

Healthcare Homes Group Limited

Haughgate House Nursing Home

Inspection report

Haugh Lane
Woodbridge
Suffolk
IP12 1JG

Tel: 01394386249
Website: www.haughgatehouse.co.uk

Date of inspection visit:
08 February 2023

Date of publication:
23 February 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

Haughate House Nursing Home is a residential care home providing personal and nursing care for up to 42 people. The service provides support to older people. At the time of our inspection there were 27 people using the service. Haughate House Nursing Home provides care in one adapted building.

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

People were happy living at Haughate House Nursing Home and spoke positively about the care they received and the running of the service.

We received mixed views from people and relatives whether there were enough staff to meet people's needs. Most staff told us there were enough staff. During our inspection we observed that staff were visible in the service. The manager and the service development and regulation director told us they were actively recruiting new staff.

People were protected from avoidable harm because there was effective staff training and safeguarding policies in place. 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.

Staff received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People's needs were met in a personalised way. Staff knew the people they supported well and had a good understanding of their needs. People were supported to take part in a range of activities which took place inside and outside the service.

Effective and robust quality assurance systems had been developed and implemented to continually assess, monitor and improve the quality of care people received.

Throughout the inspection the management team showed a commitment to provide people with person centered, safe and effective care. They were open, transparent and responsive to our requests throughout the inspection.

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 20 December 2021).

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

This inspection was prompted by a review of the information we held about this service and to follow up on action we told the provider to take at the last 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.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haughgate House Nursing 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.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

the service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Haughgate House Nursing 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

This inspection was carried out by one inspector, a specialist advisor in nursing care 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

Haughate House Nursing Home 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. Haughgate. House Nursing Home 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 the manager had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. 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.

During the inspection

We spoke with 6 people who live at the service and 7 relatives. We spoke with 4 staff members including the nurse, registered manager and the service development and regulation director. We reviewed 10 care records and a range of documents relating to the health and safety of the service, medicines and staff recruitment. We received feedback by email from 4 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

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 12(1) 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.

- There were systems and processes in place to safeguard people from abuse. A member of care staff told us, "I have been trained in how to identify and report abuse and am aware and understand the whistle blowing policy, I am open, honest and transparent."
- Policies and procedures were in place for whistleblowing and safeguarding adults from abuse.
- People told us they felt safe and knew who to report any concerns to. A person said, "I do feel safe, would speak to the nurse, she is busy but think she would listen."
- Staff undertook training in how to recognise and report abuse. Staff told us they would have no hesitation in reporting any concerns to the manager or appropriate authorities and were confident that action would be taken to protect people.

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

- Risks to people's safety were assessed and reviewed. Care plans had individual risk assessments which guided staff to provide safe care. However, some reviews of risk assessments were overdue.
- Accidents and incidents were analysed, and actions put in place to address any identified risks.
- There were systems in place to analyse accidents and incidents for trends across the service.
- Environmental safety checks were carried out to ensure safety of the premises.
- Personal emergency evacuation plans were in place outlining the support each person would need to evacuate the building in an emergency.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staff to meet people's needs. This was a breach of regulation 18 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 18.

- We received mixed views as to whether there were enough staff to meet people's needs. One person told us, "Someone comes every half hour, they are understaffed, they start one job and get called away." However, another person said, "I only have to ring the buzzer and they are here, most of the time okay."
- Most staff told us they thought there were enough staff to meet people's needs.
- We asked the manager about the staffing levels. They told us that they were using the providers staffing tool to assess the number of staff required and due to the layout of the building had more staff on each shift than recommended by the tool. They told us that they had been using agency staff but had been successful in recruiting additional permanent staff who were due to start work in weeks following the inspection.
- During our inspection we observed staff visible in the service with call bells answered promptly.
- Staff were recruited safely with checks carried out to ensure they were suitable to work in the care sector. This included Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12(1) 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.

- People told us they were given choice with regard to the administration of their medicines. One person said, "I do my own medication, they check that I have done that 2 or 3 times a day, they check I have used the 2 inhalers". Other people's medicines were managed and administered by the service.
- Medicine rounds were observed, and staff followed good practice guidance before and during medication administration.
- Where people required topical medicines such as creams these were stored and recorded appropriately.
- Medicines were stored safely. The service had identified prior to our inspection that the medicines fridge was not displaying the correct temperature. A new fridge had been ordered but not yet delivered.
- Regular medicines audits were carried out. Where an error was identified action was taken to address concerns.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service were not thoroughly clean.
- 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 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

- There were no restrictions on visiting at the service.

