

Blue Mar Limited

Haunton Hall

Inspection report

Haunton
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Haunton Hall is a residential care home providing personal and nursing care to 41 people the time of our inspection. The service can support up to 90 older people some of whom may have a diagnosis of dementia.

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

There had been significant improvements made since the last inspection. However, some care plans did not always accurately reflect people's needs and some people's records had not been consistently completed. However, staff knew people's needs well and people told us they received safe and effective care. We made a recommendation to the provider about this.

There had been some changes across the management structure which meant there was no current registered manager in place. The provider was in the process of recruiting the appropriate persons to take on the role.

There were sufficient numbers of staff to meet people's needs. Some staff felt some additional staffing was needed in units which supported people with dementia. The operations director was aware of this and had already begun recruiting new staff.

Medicine management had vastly improved, and staff took measures to mitigate the risk of the spread of infection. There were processes in place for people and staff to follow if they had safeguarding concerns. The management team had worked to identify where things had previously gone wrong and had taken actions to learn lessons and improve the quality of care people received.

Staff had received relevant and appropriate training and the training statistics for staff completing all training had improved. People were supported to eat and drink enough to maintain a healthy, and balanced diet. The management team worked alongside external health professionals to ensure people's health needs were met in the most effective way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The governance systems in place had improved but required reviewing, strengthening, and embedding. The management team had mechanisms in place to gauge feedback about the care people received and staff were engaged in the day to day running of the service.

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 25 July 2022). We issued the provider with a warning notice which included a date for compliance. 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 focused inspection of this service on 25 July 2022. Breaches of legal requirements 15 (Premises and Equipment) of the Health and Social Care Act 2008 and regulation 17 (good governance) were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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, Effective and Well-led which contain those requirements.

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 requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haunton Hall 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Haunton Hall

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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to regulation 12 (safe care and treatment) and regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 2 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

Haunton Hall 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. Haunton Hall 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 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 not a registered manager in post. The provider was in the process of recruiting for this position. The operations director was acting as the manager and had support from other senior members of staff.

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 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 8 people who used the service and 4 relatives. We spoke with 9 members of staff including the nominated individual, the operations director/acting manager, the deputy manager, a unit manager, a nurse, care staff, an activity coordinator and the head of housekeeping. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 5 people's care records, 2 staff files and multiple medicine records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough environmental improvements had been made at this inspection. Changes had been made to the service to ensure the premises were clean and safe and the provider was no longer in breach of regulation 15

- People's risks had been assessed and actions were in place to ensure risks were mitigated. However, there were some discrepancies in some people's care plans and some records had not always been fully completed. We informed the acting manager of our findings who responded in a timely way to address the issues we found.
- Despite this, staff we spoke with knew about people's needs and their associated risks and could tell us about the actions they took to keep people safe.
- We found no evidence people had not been receiving safe care and feedback from people was positive. One person said, "Staff make me feel safe. They check on me in the night. I like that. They check me regularly. It makes me feel safe." Another person told us, "Everything is alright! Staff are nice. I feel safe; everything here makes me feel safe."
- The systems in place for learning lessons when things went wrong, had improved. The management team had reporting systems in place from which they took learning and shared actions among staff to improve practices.
- The management team, including the nominated individual were keen to learn from previous practices to improve the care people received.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- People told us staff responded to them in a timely way when they requested support. One person said, "When I press my buzzer, it doesn't take them long to come, less than a minute I'd say. They are quick, even at night! Another person said, "When I press my buzzer staff come. It doesn't take long at all."
- Staff felt the numbers of staff across the service were adequate but expressed more staff would be needed as numbers of people living at Haunton Hall increased. The acting manager was aware of staff feedback and had recruited new staff who we observed on 'shadowing' shifts. The recruitment process was on-going.
- Staff had been recruited safely. Relevant and appropriate recruitment checks, such as the Disclosure and

Barring Service (DBS) were in place. The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Since the last inspection, the processes in place to monitor the safety of medicine management had significantly improved. Policies and processes had been reviewed and changes implemented to ensure people received their medicines safely and in line with their needs.
- People received their medicine on time, as required by staff who were sufficiently trained and who had their on-going competency to administer medicine assessed.
- Medicine stocks we checked correlated with medicine administration records.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were safeguarding policies and processes in place.
- Staff, including the management team understood their responsibilities in recognising and responding to concerns of abuse.

Preventing and controlling infection

- 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 assured that the provider was using PPE effectively and safely.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visitors were able to access the home as and when desired, without restriction.

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

- Prior to moving in, people had their needs assessed to ensure they could be met at Haunton Hall.
- People had care plans in place and staff told us they used people's care plans as they needed to find out about what was important to people and how they should and would like their care delivered. However, some records we viewed contained some discrepancies about some people's needs which meant there was an increased risk staff may not have been delivering care in the most appropriate and effective way. During the inspection, the management team addressed these discrepancies and updated records to accurately reflect people's needs.

