

MISTIS Ltd

Havengore House Residential Care Home

Inspection report

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Date of inspection visit:
19 January 2022

Date of publication:
16 February 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Havengore House Residential Care Home is a residential care home providing the regulated activity of personal and nursing care for up to 22 people. The service provides support to older people and older people who may be living with dementia. The care home accommodates people in one adapted building and at the time of our inspection there were 19 people using the service.

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

People were safe and liked living at Havengore House Residential Care Home. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Staffing levels were appropriate to meet people's needs and staff were recruited safely. Medication practices at the service ensured people received their medicines as they should, and staff were appropriately trained. People were protected by the service's prevention and control of infection practices. Findings from this inspection showed lessons were learned and improvements made when things went wrong.

People's care and support needs were documented, and staff had a good understanding and knowledge of people's needs and the care to be delivered. Information relating to people's end of life care needs was recorded and the registered manager knew how to access support from the local palliative care team. Suitable arrangements were in place to enable people to participate in social activities. Complaints were well managed and a record of compliments to capture the service's achievements was maintained.

Quality assurance arrangements enabled the provider and registered manager to monitor the quality of the service provided.

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 8 May 2019].

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 comprehensive inspection of this service on 4 March 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve receiving and acting on complaints Regulation 16 [Receiving and acting on complaints].

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 of Safe, Responsive 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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Havengore House Residential Care Home 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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Havengore House Residential Care 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 completed by one inspector.

Service and service type

Havengore House Residential Care 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 unannounced.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with one member of staff about what it was like to work at Havengore House Residential Care Home. We also spoke with the registered manager, deputy manager and the provider. We reviewed a range of records, including five people's care records and two staff personnel files. We also looked at the provider's quality assurance and auditing arrangements.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three people's relatives about the quality of care received for their family member. We also spoke with three members of staff.

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.

Systems and processes to safeguard people from the risk of abuse

- We discussed safety with people using the service and they told us they had no concerns and that the service was a safe place to live. Relatives confirmed they had no concerns about their family member's safety. One relative told us, "Definitely no, I have no concerns about safety."
- Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies.
- There was a low incidence of safeguarding concerns. The management team were aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were identified and recorded. These related to people's moving and handling needs and more specific risks, for example, the risks posed relating to specific healthcare conditions.
- Information provided identified people who could become anxious and distressed; and potential factors which could cause them to behave in a way that may challenge others.
- Staff spoken with had a good understanding and knowledge of people's individual risks and how to ensure theirs and others safety and wellbeing.
- Arrangements to assess current and emerging risks presented by the pandemic had been identified for staff and people using the service.
- Risks relating to the service's fire arrangements were monitored and included individual Personal Emergency Evacuation Plans (PEEP) for people using the service. This plan is for individuals who may have difficulties evacuating a building to a place of safety in the event of a fire emergency.

Staffing and recruitment

- The deployment of staff was appropriate and there were enough staff to meet people's needs. Staff responded to people in a timely way and call alarm facilities were answered promptly. Relatives told us they had not experienced any staffing concerns.
- Staff told us staffing levels were appropriate to meet people's needs. The registered manager confirmed they were not experiencing any workforce challenges which had a negative impact on service delivery.
- Appropriate arrangements were in place to ensure that the right staff were employed at the service. On review of two staff member's personnel files, relevant checks were carried out before a new member of staff

started working at the service. This included obtaining written references and undertaking a criminal record check with the Disclosure and Barring Service [DBS]. Prospective employees' equality and human rights characteristics were recorded and considered when recruiting staff.

Using medicines safely

- We looked at the Medication Administration Records [MAR] for six out of 19 people living at the service. These were in good order, provided an account of medicines used and demonstrated people were given their medicines as specified by the prescriber.
- Suitable arrangements were in place to ensure staff who administered medication were trained and competent to undertake this task safely and to an acceptable standard.
- Medicine audits confirmed a good level of compliance was achieved. The provider's annual report showed both weekly and monthly audit reports for the period January 2021 to December 2021 achieved between 94% to 100% compliance. Appropriate actions were taken to address identified shortfalls and to learn from these.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections and meeting shielding and social distancing rules.
- We were assured the provider was facilitating visits for people living in the home in accordance with current government guidance. Each person had a visit plan in place which recorded up to three named visitors [excluding an essential care giver] and how the service was to manage the visits safely. Relatives confirmed when they visited their family member, they were tested for COVID-19 and wore appropriate PPE.
- We were assured the provider was admitting people safely to the service and using PPE effectively and safely. Staff confirmed there were always enough supplies of PPE to keep themselves and others safe.
- We were assured the provider was accessing testing for people using the service and staff and promoting safety through the layout and hygiene practices of the premises. The service was clean and odour free.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

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.

