impacted on the dosage of medicines being administered.
- Staff had received training and competency checks. However, due to the issues we found, this needed to be reviewed.

Although we found no harm had been caused to people because staff knew people well, the provider did not have effective systems for the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We contacted the local medicines optimisation team and asked them to offer support to the service.

Preventing and controlling infection

- Personal protective equipment (PPE) procedures were not robust. Staff did not always wear PPE appropriately. We observed four staff wearing masks under their chins, sitting within a metre of people. Some staff were observed taking off PPE incorrectly and not in line with current guidance. Some staff could not tell us the correct way to put on or take off PPE.
- Two staff wore non-standard masks and the registered manager was unable to confirm if they were recommended and suitable for use in care homes. Staff were observed touching masks but failing to sanitise their hands.
- Some high touch point areas where bare wood was showing, needed repainting to allow them to be cleaned fully.

There had been a recent outbreak and the staff had minimised this to a small number of people. However,

the service did not have robust infection control procedures in place. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We and the registered manager contacted the local infection control team and asked them to offer support to the service.

Visiting in care homes

- Visiting was taking place, although indoor visits had been curtailed because of the recent outbreak. The registered manager confirmed that anyone who was receiving end of life care would have been able to carry on receiving visitors during the outbreak, although this did not apply to the service at this current time. Only one relative was aware of the government guidance related to essential care givers. The registered manager sent letters to relatives during the inspection to remind them about essential care givers and encouraging them to register. Relatives had been able to visit their loved ones, including in their bedrooms and in outdoor spaces and were happy with the service provided.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- Checks were carried out on professionals visiting the service and the registered manager kept a log of vaccination status to save time at any subsequent visits by the same professional.
- The registered manager kept a copy of each staff members vaccination status.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and felt safe. Relatives were extremely happy with the safety of their loved ones. One relative said, "They [staff] give the highest level of care and [person] is very safe."
- Safeguarding systems and processes were in place to protect people and the registered manager understood their responsibility to report any concerns.
- Staff understood how to de-escalate any people's behaviours which may have went on to challenge staff. Information was available to support this, and staff knew people extremely well.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified, assessed and reviewed. We found a small number of risk assessments which needed addressed and the registered manager confirmed this would be done immediately.
- Bed settings for people who had special mattresses to help maintain good skin integrity, were not recorded or monitored. We found no impact on people and the registered manager addressed this straight away.
- People's safety and the safety of the building was monitored. Personal emergency evacuation plans were in place, and these were in the process of being summarised and placed in a 'grab' bag held in a prominent place for times of emergency.

Staffing and recruitment

- There were enough staff to meet people's individual needs. Staff had time to sit and chat with people.
- Safe and robust recruitment checks were in place. This included pre-employment checks being undertaken to ensure staff were suitable to work with vulnerable people.
- Most staff had worked at the service for several years. Feedback from people and their relatives was good

about the staff employed and their kind and caring nature.

Learning lessons when things go wrong

- Accidents and incidents were recorded, reviewed and reported appropriately.
- Staff meetings took place to share information and discuss any lessons learnt or actions taken within the service.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership did not always support the delivery of high-quality care through robust governance.

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

- Quality monitoring systems had not always been effective, including those in connection with infection control and medicines management. Shortfalls found during the inspection, had not always been identified.
- Staff were clear about their roles. Staff were supported to learn and improve their skills and knowledge, although further work was required for all staff (including management) in light of the issues we found during the inspection.

The provider failed to maintain accurate, complete and contemporaneous records and have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their legal requirements to report notifiable incidents to the CQC.

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

- There was a positive staff culture, which promoted a person-centred family environment for people.
- Relatives were very happy with the care provided. They gave examples of how staff had helped to settle their family member into the service, which had included staff coming in on their day off when one person moved in (as the staff member knew them from the local community).
- The provider was aware of their responsibilities under the duty of candour. Relatives told us the registered manager and staff team were open with them and kept them well informed when accidents had occurred or with changes to their loved one's health occurred.

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

- People were involved in the running of the service. Meetings had taken place with people to gather their views. These had occurred on a regular basis throughout the pandemic.
- Relatives felt fully involved with the service provided to their loved ones and said staff kept in regular touch with them and included them in any decisions which needed to be made. One relative said, "If there ever has been anything that has happened or they are not sure, they are straight on the phone to me...I am

fully kept in the loop."

- The registered manager normally sent out yearly surveys to gather views of people, relatives, staff and professionals. Due to the pandemic this had not been done last year but the registered manager told us they planned to send surveys out in the next few weeks.

Continuous learning and improving care

- The registered manager was open to feedback during the inspection and acted on many of the suggestions offered. After feedback they contacted the local infection control team to seek their support in improving infection control procedures.
- The provider had found solutions throughout the pandemic to try and address situations which arose, for example, building a separate changing area for staff.

Working in partnership with others

- Staff had a good working relationship with local GPs and community nurse teams. One community nurse said, "We have a good working relationship with the home. They will phone with any concerns and don't wait."
- Staff had involved healthcare professionals when additional support was needed. Including for example, with concerns over people's skin and potential pressure damage or issues with eating or drinking.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have effective infection control and medicines management procedures in place to protect people.</p> <p>Regulation 12 (1)(2)(g)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>An effective system was not in place to ensure compliance with the regulations. The governance systems in place were not robust enough to identify shortfalls in the service. Record keeping was not comprehensive.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(f)</p>