Staff support: induction, training, skills and experience

- Staff received relevant training and received on-going competency checks to ensure they were skilled and knowledgeable about people they supported.
- People told us staff who supported them were well trained. One person said, "A lot of the girls have been here years and they know what they are doing; absolutely they are trained." Another person said, "They [staff] are helping me do what I can't do and I'm happy with that. I can't fault them."

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

- People and staff gave us mixed feedback about the food. Not all food was prepared on site as the provider partnered with a company who delivered food which had already been prepared, packaged and delivered to the home. Some people told us the food was tasty and well presented. Other people said they preferred the meals when they were cooked fresh on-site and did not like the choices available to them with the current meal arrangements. The acting manager had been speaking with people to learn more about their likes, dislikes and preferences to make meal times a more pleasurable experience for people.
- People who had specific nutritional needs or preferences had their dietary requirements met.

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

- People were supported to have their health needs met.
- The management team and staff worked well with other agencies and professionals to provide additional and specialised support for people where necessary.
- People were supported to access healthcare in a timely way. Communication records evidenced external health care professionals had been consulted and advice sought. We observed district nurses supporting people in the residential units of the home at the time of the inspection.

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

- Improvements were being made to the interior of the property to enhance the home and make Haunton Hall a more homely, and comfortable place to live.
- The design and décor of specific areas of the home had been made to support a living environment which was dementia friendly.

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.

- People were supported to make choices and decisions in line with the principles of the MCA.
- Assessments of mental capacity had been undertaken where necessary and where decisions had been made in people's best interests, relevant parties had been consulted and records kept as required.
- Where people were reliant on others to make decisions for them, the registered manager consulted with relatives to ensure they had the legal authority to consent on people's behalf.

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. At this inspection the rating for this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure there were effective systems in place to demonstrate effective governance. This placed people at risk of harm. 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Whilst governance systems had significantly improved since the last inspection, and audits were taking place, the systems needed strengthening to ensure all care plan document was up to date and relevant.
- Some of the systems and processes had not always been effective in identifying shortfalls we found on inspection. The management team and staff knew people's needs well; however, this was not always reflected in some people's care plans. This meant staff may not have always had the most up to date information about people increasing the risk of harm occurring.

We recommend the provider assesses their care planning processes for people receiving a regulated activity in order to ensure all records are consistent and up to date.

- There was no registered manager in place. This had led to some of the inconsistencies occurring with updating people's care plan documentation. There had been attempts to recruit a new registered manager, and there were plans to further upskill current staff to take on more managerial responsibilities.
- The current management team had made changes across the service to improve the quality of care people receive. The provider had complied with enforcement action previously taken to improve the practices across the service.
- The provider understood the responsibilities of their registration with the Care Quality Commission. The previous ratings were on display and notifications had been submitted to us, as required by law.

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

- The provider and management team had worked to try and create a positive culture and improve

standards of care across the home. The acting manager said, "We have learned from the last inspection. We do lessons learned now which is for wider sharing and learning for staff. We will continue to embed learning and when the final management structure in place, everyone will have a clear, definitive role."

- People and their relative's confirmed they had seen improvements in the standard of care provided. One person said, "The manager is nice. They talk to us, and I know they are concerned about me because I hurt myself falling. I see them around lots. The home is well run." A relative told us, "Yes, I've met the manager. There's been a fair amount of turnover recently, but it is well run."
- Professionals we spoke with agreed improvements had been made at the service.

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 management team had not been required to respond to anyone under the duty of candour. However, they were aware of their obligations and what this meant for them. The acting manager said, "It is making sure actions are taken in, and at the right time, saying sorry and being accountable. We inform families and say sorry."

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

- Where possible, people and their relatives were consulted about changes, and told us they felt engaged with the service. One person told us, "They [management] have meetings with us. They all know who they are talking to when they speak to you." A relative said, "Staff are friendly and approachable."
- Staff said they felt valued and appreciated by the management team and told us the provider was visible, and always contactable. Staff incentives were available where staff were awarded accolades such as employee of the month.
- Staff had opportunities to feedback through regular supervisions or team meetings. Staff told us they could raise issues with management and believed they would be listened to. A staff member said, "We have nurse and carer meetings. We have daily heads of department meetings which gives us a snapshot of things going on in the day as well as broader picture of the home overall."

Working in partnership with others

- The service worked in partnership with other health and social care organisations to support people to improve their wellbeing. People's care files showed regular communication with professionals and observations showed advice was followed by staff.
- The acting manager was working with the local authority quality team to improve outcomes for people living at Haunton Hall.