

# Random inspection report

## Care homes for older people

Name:	Havencroft Nursing Home
Address:	Lea End Lane Hopwood Birmingham West Midlands B48 7AS

The quality rating for this care home is:	zero star poor service
The rating was made on:	04/03/2010

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

<b>Lead inspector:</b>	<b>Date:</b>
Christine Potter	1   0   0   8   2   0   1   0

## Information about the care home

Name of care home:	Havencroft Nursing Home
Address:	Lea End Lane Hopwood Birmingham West Midlands B48 7AS
Telephone number:	01214452154
Fax number:	01214452159
Email address:	
Provider web address:	

Name of registered provider(s):	Regal Care Limited
Name of registered manager (if applicable)	
Lesley Ann Owen	
Type of registration:	care home
Number of places registered:	32

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	32
physical disability	32	0

Conditions of registration:									
The maximum number of service users who can be accommodated is: 32									
The registered person may provide the following category of service only: Care Home with Nursing (Code N) To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 32 Physical disability (PD) 32									
Date of last inspection	1	8	0	5	2	0	1	0	

## Brief description of the care home

Havencroft Nursing Home is a large, Victorian building. It is located just off the main road in the village of Hopwood. Hopwood is close to the boundary of Birmingham easily accessible from junction two of the M42 motorway. A limited bus service which stops within walking distance of the home is available for visitors.

The home is registered to provide nursing care for up to 32 people who require 24 hour nursing and personal care. The home is equipped with specialist equipment to assist the staff in meeting the health and personal care needs of the residents. This includes a range of pressure-relieving mattresses to help prevent the development of pressure ulcers, and mobile hoists to help people move from, for example, their bed to their wheelchair if they have limited or restricted mobility. Accommodation is provided on three floors in both single and shared rooms. A lift is available to assist people using the service to access all areas of the home. Communal areas are available, the owners have recently provided an extra lounge with dining area. This is in addition to the other lounges so residents have a choice of where they wish to spend their day. A garden is available for the people to use when the weather permits.

The registered providers are Regal Care Limited, and the registered manager for the home is Lesley Owen, who is a first level registered nurse with many years experience working in both the National Health Service and the private sector. Information regarding the home can be obtained from the Statement of Purpose and the Service Users' Guide which are available from the home. Information regarding fees for the Home should be requested direct from the manager or from the owners.

## What we found:

This unannounced Compliance inspection of Havencroft Nursing Home was carried out on the 5th and 10th August 2010. The reason for the inspection was to monitor the home's progress following the homes failure to meet the Statutory Requirements when checked at the Random inspection on the 18th May 2010. The last key inspection was completed on the 4th March 2010. The service remained a zero rated service following this inspection. A warning letter was issued on the 14th April 2010 for the Responsible Individual to address the areas of non compliance. Following the inspection the service was referred to Worcestershire County Council safeguarding multi agency team for monitoring. We completed a Random inspection on the 18th May 2010 with the Pharmacist inspector to check compliance with the requirements from the key inspection. Following this visit we, the Commission served Statutory Requirement Notices to the home in respect of poor management around medication and meeting the health and welfare needs of people living in the home.

Prior to this visit we received anonymous concerns about the quality of care, poor home management, poor control of odours and staff were working excessive hours (see Complaints section).

The date for compliance with the Statutory Requirement Notices was 31st July 2010 (see Health and Personal Care comments).

Following the Compliance visit and the concerns identified around clinical competencies, poor record keeping, nutritional risk assessments, wound care and accident reporting. An Immediate Requirement Notice and Warning letter were issued for the Responsible Individual to respond to by the 9th August 2010. We requested what action the service were going to take to ensure that the people living in Havencroft Nursing Home were safe.

We visited the home on the 10th of August 2010 to monitor compliance with the immediate requirement notice. An interim manager Charlotte Schram was at the home and informed us that she had been appointed by Regal Care Limited to assist and support the staff to address the shortfalls and improve the service provision at Havencroft. A meeting with the Responsible Individual was arranged for 12th August 2010 for them to provide us with an action plan in how they are going to move the service forward and ensure that the people living in the home are safe. The options that we, the Commission may consider taking if the home fails to improve was discussed.

All the information has been shared with the relevant authorities who are monitoring. Havencroft have agreed not to admit residents until some stability with the nursing staff has been agreed.

Choice of Home (standards 1 - 6)

The last key inspection rated these standards as adequate. This inspection found that the home are completing good assessments on people prior to accepting them. The pre admission assessment is completed in a person centred format, which provides sufficient information for the home to be able to complete a basic care plan for the individual.

No other standards from this section were assessed at this inspection.

#### Health and Personal Care (standards 7 - 11)

We looked at the care plans for six people over the two days. It was noted that the format had been improved since the last key inspection. We were disappointed to find discrepancies with individual's records. The Documents failed to provide an accurate upto date reflective regarding individuals needs. This failure to have correct correct information is of concern when the home is leaving agency nurses' in charge of the home.

We looked at the care records for people with injuries and bruising of an unknown origin, identified from the daily handover sheet and our observation. For example "bruise on right forearm cause unknown" 08/06/2010. On 06/07/2010 "finger nail scratch marked broken skin bleeding +++" "bottom really sore". Two people had fractures to legs, and the records failed to provide an explanation has to how these accidents had occurred. No accident report, or information shared with the appropriate authorities had been made. The acting manager and nurse in charge were unclear about how the injuries occurred and were unaware that they should have been followed up. A carer when asked how the injuries had occurred responded to ask the manager. The acting manager told us that staff have not been passing on information about bruising to people. The home were not keeping accurate records about individuals skin integrity, or developing clear wound care plans for staff to follow.