Learning lessons when things go wrong

- This inspection highlighted lessons had been learned and improvements made since our last inspection in March 2019. The service's complaints management arrangements were now robust. Investigations were thorough, open and transparent, including lessons learned.
- A complaint received at the service recorded there had been a lack of respect and dignity experienced by one person using the service. This was investigated by the registered manager, with the outcome being, staff received dignity awareness training and observations of staff's practice relating to ensuring people using the service were treated in a respectful manner introduced.
- Appropriate arrangements were in place to review and examine events and incidents and to learn from these. Where medication errors had occurred, these had been investigated. Staff involved received supervision and additional training, including having their competency to administer medication reassessed.

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.

At our last inspection to the service in March 2019, effective arrangements were not in place for dealing and responding to complaints. This was a breach of Regulation 16 [Receiving and acting on complaints] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received good personalised care and support that was responsive to their needs.
- Since our last inspection to the service, an electronic care planning system had been introduced. Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff. People's care plans were reviewed at regular intervals to reflect where a person's needs had changed.
- Staff had a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes and preferences.
- Suitable arrangements were in place to ensure people were supported to receive good end of life care. This ensured people received a comfortable, dignified and pain-free death, including support from the local palliative care team.

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.

- Care plans identified people's communication needs and staff knew how to support people. This approach helped to ensure people's communication needs were known and met.

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

- Staff responsible for facilitating social activities at the service demonstrated enthusiasm and commitment to their role.
- People were able to spend their time as they wished and wanted. Suitable arrangements were in place to ensure people had the opportunity to take part in leisure and social activities of their choice and interest.

During the inspection people were observed to participate in chair exercises and a quiz about the decades. People were noticed to enjoy both activities and to be actively engaged.

- People were supported to maintain relationships with their families despite the COVID-19 pandemic. A booking system was in place for relatives to visit their loved one. Relatives were able to visit their family member either in their bedroom [for those who remained in bed] or in a designated setting within the care home. Relatives were also able to utilise the service's external 'visiting pod'.

Improving care quality in response to complaints or concerns

- The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. Relatives confirmed they were comfortable to raise concerns with the registered manager and were confident their complaint would be listened to and acted upon.
- Arrangements were in place to record, investigate and respond to any complaints raised with the service. A low incidence of complaints was noted for the preceding 12 months. Each complaint had been responded to and investigated in an open and transparent way.
- Compliments were available to capture the service's achievements. Compliments viewed were positive regarding the registered manager and the quality of care people received. One comment received by email recorded, 'We were greeted by [name of staff member] who instantly put us at ease, talked to relative, who all day was apprehensive about coming to see [family member in care home]. We were asked to wait, then two members of staff with smiles greeted us both with warmth and empathy. [Relative] was sitting bolt upright fresh as a daisy and the most alert we had seen them. [Relative] was very talkative and wanted to tell us all their news, how well they were looked after and how good the food was. Staff popped in to check up on us. We left with tears of joy to have had such a good visit.'
- Compliments were also recorded on a well-known external website.

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 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.

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; Continuous learning and improving care

- Effective arrangements were in place to assess and monitor the service through its internal and external auditing systems. The service's quality assurance arrangements monitored the experience of people using the service. This information was used to help the registered manager drive improvement and to monitor the service's performance in line with its policies and procedures and regulatory requirements.
- The service had a positive culture which ensured the care provided for people using the service was person-centred, open, inclusive and focused on people's individual care and support needs.
- Throughout the inspection, the registered manager was receptive, open and transparent to our findings and suggestions, demonstrating a continued commitment to improve the service.
- The Care Quality Commission had been notified of all significant events which had occurred, as required by regulation.

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

- The registered manager understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff and ensuring compliance with regulatory requirements was attained and improvements made when things went wrong.
- Relatives were complimentary regarding the registered manager and told us the service was well managed and led. Comments included, "Yes, I feel the care home is well managed" and, "I feel the manager is doing a good job."
- Staff told us they felt valued and supported by the registered manager. One member of staff stated, "I can contact [registered manager] at any time, I really like them, they are a good manager, approachable and friendly. They [registered manager] are not always in the office; it keeps you on your toes." Another member of staff told us, "[registered manager] is the best manager I have had, they are so approachable, I can say anything to them, they are very professional."

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

- Arrangements were in place for gathering people's and relatives' views of the quality of service provided through the completion of a questionnaire at six monthly intervals.
- From our review of questionnaires, people recorded staff were kind, caring and their needs were met. All relatives recorded they would recommend Havengore House Residential Care Home to others. Comments included, 'We are grateful for the care given by the staff', '[Relative] is very happy and they often say how much they enjoy staying at the hotel. Absolutely five out of five, I would rate higher if I could' and, '[Relative] was put into Havengore because they were unable to go home due to the pandemic, it has been the biggest blessing to our family for them being placed into such a caring and loving environment. We thank our lucky stars that Havengore is where they were placed.'
- Questionnaires had also been completed by staff in relation to their employment and these too were complimentary and completed at six monthly intervals. Comments included, 'The manager is very supportive and approachable, and they are available including out of office hours' and, 'I feel very encouraged and appreciated for the work I have been doing. It is a great place to work.'
- Staff meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.