

Central England Healthcare (Coventry) Limited Haven Nursing Home

Inspection report

New Road
Ash Green
Coventry
West Midlands
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25 January 2022
09 February 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Haven Nursing Home is a residential care home providing personal and nursing care for up to 70 older people. At the time of our inspection visit there were 68 people at the home.

Haven Nursing Home House accommodates people in one building over a single floor. Around half of the people at the home had en-suite facilities in their bedrooms. Other people shared bathroom and shower facilities. At the time of our inspection visit there was an outbreak of COVID-19. Those people who had tested positive for COVID-19 were isolated to their bedrooms and were being nursed in their room, until their isolation period ended.

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

Procedures to maintain a high standard of cleanliness, and to ensure infection control risks were managed, were not always effective. On the first day of our inspection the home required some improvements in infection control procedures and cleaning regimes. The provider had been put under pressure by the COVID-19 outbreak and the halting of re-furbishment plans and building work, which had created challenges for staff in keeping areas clean and dust free. Some areas of the home were difficult to clean due to peeling paint and woodwork. By the second day of our inspection visit the provider had made some improvements to the home to remedy peeling paint, and also to replace some woodwork. Plans were in place to continue to improve the home environment.

Procedures to maintain a safe environment were in place on the second day of our inspection visit. On the first day of our inspection visit we found some carpets were being replaced, and a trip hazard had been created, where work had ceased due to the outbreak of COVID-19. Procedures to maintain a safe environment were in place on the second day of our inspection visit.

Staff understood their responsibility to protect people from abuse and avoidable harm. People, staff and relatives told us there were enough staff to meet the needs of people using the service. Medicines were managed safely. The home was being improved and adapted to meet people's needs.

The provider's systems and processes were not always used effectively to review and maintain oversight of the quality of the environment. This was specifically around maintaining a clean and risk-free environment during improvement and building work at the home.

Staff and the management team were committed to the people living at the home and feedback from our inspection was welcomed. The provider took action immediately when we identified improvements at our inspection.

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

Why we inspected

This was a targeted responsive inspection. The provider had reported an outbreak of COVID-19 at the home which involved more than twenty per cent of the people who lived there. 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 reviewed the information we held about the service. During the first day of our inspection visit we identified concerns in another key questions. We therefore opened our inspection to look at Safe and Well Led.

Rating at last inspection

This service was rated good in all areas at our previous inspection. The overall rating for the service has remained as good.

Follow up

We will return to visit as per our re-inspection programme.

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 well led.

Details are in our safe findings below.

Good ●

Haven 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team comprised of three inspectors. One inspector visited on 25 January 2022. On the second day of our inspection, 09 February 2022, two inspectors visited the home.

Service and service type

Haven Nursing 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 registered manager registered with the Care Quality Commission. This means that they and the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service had an outbreak of Covid-19, and we needed to be sure the service could accommodate our inspection team in a safe environment. The first day of our inspection visit was on 25 January 2022. We returned to continue our inspection on 09 February 2022.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the operations director, the registered manager, a team leader, the clinical lead, a nurse, care staff and facilities staff.

We reviewed a range of records. This included seven people's care records, daily records and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Is the service safe?

Our findings

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

At our previous inspection safe was rated good. At this inspection this key question has deteriorated 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

- Environmental risks were managed through regular risk assessments, auditing and the employment of contractors and safety specialists. During our inspection we found the provider had a range of environmental improvements and re-furbishment work taking place. Some re-furbishment had been placed 'on hold' due to the COVID-19 outbreaks at the service. On the first day of our inspection visit we found there was a trip hazard near a doorway to a cleaning room, in a corridor that both staff and people used, due to the partial removal of some flooring and carpet. Before the second day of our inspection visit this hazard had been removed and new flooring had been laid.
- The provider used risk assessment tools to assess the level of risks in different aspects of people's care. For example, in relation to falls, skin damage and mobility. Risk assessments and risk management plans were updated regularly to ensure people received safe care.
- There were some concerns identified regarding the auditing of mattress settings. Three people had their mattress set differently from the setting stated in their risk management plan. The manager explained each mattress setting was checked daily, however when the mattress was moved or cleaned the setting went back to its factory default. They reminded staff that any cleaning or moving of mattresses may disrupt the setting, and staff must check these when cleaning took place. Daily mattress checks were implemented in response.

