

Kay Care Services Ltd

Haydon View Residential Home

Inspection report

North Bank
Haydon Bridge
Hexham
NE47 6NA

Tel: 01434684465

Date of inspection visit:
29 November 2022
30 November 2022

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20 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Haydon View is a residential care home providing personal care for up to 27 people. The service provides support to older people including those who may be living with a dementia and/or a physical disability. At the time of our inspection there were 23 people using the service.

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

People told us they were cared for by extremely kind and caring staff. The home was clean and tidy, and staff followed infection control procedures. A small number of staff needed reminding of PPE procedures which the provider addressed immediately.

Medicines were well managed. The provider had made great improvements since our last inspection.

Any risks identified had been assessed to keep people as safe as possible. Any incidents were recorded and monitored in order to reduce further instances occurring. The home had a good refurbishment programme in place and a new maintenance person to take this forward.

Enough staff were employed to care for people the way they preferred and safe recruitment practices were in place.

A range of quality assurance checks took place to monitor the service delivered to people.

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 requires improvement (published 22 February 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focussed inspection of this service on 25 January 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve, safe care and treatment and quality assurance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

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.

For the key question of Effective, Caring and Responsive which were not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to good. This is based on the findings at this inspection.

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 on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 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 completed by 1 inspector 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

Haydon View 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. Haydon View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 Care Quality Commission 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used feedback from the local authority safeguarding and commissioning teams and medicines optimisation team. We contacted the local fire authority and Healthwatch. 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 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 9 people and 8 relatives about their experiences of the care and support provided.

We spoke or gained email feedback from 15 staff, including the deputy manager, care staff, kitchen staff, domestic and maintenance staff and the regional manager.

We contacted the district nurse team, a specialist Parkinson nurse and staff from the speech and language therapist team for feedback. We spoke with a visiting health care assistant during the inspection visit.

We reviewed a range of records. This included 3 people's care records and multiple medicine records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were 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 requires improvement. The rating for this key question has improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to robustly follow best practice in preventing and controlling infection. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. A small number of staff needed to be reminded about the correct use of face masks and washing or gelling hands. The regional manager addressed this immediately.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The home had an outbreak which was the first since the pandemic began.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting was taking place in line with government guidance. Visitors to the home were welcomed. There had been a recent outbreak of COVID-19 and some restrictions had been put in place in line with guidance. The provider was going to remind relatives about essential care giver status and further review visiting arrangements, including evenings.

Using medicines safely

At our last inspection the provider had failed to safely manage medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. This included a newly refurbished medicines room to support this.
- People received their medicines on time and as prescribed. There were a very small number of medicine records which needed updating and this was addressed immediately.

Assessing risk, safety monitoring and management

- Risks to people, staff and visitors were assessed and continually monitored.
- Monitoring of fire safety procedures took place, including personal emergency evacuation plans and fire drills. These were in the process of being reviewed to ensure people remained safe.
- The home was well maintained. People complimented the new maintenance person for their work.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. Relatives said their family members were safe and well cared for.
- Systems and processes were in place to safeguard people, including providing staff with suitable training.
- Staff confirmed they would report any concerns relating to the safety of people living at the home.

Staffing and recruitment

- There was enough staff to meet people's needs. Our observations reflected staff responded promptly to people's requests for care and support.
- Safe recruitment procedures were in place. This included requesting references from previous employers and completing Disclosure and Barring Service (DBS) vetting checks to ensure staff were suitable to work with vulnerable people.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Accidents and incidents were recorded and monitored.
- Discussions took place in handover and team meetings with the staff team. The provider discussed issues arising in their services with the aim of sharing learnt lessons with all staff.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Staff were working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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

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

At our last 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Managers and staff had clearly defined roles.
- The registered manager and staff team had worked hard to address the issues from the last inspection. Records had been updated and new processes put in place to enhance the monitoring of daily care.
- A range of updated audits and checks were in place to monitor the quality of the service. The provider had also employed a consultant to support them with this activity.
- The home was well run. Comments from people and relatives included, "It is well run and managed and they keep you well informed"; "I feel it is well run. The manager is always available, and you can always get through" and "The manager seems to run the place well."

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

- The registered manager and deputy manager promoted an open and honest culture and led by example. People, relatives and staff told us they were accessible and supportive. One relative said, "The best thing is the communication and I get a one to one straightaway."
- People and relatives said the staff team treated them as part of their family. Comments included, "The home is very much a part of the village, a lot of the people in the village have had relatives there"; "The atmosphere is like walking in to your home" and "It is a lovely family environment in the home."
- Staff worked as a team and told us they loved working at the home. One member of care staff said, "The place is really good, really safe and homely."
- The management team understood the duty of candour including the need to apologise if something went wrong.

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

- People and their relatives views about the running of the home were sought in a variety of ways. This included surveys and individual reviews. Where suggestions had been made the management, team had addressed these.
- Staff meetings had taken place and the staff team felt engaged and supported. One member of care staff said, "I have a good support team in my colleagues and also good support from management. I feel I can go to them with any problems or concerns I have."
- Newsletters were produced to share information with the people and relatives using the service.

Continuous learning and improving care

- The registered manager was in regular contact with people and relatives to help them to continuously improve the home.
- The registered manager had listened and acted on all of our feedback from the last inspection. The management team continued to be open and transparent.

Working in partnership with others

- Staff worked in partnership with health care professionals. This included district nurse teams, specialist Parkinson's nurses and podiatrists. One district nurse said, "Absolutely fine, staff are good at getting in touch. They are a lovely team."
- Support and guidance was sought from health and social care professionals when required. Advice was acted on swiftly. For example, one person had returned from hospital with minor skin damage. This was immediately addressed with positive results.