

Sun Healthcare Limited

Havenfield Lodge

Inspection report

Highfield Road
Darfield
Barnsley
South Yorkshire
S73 9AY

Tel: 01226753111

Date of inspection visit:
07 March 2023
14 March 2023

Date of publication:
04 April 2023

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

About the service

Havenfield Lodge is a nursing home registered to provide accommodation and nursing care for up to 46 people who have a learning disability and/or physical disabilities and/or mental health needs. There is a separate flat within the home shared by 3 people with its own staff team. At the time of this inspection 43 people were using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. As the setting could accommodate up to 46 people and there was a large communal area, this would not fit with the principles of right support, right care, right culture. However, the provider had mitigated this by ensuring people using the service had access to their own private areas within the home along with a number of smaller lounges that people could enjoy with their relatives or peers. Careful consideration was given to people coming into the service to ensure the environment was suitable and would be conducive to meeting the person's needs.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could take part in activities and pursue interests that interested to them.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support, and treatment because trained staff could meet their needs and wishes. People were supported by a regular staff team who knew them well.

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

Rating at last inspection

The last rating for this service was requires improvement (published 27 January 2021)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our safe findings below.

Havenfield Lodge

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 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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Havenfield Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Havenfield Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

This inspection was unannounced.

Inspection activity started on 07 March 2023 and ended on 14 March 2023. We visited the location's service on 07 March 2023 and 14 March 2023.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought feedback from the local authority. 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.

We contacted social care commissioners who help arrange and monitor the care of people living at Havenfield Lodge. We also contacted Healthwatch Barnsley. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people who lived at Havenfield Lodge and 3 relatives about their experience of the care provided. We spoke with members of staff including the registered manager, deputy manager and the activities coordinator. We also spoke with 4 visiting professionals.

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 looked around the building to check environmental safety and cleanliness. We looked at written records, which included 4 people's care records and 3 staff files. A variety of records relating to the management of the service were also reviewed.

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well.
- There were systems to safeguard people from the risk of abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff received appropriate training and had opportunities to discuss their learning with managers and each other to help make sure they understood this.
- Staff worked with other organisations to keep people safe from harm.
- People told us they felt safe. A person told us, "I am safe here, its got a nice atmosphere."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, monitored, and managed. Staff completed detailed assessments and plans which included how to support people to make choices.
- Risk assessments and plans were regularly reviewed and updated.
- People lived in a safe environment.
- Staff managed the safety of the environment and equipment in it well through checks and actions to minimise risk.

Staffing and recruitment

- Staff had been safely recruited. Checks with the Disclosure and Barring Service (DBS) were undertaken. The DBS helps employers make safer recruitment decisions.
- The service had enough staff for people to take part in activities and visits how and when they wanted.
- People told us there were enough staff. One person told us, "There are enough staff, I feel safe."

Using medicines safely

- People received their medicines safely and as prescribed. Staff were trained to understand about the safe handling of medicines. Regular checks were completed to ensure staff remained competent to safely administer medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- There were regular audits and checks to make sure medicines were being managed safely.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured 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.

Visiting in care homes

- People were supported to maintain contact with their family and visitors were welcomed at the home.

Learning lessons when things go wrong

- There were systems in place to learn when things went wrong.
- Staff recorded all accidents and incidents. The registered manager was involved in reviewing these and helping staff to learn from these.

Is the service effective?

Our findings

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

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

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

- Staff completed an assessment of each person's needs prior to them moving into the home and regularly thereafter.
- A support plan was created following the assessment process, so staff knew what care each person needed and when.
- Professionals who engaged with the service advised consideration was given to the mix of people within the home prior to people moving in. One professional told us, "Managers and staff recognise when potential residents are not the best fit for the service. They do decline referrals if they think they can't meet someone's needs, or they won't fit in well with people living at the service."

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

- The environment was adapted to meet people's individual needs.
- People's bedrooms were personalised and people were included in decisions about decorations and furnishings.
- Part of the building was converted into three self-contained living areas to support people develop independent living skills with a consistent staff team supporting in these areas.

Staff support: induction, training, skills and experience

- Staff received a range of training to help ensure their knowledge was up to date. Staff were happy with the training they received.
- New staff completed an induction to ensure they understood what was expected of them. The induction process included shadowing more experienced staff.
- Managers and staff undertook specialist training when required to support people coming into the service, for example tracheostomy training.
- Staff felt well supported in their roles. Staff had regular supervision discussions with their line managers and received feedback about their performance.