Preventing and controlling infection

- On the first day of our inspection visit we found the cleanliness of the home needed to be improved. Some areas of the home were dusty, some areas had worn paintwork, which was difficult to keep clean. One toilet needed a new cistern, and toilets were not always cleaned effectively. The provider had been put under pressure by the COVID-19 outbreak and the halting of re-furbishment plans and building work, which had created challenges for staff in keeping areas clean and dust free.
- The provider had plans in place to replace bathrooms and toilets at the service, and to remove old and scarred paintwork. On the second day of our inspection the provider had already re-painted or removed some woodwork which was difficult to keep clean. The carpenter was due to replace the remaining woodwork immediately following our inspection visit. Other works were planned as soon as the outbreak of COVID-19 had passed, so that contractors could work safely in the home.
- People appeared clean and well presented. Staff understood their responsibilities regarding good infection control procedures. One relative told us, "Infection control, yes staff wear the PPE (personal protective equipment), I have no concerns about cleanliness."
- We were somewhat assured the provider was preventing visitors from catching and spreading infections. The provider had procedures in place to check each staff member and professional visitor was vaccinated

before entering the home, in accordance with government legislation that came into effect in November 2021. However, on the second day of our inspection visit two health professionals entered the home without a check of their vaccination status taking place. The provider explained this was an oversight and rectified this by checking the health professionals were vaccinated during their visit. The manager conducted observations of subsequent visitor checks to ensure the usual checking procedures were being followed.

- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was accessing testing for people using the service and staff.

Visiting in Care Homes

- The provider had restricted visitors to the home during the COVID-19 outbreak. Visitors could only continue to visit their relatives with window visits, telephone calls and video calls. Where people were receiving end of life care, their relatives continued to be allowed to visit them in person.
- The provider explained they had restricted visitors to ensure people were protected from the risk of catching COVID-19, or of transferring the infection. They had initially imposed visiting restrictions, as they were unsure how many people at the home, and how many staff, were infected. This information was not available until everyone at the home could be tested, and the results were available. The outbreak was a significant outbreak, of a highly infectious strain of COVID-19 which affected more than 40 per cent of people at the home.
- When we visited the home on the second day of our inspection visit, the provider was lifting visiting restrictions and had begun to invite people back to the home. They told us, "Today we have facilitated eight indoor visits and have five booked in for tomorrow."
- One relative told us they were unhappy that visiting had been restricted and missed seeing their relative. Another relative told us that previous to the outbreak, "We've been on open visits so we can visit when we want. I've never seen anything to raise any concerns."

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. Procedures were in place to report safeguarding incidents to the local authority safeguarding team and CQC.
- Staff told us they were confident identifying potential safeguarding concerns and knew how to report these to management.
- One person told us they felt safe in the home because staff treated them well.

Staffing and recruitment

- There were enough care and nursing staff to care for people safely. People cared for in bed had drinks and call bells to hand. One person told us, "There is always someone [staff] around. I can use the buzzer if I need someone. I never have to wait more than a couple of minutes."
- Staff told us they had no concerns about staffing levels, there were enough staff to support people safely.
- There had been no need for the registered manager to employ agency or temporary staff in the previous year. This was because there were sufficient nurses and care staff to cover all shifts. Members of the management team were not counted in the staffing numbers required to keep people safe, and therefore could assist staff where needed in busy periods.
- Records showed the provider's assessed numbers of care staff, based on their dependency tool, had been maintained. Staffing levels were reviewed on a monthly basis and altered according to people's needs.

- The recruitment process continued to ensure staff were suitable for their roles by conducting relevant pre-employment checks. These included COVID-19 vaccination as a condition of deployment checks and an enhanced Disclosure and Barring Service [DBS] check. The DBS helps employers make safer recruitment decisions so only suitable people work with those who are vulnerable.

