

Mr Naveed Hussain & Mr Mohammad Hussain &
Mrs Anwar Hussain

Haighfield Care Home

Inspection report

241 Wigan Road
Standish
Wigan
Greater Manchester
WN1 2RF

Tel: 01942821165

Date of inspection visit:

23 August 2022

24 August 2022

Date of publication:

05 October 2022

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

Haighfield is a care home located in Standish, Wigan and can accommodate up to 45 older people. The home is operated by Mr Naveed Hussain & Mr Mohammad Hussain & Mrs Anwar Hussain, a partnership. At the time of this inspection, there were 34 people living at the home.

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

Our inspection was carried out following an incident where a person had fallen down some stairs and suffered a serious injury. We carried out checks of the home environment and found it was not always safe. Items such as topical creams, drink thickeners and cleaning products were not stored securely. Corridor areas were cluttered and presented a trip hazard when people were mobilising.

The fire risk assessment had not reviewed since September 2020. This was despite the five-year electrical installation report expiring in February 2022, which could present a fire risk. There had been an incident earlier in the year where the electrics had 'blown' in part of the home. The provider made arrangements for these to be completed during the inspection, with work planned for September 2022. We have made a recommendation regarding staffing levels within the home due to the feedback we received.

Governance systems at the home needed to be improved. A high number of staff had not received regular supervision, or an annual appraisal. The matrix used by the service to monitor this showed these were overdue. The last full team meeting was in February 2022 and the last residents' meeting was in August 2021. These were not in line with the expected frequency. The policy and procedure regarding service user satisfaction surveys said these would be sent each year. However, this had not been done. People living at the home and their relatives told us they were not regularly asked for their views.

The current home manager completed daily walkarounds to check the environment and safety within the home. However, these were not documented. Provider audits were completed. However, these did not always provide a focus on the areas of concern we had found during the inspection. Confidential information was not stored securely, with documents such as staff personnel files and personal care records openly accessible. Some staff said that although they enjoyed their roles, staffing levels could often impact their morale and the culture in the home.

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.

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

Rating at last inspection

This last rating for the service was good (2 March 2019).

Why we inspected

The inspection was prompted in part by notification of a specific incident, following which a person using the service sustained a serious injury. The injury is currently being reviewed as a 'Specific incident'. As a result, this inspection did not examine the specific circumstances of the incident. The information CQC received about the incident indicated concerns about the safety of the environment. This inspection examined those risks and the wider safety of people living at the home.

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.

We have found evidence that the provider needs to make improvements with regards to safety and leadership of the service. Please see the safe and well-led sections of this full report.

The overall rating for the service is requires improvement. This is based on the findings at this inspection.

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.

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?

Not all aspects of the service were safe.

See the safe key question for more information.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well-led.

See the well-led key question for more information.

Requires Improvement ●

Haighfield 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.

Inspection team

This 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

Haighfield is a care home with nursing. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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. At the time of our inspection, the home did not have a registered manager in post, although we were told plans were in place for the home manager to register.

Notice of inspection

The inspection was unannounced.

Inspection activity was carried out between 23 August and 6 September 2022. Further inspection activity was completed via telephone and by email, including speaking with people who used the service, relatives and reviewing additional evidence and information sent to us by the provider.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from professionals who worked with the service, including Wigan local authority. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and 12 relatives about their experience of the care provided. We also spoke with five members of staff including three care staff, the current home manager and a member of the quality assurance team.

We reviewed a range of records. This included six people's care records, a selection of medicine administration records (MAR) and three staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found following our site visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated 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 about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- The home environment was not always safe. Items such as topical creams and drink thickeners which are both prescribed medicines, were stored in people's bedrooms, although were accessible meaning they could place people at risk of harm if wrongly consumed. The home manager said they should be locked in the cupboard safely. A risk assessment was put in place after the inspection to manage these risks.
- Cleaning products were not stored securely and were seen in unlocked cupboards with the key in the door. Corridor areas were cluttered and presented a trip hazard when people were mobilising and using them. A risk assessment was put in place after the inspection to manage these risks.
- The fire risk assessment had not been reviewed since September 2020 and the electrical installation report had expired in February 2022, which was a fire risk. There had been an incident earlier in the year where the electrics had 'blown' in part of the home resulting in the fire brigade attending. The provider made arrangements for these to be completed during the inspection, with work planned for September 2022.
- People received their medication safely. However, the storage of certain medicines needed to be improved as detailed above. There were also some gaps in recording for the medicines fridge temperature checks.

Appropriate systems were not in place to ensure the home environment was safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Safe Care and Treatment.

- We saw MAR's were completed accurately by staff when medicines were administered.
- 'As and when' required medication (PRN) plans were in place to guide staff about when these medicines needed to be given and under what circumstances. People living at the home and relatives told us they felt medicines were given safely.