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 good. The rating for this key question has remained 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

- The manager carried out a pre-admission assessment before a person moved into the service. This checked the service could meet people's needs.
- Everybody living in the service had an assessment and care plans including wound and pressure areas, personal care, nutrition and continence.
- Some care plans had not been reviewed in accordance with the provider's policy which meant they may not fully reflect people's changing needs. We spoke with the manager and the service development and regulation director about this. They told us that they were aware of the issue which would be addressed when a new deputy manager starting the week following our inspection.

Staff support: induction, training, skills and experience

- Staff told us they received the training they needed to provide the support people needed. A member of staff told us, "I do feel I have the training and support that I need to do my job safely. We are provided with both online and face to face training that is always given to us in a time frame before it is due to expire."
- Nursing staff were supported to maintain their professional competence.
- When starting work in the service staff completed an induction. This included the Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they received ongoing support and supervision in their role. A member of staff said, "I have received 1:1 supervision and we recently had a staff meeting. Overall, as an employee at Haughgate since [name] has been manager I have been very happy and supported in my job role."

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

- People and relatives were very complimentary about the food they received. A person told us, "Food is good, I can get tea and toast in the night."
- People were supported to maintain a balanced diet. Where people were at risk of losing weight or dehydration, food and fluid charts were used to monitor what people ate and drank. Some fluid charts were not fully completed. We discussed this with the manager who identified it as a recording issue which they would address.

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

- People's health needs were being met. The service worked with a range of health and social care

professionals, including dieticians, physiotherapists, speech and language therapy and GPs.

A person told us, "I need a dentist, they have arranged that, it is as good as it gets."

- Advice provided by health professionals was contained in people's care records and followed by the support workers.
- The service had access to a minibus which could be used to take people to a range of appointments.

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

- People told us they liked the environment provided at Haughgate House Nursing Home. A person said, "Got 2 private gardens to sit in when the good weather is here and that is lovely hearing the tinkling water."
- People's rooms were personalised, with people having their own personal items, pictures and photographs.
- A full-time maintenance person had been recently recruited to ensure the building was well maintained.

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 offered choice in their daily lives. A person said, "They are keen on you being independent as possible."

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 kind and caring staff who knew them well. A person told us, "Majority of the staff are very kind, nice helpful people and generally listen to you, people here do the best they can, staff are nice." Another person said, "They always treat me with respect, I have a good banter with [care worker] all of them are very kind."
- People's protected characteristics were recorded within the care plans and staff were aware of these. For example, people's religious beliefs and sexuality were reflected within their care plans.
- Relatives gave positive feedback about staff and their approach. A relative said, "Been here 2 years, they [staff] are amazing, was one of the best decisions moving [relative] into here, everyone is friendly, good communication, everyone works well in a team. Manager is brilliant, very approachable."

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

- People were supported to make decisions about their care and what they wanted to do day to day. A person said, "Had antibiotics prescribed by the doctor, I was given the choice of going to hospital or staying here, I chose here."
- People were offered choices around their meals, drinks and what they wanted to wear. We observed people offered choices for their lunch.
- People's preferences as to how they wished to receive their care and support were recorded within their care records. For example, how they liked to take their medicines.

Respecting and promoting people's privacy, dignity and independence

- People told us they were encouraged to be as independent as they were able. A person told us, "They are keen on you being independent as possible, I wash and dress myself."
- People's privacy and dignity was respected by staff. A member of staff said, "I feel we can support our residents and promote independence where possible and give a person-centred care approach to each individual with dignity and respect at all times."
- We observed staff providing support in communal areas in a friendly, professional manner demonstrating meaningful relationships.

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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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 had been identified and recorded within their individual care plans.
- Documents could be provided to people in a variety of formats, for example, large print if required. This ensured all people were provided with information about their care in a way they could understand.

