

The Royal British Legion Halsey House

Inspection report

Norwich Road
Cromer
Norfolk
NR27 0BA

Tel: 01263512178

Website: www.rbl.org.uk/halseyhouse

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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

Halsey House is a residential care home providing personal and nursing care to up to 89 people, some of who may be living with dementia. The dementia unit is a separate unit from the main building, which holds provision for people requiring nursing and residential care. At the time of our inspection there were 55 people using the service.

The care home is built over 3 floors. Many bedrooms have an ensuite shower and toilet. There are shared living areas on each floor. In addition, there is an enclosed garden which is wheelchair accessible and is available to people, their relatives and visitors.

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

Following the last inspection a review of the quality assurance systems had been conducted. However, these systems were not robust enough and had not addressed shortfalls identified within the records found at this inspection.

Since the last inspection the provider had completed a review of risk assessments and updated these to ensure they contained information to guide and direct staff in the delivery of person-centred care.

A process was in place to support the safe recruitment of staff. Staff completed an induction which equipped them to complete their role effectively.

Staffing levels were improving, and recruitment continued to take place at the service. Agency staff were used where required to maintain safe staffing levels.

People and their relatives told us they found the staff to be caring and passionate. Comments included, "The home is very honouring of those in the military. Staff provide care which is dignified and respectful of military service men, women and their families these actions bring a unique lift to the atmosphere. There is a warmth and caring feeling as soon as you walk in." Other comments included, "There is real kindness amongst all staff here."

People, their relatives and staff provided positive feedback about the registered manager who they felt was approachable and addressed concerns raised in a timely manner.

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 and update

The last rating for this service was requires improvement (published 05 May 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of some regulations. However, not enough improvements had been made in other areas and the provider was still in breach of the associated regulation.

The last rating for this service was requires improvement (published 05 May 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 carried out an unannounced comprehensive inspection of this service on 13 March 2020 and breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and the management and governance of the service.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Halsey House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified repeat breaches in relation to the quality assurance processes in place at this inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Halsey House

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 2 inspectors, a member of the CQC medicines team and 2 Experts 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

Halsey House 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. Halsey House 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 February 2023 and ended on 15 March 2023. We visited the location's service on 22, 23 and 27 February 2023.

What we did before 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 observed and spoke with 9 people and 14 relatives. We spoke with 12 staff including the registered manager, head of operations, the deputy manager, staff from the catering department, staff from the quality team, staff from the health and safety department, nurses and care staff.

We reviewed a range of records. This included 8 people's care records and 12 people's medication records. We looked at 5 staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service including audits, policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

At our last inspection, we found the provider was not always assessing and managing risk appropriately. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care plans contained information to guide and direct staff in managing individual risk.
- However, food and fluid charts had not been completed consistently by staff. There were no fluid targets in place or actions for staff to follow where people did not reach targets. For 1 person, their fluid chart evidenced they had drunk 330ml on 1 day, however, there was no information recorded of fluids being offered and declined or actions taken by staff regarding the low fluid intake. There had not been any negative impact as a result of this shortfall. Staff we spoke with were knowledgeable of individuals' needs and were confident in making referrals to health professionals for additional guidance and advice. During the inspection we observed staff regularly offering and encouraging people to drink and ensuring fluids were replenished. Our findings were discussed with the registered manager who took immediate actions to address this shortfall in the records.
- For another person there was a discrepancy recorded in their care records relating to dietary requirements. There had been no negative impact as a result of this and staff we spoke with were familiar with individual's needs and requirements. In addition, a detailed handover took place daily where staff discussed outcomes of referrals and assessments and changes made. We discussed our findings with the registered manager who took immediate actions to address the discrepancy identified.
- Where required specialist equipment was in place to support people's safety. This included the provision of pressure relieving mattresses and movement sensor lights and mats.

Using medicines safely

At our last inspection, there were not sufficiently robust systems in place for the safe management of the administration of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff had received training on medicine management and been assessed as competent to give people their medicines. We observed that staff followed safe procedures when giving people their medicines.
- People who wished to manage some or all of their medicines were supported to do so by staff who also regularly monitored and assessed the risks around this.
- Senior staff carried out frequent checks of medicines. Records showed that people received their oral medicines as prescribed and these were being stored securely and at appropriate temperatures. However, we noted that there were some gaps in the records for the application of people's topical medicines such as creams and emollients.
- Person-centred information was in place about people's medicines for staff to refer to and to enable them to give people their medicines consistently and appropriately. There was written guidance available to help staff give people their medicines prescribed on a when required basis (PRN). For people prescribed topical medicines there were body charts showing staff where to apply these medicines.