Staffing and recruitment

- We checked to see if there were enough staff working at the home to care for people safely, and received mixed feedback. Some people living at the home, staff and relatives told us staffing numbers were not always sufficient. One person said, "There are not enough staff, they are always short." Another person said, "I think they are a bit short staffed sometimes." A relative said, "They are still short staffed sometimes, but it doesn't seem to affect [person's] care." A member of staff added, "We sometimes run short and they replace them with agency. They are sending agency with no knowledge of care though. They are trying to recruit and trying to do their best. Staff are tired and working hard."
- During the inspection, we observed staff were busy and worked hard, although did we not observe anybody waiting for assistance for unacceptable periods of time. We also viewed the staffing rotas and

dependency tool used by the home.

We recommend the service reviews their current staffing numbers to ensure they are sufficient to meet people's care needs safely given the feedback provided.

- Staff were recruited safely, with all the necessary procedures carried out. This included completing application forms, holding interviews, seeking references and carrying out disclosure barring service (DBS) checks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us they felt safe as a result of the care they received. One person said, "I am very safe here, they look after me so well." Another person said, "They are very good to everyone and I do feel safe."

- A safeguarding policy and procedure was in place and the training matrix showed staff had received training about how to protect people from the risk of harm.

- Staff displayed a good understanding about safeguarding procedures and said they had not witnessed any abuse whilst working at the home. One member of staff said, "It's about protecting that person and it could be mental or physical abuse. I have done some whistleblowing (not at this service), so I understand. I will report it straight away to protect that person."

- Deprivation of Liberty Safeguards (DoLS) applications were submitted to the local authority as required and assessments of people's capacity were completed.

- A log of all accidents and incidents was maintained, with details provided about actions taken to prevent re-occurrence.

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 meeting shielding and social distancing rules.

- 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 accessing testing for people using the service and staff.

- 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 was carried out in line with government guidance at the time of our inspection.

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 the last inspection this key question was rated good. At this inspection the rating has changed to requires improvement. 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.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Governance systems at the home needed to be improved. A high number of staff had not received regular supervision, or an annual appraisal. The current home manager was working towards bringing these up to date during the inspection. A member of staff said, "Staff have raised this as a concern. I haven't had a supervision yet." Another member of staff said, "We have handovers, but no supervision for me yet."
- The last full staff meeting was in February 2022, according to meeting minutes we were shown. The provider said they should be completed every two to three months. However, meetings were held following incidents at the home when required.
- The provider was not seeking feedback about the quality of service from people living at the home. Some people living at the home and relatives said they were not asked for their views about the service provided. One person said, "I haven't been asked about feedback or anything like that." Another person said, "I don't think anyone has asked me about living here." A third person said, "I can't remember any meetings or feedback."
- The last residents meeting was in August 2021. The provider said these should be completed twice a year. The last satisfaction survey was sent in December 2021, although had only been sent to relatives and there had only been two responses. There was a policy in place which stated people using the service would receive an annual survey, although this had not been done.
- The current home manager said they completed daily walkarounds to check the environment and safety within the home. However, these were not documented. This meant there was no evidence of adequate oversight regarding some of the concerns found during the inspection such as the unsafe storage of some medicines, cleaning products and potential trip hazards.
- Provider audits were completed. However, these did not always provide a focus on the areas of concern we had found during the inspection, for example environmental risks. Furthermore, appropriate action had not been taken to ensure an up to date electrical installation report had been completed and the subsequent review of the fire risk assessment. This was despite these shortfalls being highlighted during a health and safety audit in July 2022.
- Confidential information was not stored securely, with documents such as staff personnel files and personal care records openly accessible in the office and communal areas.

Appropriate systems were not in place to ensure adequate oversight of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Given the concerns we had identified during the inspection, appropriate oversight of the service was not always being maintained.
- Although staff said they enjoyed their roles and working at the home, some reported low morale due to current staffing levels. One member of staff said, "Yes, I really love it. I find it really rewarding. Morale is good but the only issue is staffing. The lack of staffing isn't impacting people because they are getting the care they need. Everyone works really hard." Another member of staff said, "I do like it here, but I'm stressed because we are short staffed. Everyone is under a lot of pressure. Staff morale is low."
- Staff shared positive feedback about the home manager. One member of staff said, "There is a new manager and she is really nice and supportive. The manager helps out on the floor too and she's really good." Another member of staff said, "I think the new manager is good, as is the leadership."
- Although safety and governance of the service needed to improve, both people living at the home and relatives told us they were happy with the care provided, which enabled them to achieve good outcomes. One person said, "It's wonderful, I wouldn't want to be anywhere else. They are so kind to me." A relative added, "[Person] has Alzheimer's now and been there for four years and they have been very good to [person], very good. I go in at breakfast time to help [person] to eat as it gives me something meaningful to do rather than [person] just being asleep."
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We saw the ratings were displayed as necessary.
- The manager and provider understood their responsibility to submit statutory notifications and these were sent as required.

Working in partnership with others;

- The home worked in partnership with various local authority's and health teams in the Wigan area. This included social work teams, district nurses, dieticians and speech and language therapy.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Appropriate systems were not in place to ensure people's safety was effectively managed.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Appropriate systems were not in place to ensure there was effective leadership and oversight within the home.
Treatment of disease, disorder or injury	