Using medicines safely

- People received their medicines as prescribed. Staff who administered medicines received specialised training in how to administer medicines.
- We found some medicines stored in a fridge did not have the date of opening recorded on the medicine to ensure it remained in a usable date range. Overall medicines were stored safely and securely. Medicines were monitored to ensure they were stored at the correct temperatures, so they remained effective.
- Some people required medicines to be administered via a patch that was placed onto the skin. There were protocols (plans) in place to reduce the risks of people acquiring a skin irritation from such medicines, which included the patch site of the medicine being changed each time it was applied. In most cases we found records showed the patch had been administered onto a new site on the body each time it was applied. However, this was not always the case. Nurses re-assured us this was a recording error, rather than an administration error. Following our inspection patch site recording was monitored more closely to ensure this took place.
- Some people required medicines to be administered on an "as required" basis. Most people had a protocol in place for the administration of these medicines. However, some people did not have a clear plan in place. Whilst nurses were confident that people received their medicines when required, additional audits and checks were put in place to ensure people always had a protocol in place to explain when they should receive their medicines.

Learning lessons when things go wrong

- Staff discussed people's health and wellbeing in daily handover meetings, to ensure staff were aware of any changes to people's needs.
- The provider responded to feedback proactively. Following our inspection visit, daily carry over of stock counts was implemented, to improve medication audits. Patch recording for medicines was also improved.
- The registered manager conducted regular checks and audits on the quality of the service. Where these audits identified areas that required improvement, plans were put in place to make the improvements.

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 previous inspection this key question was rated good. This key question has remained the same. 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;

- There was a management team who worked together to provide effective and good quality care. The management team consisted of the registered manager, a clinical leader, nurses and team leaders.
 - The provider understood their role in terms of regulatory requirements. For example, notifying CQC of events, such as safeguarding's and serious incidents as required by law.
 - Audits, monitoring systems and governance of the service helped drive improvements. Areas monitored included quality checks on care plans, risk assessments, medicines management, and the daily support people received. The management team and provider reviewed and analysed the outcome of audits and checks, so they could take the most appropriate actions where a need for improvement was identified.
- Continuous learning and improving care; Working in partnership with others;
- Some systems had not been implemented effectively to ensure all infection control risks were managed well. This was in part due to the pressures the COVID-19 outbreak had placed on staff and the service, and the additional cleaning that was required throughout the home to control the dust and settling of dust on surfaces during an extensive re-furbishment programme.
 - Overall, the provider's governance system had identified issues around the environment we found. Action plans were in place to address these issues and were being implemented to make the required improvements. However, the impact of the recent COVID-19 outbreak had caused a delay in works being carried out.
 - The provider confirmed the registered manager was provided with updates to government guidance.
 - The provider was committed to making improvements at Haven Nursing Home. Feedback from our inspection was welcomed and assurance was provided that action would be taken to address all of the areas which required improvement.
 - The registered manager worked successfully with a wide range of stakeholders involved in people's care. These included occupational therapists, health professionals and safeguarding authorities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The provider understood their responsibility to be open and honest when things had gone wrong.
- Relatives told us they were rung regularly and provided with an update about how their family members were, especially during the most recent outbreak of COVID-19.

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

characteristics;

- People told us effective systems enabled them to provide their feedback on the quality of care. Comments included; "In the monthly newsletters they [manager] will ask us for any feedback. The newsletters give us updates on everything – Christmas, what's going on", and "I haven't had to raise any issues or concerns but I get the impression if we did say anything they'd [manager] be on to it straight away."
- People and relatives said they were encouraged to shape the service they received around them. Records confirmed this showing where extensive re-furbishment plans were in place, people and their relatives had been consulted about the designs.

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

- The registered manager operated an 'open door' policy which enabled people, their relatives and staff to approach senior managers to discuss any concerns they had. Staff told us the registered manager and their supervisors were approachable.
- In a recent quality assurance survey 100 per cent of relatives surveyed said 'staff were approachable and professional in their conduct at all times.'
- Most people and their relatives agreed the service was person-centred which achieved good outcomes for people. Comments included, "Communication is generally good. They [staff] are quick to call me if [Name's] unwell. A couple of times [Name's] had infections and had to go to hospital, staff seemed on the ball and noticed straight away. If we have any concerns about [Name] it's easy to get an update", "Staff are quick to respond, will phone me if any concerns -they're switched on."
- Records showed regular team meetings took place, to ensure staff were kept up to date with developments and changes at the service, and to provide an opportunity for staff to feedback their views. Action plans following discussions demonstrated staff took an active role in the development of the service.