Staffing and recruitment

At our last inspection we recommended the provider review staffing deployment and allocation of tasks to ensure people's needs were met. The provider had made improvements.

- People and their relatives told us they felt staffing levels were appropriate and staff took time to listen to people. One person said, 'I told 1 staff I felt depressed. The staff took me aside and spent time with me. This made me feel better.' A relative said, 'We see plenty of staff about, it's usually a core that is the same and some new ones.'
- We received mixed feedback from staff regarding staffing levels. Comments included, 'We could do with more staff. I know it is difficult in recruiting people and I know new staff have been interviewed and hope to start soon.' The registered manager told us agency staff had been used to support maintaining staffing levels in the home whilst recruitment was ongoing. On the day of inspection several new staff were completing an induction.
- A process was in place to ensure suitable staff were recruited to the service. Pre-employment checks had taken place. These checks included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the care provided made them feel safe. One person told us, "The [staff] are good at looking after you. They come when you ask them. Having a buzzer round my neck makes me feel safe." A relative said, "I feel [family member] is safe here. The staff are quick to respond to any issues and keep us as a family, in the loop in a professional manner."
- Processes were in place to protect people from risk of harm and injury. Staff had received safeguarding training and were confident in recognising signs of abuse. Staff told us they would report concerns internally to the registered manager, or externally to organisations including the local authority and Care Quality Commission (CQC).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Care plans contained information to support people in the decision-making process.
- Staff had completed MCA training and were knowledgeable in how to support people to make decisions.

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 welcome to visit the home freely. One relative told us, 'The visiting is very flexible and has accommodated us at all times.'

Learning lessons when things go wrong

- A process was in place to report, monitor and review all incidents and accidents.
- The internal quality assurance team and registered manager analysed incidents and accidents to identify common themes, and implemented measures to reduce re-occurrence.
- Staff meetings, daily team meetings and supervisions provided opportunity for discussions of incidents and reflective learning to take place amongst the staff. This process enabled staff to agree actions to take to improve practice and quality within the service.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

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

At our last inspection we identified concerns regarding the governance systems and processes in place. These processes had failed to consistently identify and address shortfalls in the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

- Following the last inspection in 2020, a restructure within the organisation had taken place and a new quality improvement team had been formed. This team had implemented new audits to drive change and improvements to the quality and standard of care in the service. The audits and checks had not identified shortfalls regarding the recording in food and fluid charts or discrepancy of information within dietary information.
- A daily walk of the service was conducted by designated staff. This enabled an increased oversight of the staff practice, daily records and environment. However, this had not identified or addressed where monitoring charts were inconsistent in their detail. We discussed this with the registered manager who told us they would take action to enhance information monitored during the daily walk of the service and address any shortfalls identified.

We found no evidence that people had been harmed. However, the quality assurance systems in place were not robust enough in identifying and addressing shortfalls in the documentation. This was a continual breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- A complaints process was in place which had been shared with people, their relatives and staff. In addition, information was displayed throughout the service advising people how to raise concerns and

complaints.

- Complaints were investigated, and apologies made to people.
 - The registered manager understood their role and responsibility in reporting notifiable events to the CQC.
 - The induction process informed staff of the providers expectations and the responsibilities of their role.
- The visions and values of the organisation continued to be discussed during training and staff meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they felt valued and listened to.
- A 'You said, we did board', displayed comments from people and actions taken by the management. For example, one comment included a request for more activities in the evening. As a response additional activity staff were being recruited to facilitate this request.
- The provider engaged well with health and social care professionals and made referrals in a timely manner.
- One health professional told us, "Staff are prompt to raise concerns and hold's people's best interests at heart."

Continuous learning and improving care

- People and their relatives felt the registered manager had made many changes within the home to improve people's experience and care provided. One relative told us, "The new registered manager is fantastic. I have noticed the difference since [registered manager] has been here."
- The provider had reflected on the findings of the last inspection and used these to inform changes and improvement to the quality of the service. This had included restructuring of the staffing allocation within the service and implementation of a new quality improvement team.
- The registered manager recognised improvements and changes had begun taking place within the home, however, advised the inspector further work and time was required to ensure the improvements were sustained.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There remained shortfalls in the quality assurance processes in place. Audits and quality checks failed to consistently identify and address errors within documentation