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 with their sexual orientation/religious/ethnic/gender identify without feeling discriminated against. For example, we observed a person receiving a visit from their faith leader.
- People were supported to access local community groups. A person told us, "Got me up at 8 and I went to Route 66 for a meeting for people with disabilities and a chat. I go once a month."
- Relatives told us they were supported to maintain relationships with their family members living at the service. A relative gave us an example of how they had been supported to take their relative for a visit to their house.
- People were complimentary about the activities available at the service. A relative said, "The activity person is good, their enthusiasm never flags, have trips out, goes to the dementia café, have a keyboard player in and they sing, Activity person does endless things with [relative] has dementia they do craft things."

Improving care quality in response to complaints or concerns

- There were systems and processes in place for logging, recording and investigating complaints or concerns. Any complaints or concerns received were, investigated and action taken where required in line with the provider's policies.
- People and relatives knew how to complain and were confident actions would be taken in a timely way if issues were raised.

End of life care and support

- People's end of life wishes had been considered and were recorded in their care plan.
- On the day of our inspection nobody was receiving end of life care. However, a person told us, "Macmillan

nurses come occasionally to talk about palliative care, I know I am not going to recover, just managing it."

- A person who had a family member recently receive end of life care at the service was complimentary about the care and support the person and the family had received from the service at the end of their life.

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.

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

At our last inspection the provider had failed to ensure effective oversight of the service. This was a breach of regulation 17 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.

- The provider had systems and processes in place to assess, monitor and improve the quality and safety of the service. This included audits which were completed regularly for areas such as care plans, medicines, call bells, falls, infection control and the care environment.
- Audits were carried out by the manager and monitored by the provider. Where issues were identified through the provider's governance systems, action was taken in a timely way.
- Our inspection identified some shortfalls which the service's own audits had not identified. For example, the standard of cleaning and the recording of people's fluid intake. We discussed these with the manager and the service development and regulation director. We received assurances that action had already been taken or procedures would be improved to address our concerns.
- Staff understood their roles and responsibilities, were motivated, and had confidence in their leaders and managers. They got constructive feedback about their performance. A member of staff told us, "I do feel the service is managed well. The recently appointed manager has been working with the staff team to ensure the home is run well and is meeting the standards required."
- The service did not have a registered manager. However, the provider had recruited a manager who had applied to the Commission to register.

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

- During the inspection we observed a relaxed and calm atmosphere in the service. People were comfortable speaking to the staff and asking them for support when required. A relative told us, "[Relative] has been here 2 years, they [staff] are amazing, was one of the best decisions moving [relative] into here, everyone is friendly, good communication, everyone works well as a team."
- Staff described an inclusive and empowering culture. A member of staff told us, "I like it here, the support I get from the organisation is good, no blame culture, the home is lovely, the staff are good."

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

- A relative told us that the service was open and honest. They said, "Communication is good, they get in touch straight away, they don't keep anything from you, that keeps you from getting stressed."
- The management team was aware of their responsibilities under the duty of candour, which is a requirement for care providers to be open and transparent if things go wrong with people's care and treatment.
- The management team demonstrated an open and transparent culture in the service and were open and responsive to our comments and suggestions

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

- Feedback was actively sought from people, relatives and staff about the quality of the care and service provided in a range of ways; these included quality assurance surveys, group meetings and on a 1:1 basis. Feedback surveys were given out annually. The service was able to demonstrate feedback was analysed and action taken where needed.
- There were good links with the local community. People attended social groups in the local town. Various organisations went into the service these included faith groups and entertainers.
- We saw a board in the service entitled, 'You Said, We Did' demonstrating how the service had responded to people's requests and feedback.

Continuous learning and improving care

- There were systems in place to ensure the management team were proactive in identifying issues or concerns to allow action to be taken and to prevent a reoccurrence. All aspects of the service were regularly monitored including, complaints and accidents and incidents. We received assurances that audits would be robustly carried out going forward.
- After our previous inspection the provider sent us an action plan setting out actions they would take to improve. The service now has a development plan to support improvement. Inspection findings and changes in overall rating reflect the level of improvement made.

Working in partnership with others

- The service worked in collaboration with relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. People's care records also demonstrated partnership working with external health and social care professionals. One person told us, "Social worker is coming this afternoon to try and sort for me to stay here, I would rather be here than anywhere else."
- The manager had regular contact with the provider's senior management team who provided internal and external updates. Throughout the inspection a member of the provider's senior management team was present to support the manager.