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

- People were supported to maintain a balanced diet and had enough to eat and drink.
- Care plans and risk assessments contained detailed and appropriate information regarding nutritional needs where needed.
- During lunchtime staff were observed supporting people according to their care plans. We observed

positive interactions between staff and people who use the service and there was a relaxed atmosphere.

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

- The service worked with other agencies to achieve good outcomes for people and people were supported to access healthcare services and support appropriately.
- People's health needs were recorded in their support plans.
- People had health care plans/ health passports which were used by health and social care professionals to support them in the way they needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff understood the importance of supporting people to make their own decisions and obtaining consent from people before care was delivered. A staff member told us, "I never assume that a person lacks capacity."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff and staff members had a good understanding of people's care needs, their personalities and preferences.
- We observed staff interacting with people and allowing people time to communicate their needs.
- People were treated well by staff who were kind and patient with them. One person told us, "I am happy here, the staff are friendly. They are good and they listen."

Supporting people to express their views and be involved in making decisions about their care

- There were effective systems in place to support people to make decisions about their care and express their views. The assessment and care planning process ensured people remained actively involved in decisions about how and when they were supported by staff.
- People found it easy to communicate with the staff. This helped to ensure people could express their views and ask for things to be done differently, when necessary. A person told us, "The staff are pleasant, welcoming and always listen to me, they try and help me in the best way they can."
- Staff told us support and activities were based around people's preferences. A staff member told us, "We tailor the days as people like. We tend to fit things in around peoples wishes, needs and appointments."

Respecting and promoting people's privacy, dignity, and independence

- People's privacy and dignity was supported and encouraged. People had their own rooms, and they could spend time alone if they wished.
- Staff and managers understood about encouraging and promoting independence and were able to give examples of how people's skills had been developed over time, in line with their preferences.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their choices.
- Staff supported people to develop and meet personal goals. Each person had a key worker who supported them to review their care and make sure this was planned to reflect their individual needs and preferences.
- Care plans were comprehensive and included ways to support people in line with their preferences and goals.
- The staff worked closely with other professionals to make sure they were following best practice when supporting people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. There were personalised communication plans which explained the ways in which each person could communicate and how they should be supported.
- Staff knew people well and had a good understanding of people's communication needs.
- People were provided with information in a way they could understand which helped them make decisions about their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue a range of leisure and social activities.
- People were able to choose who they spent time socially with and what activities they wanted to do. A staff member told us, "People are able to say who they would prefer to spend the day with, and we plan from there."
- People were supported to stay in touch with friends and families. Friends and families were able to be part of activities, for example garden parties in the summer months.

Improving care quality in response to complaints or concerns

- The provider was open and transparent when dealing with concerns. The staff had regular contact with

families who felt able to raise concerns. People knew they could speak with staff if they were unhappy about anything.

- Suitable policies and procedures were in place to manage complaints.
- The registered manager confirmed there had been no recent complaints into the service.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- The registered manager told us they would support people at the end of their lives if necessary and would arrange appropriate training for staff and seek support from external health care professionals to manage this.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the service where staff provided personalised care and promoted people's individuality.
- The registered manager knew people well and was a visible presence within the service.
- Staff felt well supported and felt their opinions were valued. Staff told us, "I have felt supported by the management team" and, "We work together, if there are any problems managers are supportive."
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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 duties in relation to the duty of candour. They had an open and honest approach and told us if things went wrong they would liaise with appropriate health professionals, relatives and other agencies to improve standards of care.
- Any incidents or concerns had been shared with the appropriate local authority and CQC.

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

- Appropriate quality assurance systems were in place, members of the management team conducted audits to ensure quality of care and health and safety standards remained high.
- The provider had clear policies and procedures in place. Staff received daily handovers to identify any key issues in the service.
- Staff worked effectively as a team. Staff told us communication at all levels was good and they expected correct working practices to be followed. A staff member told us, "I would feel comfortable pointing out issues with staff if needed, I would expect others to point out to me if there was something wrong, we think of the safety of the person."
- There were suitable systems for monitoring and improving the quality of the service. These included regular checks and audits. Action was taken when things went wrong to help make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with people and asked for their views and experiences. This was done formally during review meetings and informally in conversations between staff and people at the service.

- Relatives told us they were able to speak to managers and staff when they needed to. The service sent out questionnaires to relatives annually.
- Regular meetings took place with visiting professionals. One professional told us, "I have always found discussions [with the manager] to be a positive experience, with learning and reflection on both sides."