We raised concerns around the poor documentation for wound care monitoring. For one person the records failed to show clear progress with how the wound was healing. The care plan stated for the wound to be redressed every two to three days. There was no record made from the 02/08/2010 to the 10/08/2010. The nurses are not following best practice guidelines in record keeping for wound care. No details about the size of the wound were not evident. The nurse on duty told us that the wound had been redressed on Saturday and it was dry. We looked at the person and they had a yellow exudate coming through the dressing.

The individual expressed that they were in pain. We looked at their medication record which showed that they were not on medication for pain relief. However we found a care plan from May 2010 for monitoring the effectiveness of the prescribed analgesia, if pain uncontrolled refer back to the doctor. This had not been reviewed or updated. An entry in the care plan stated 28/07/2010 ""feet hurt when patted dry". This was discussed with the nurse in charge and analgesia had been prescribed by day two of our inspection.

The daily handover sheets had statements which raised potential hazard risks for individuals for example 02/08/2010 "feet down the side of the bed through rails". there were at least three episodes relating to this individual. This had not been followed up and no monitoring and measurements for the bed rails had been recorded. "Whilst in bed wrapped the nurse call bell several times around neck". The acting manager and nurse in charge said that they were unaware of these incidents. On the second day risk assessments had been completed and action taken to minimise the risk.

We reviewed the care records for a person recently admitted into Havencroft nursing home. Only part of the documentation had been completed and this had been done some three days after their admission. The nurse told us that she had not had time to complete

this being the only permanent registered nurse on days. This person was at high risk of developing skin pressure damage, and no care plan had been developed to minimise this risk. No record of pressure relieving equipment being used was recorded. The information also told us that this person was nutritionally at risk and was discharged to the home on nutritional supplements enough to last for three days until a prescription could be obtained. We found a discrepancy with the fortisips and staff were unable to explain this other than the person had slept for two days so had not required them. The nurse informed us that she was going to get a prescription today, this had been addressed on the 10th August 2010.

General concerns were raised in how the home were monitoring and ensuring that people were having their prescribed nutritional supplements correctly. In some records we found that they had not been reviewed and updated recently (for example 19/04/2010 and the care plan advised to review them in four weeks or sooner if there were any concerns. The weight records showed that this person had lost weight, which had not been followed up or the care records updated.

We looked at the fluid balance and food records which showed that they were not being accurately completed, and then not being monitored. One person prescribed fortisips three times a day had days where there was none recorded as given. Entries about the skin on the fluid balance records were not being followed up. For example 06/07/2010 an entry was made "finger nails scratch marks broken skin bleeding +++". No signature or time had been made with the entry or follow up action.

One person's with a percutaneous endoscopic gastrostomy (PEG), found gaps in the daily records for the PEG. On the 08/08/2010 there was no entry recorded at all on their daily chart. The skin risk assessment rated this person as being at high risk of developing pressure sores, however, this assessment had not been reviewed since 16/05/2010. The weight records show that this person lost 2.7kgs in weight from 02/07/2010 and gives directives to weigh the person two weekly, this had not been followed.

We looked at the personal care records for people and found these to be poor, for example the records gave directions for X to be bathed/showered twice a week. Entries were on 29/06/2010 - 04/07/2010 - 05/07/2010 - 06/07/2010 - 11/07/2010 - 13/07/2010 - 21/07/2010 and 30/07/2010. The body map for one person records six injuries, the record had no date or how these injuries had been followed up.

Generally the overall quality of information in the care records was poor including examples where entries had been changed with no date or signature. The name of the resident had not been recorded on all assessments so some confusion to who the record actually related to.

The daily records included information about acute episodes for people which had not been developed into a care plan for monitoring. For example loose stools, and episodes of verbal aggression.

We copied information under Code B notice which may be used to take legal action against the home.

We issued a Statutory Requirement Notice to the home for the management of medication at the inspection on the 18th May 2010. The compliance date for the notice

was 31st July 2010 and we had received written confirmation that the service had complied with the notice.

We looked at the medication at this inspection and found that the digital thermometer in the treatment room was broken. The temperature was being recorded on the thermometer used to record the fridge temperature. The records showed entries when the treatment room was above 25 degrees the recommended temperature for the safe storage of medication.

The Medication Administration Records (MAR) evidenced that the homes permanent nurse was working excessive hours, and this was confirmed from checking their time sheet. For example worked 26, 27, 28, 29 and 30 July and 1, 2, 3, 4, 5 August 2010.

We found some discrepancies with the medication balance. For example for a course of 28 tablets there were 25 signed for as given, five had been refused, and one tablet destroyed, making a total of 31 tablets.

Eye drops were found in the fridge with no date of opening. A large container of sudocrem was seen in the lounge with no date of opening recorded. The carer was not sure why the cream was in the lounge. There was no explanation for why some medication had not been given.

Copies of MAR's were copied using Code B notices and may result in legal action being taken.

#### Daily Life and Social Activities (standards 12 - 15)

We did not assess these standards fully at this inspection. On the days of the inspection there was little in the way of activities. Generally residents were sat in the lounges with the televisions on. We saw some people in the small lounge participate in a movement to music exercise.

From our observation and discussion with staff and some residents, it was evident that the service does not operate to suit the residents, it is more task orientated. For example what time people get up, the time people have their breakfast, and an inability to have a bath or shower as people would prefer.

We looked at the meal being served and this appeared good, with good portion control. The only recommendation would be to review the time between courses as people with short term memory problems tend to think they have finished and start to move.

It is also recommended that consideration is taken when setting the tables for meals, clean tablecloths, condiments etc.

#### Concerns, Complaints and Protection (standards 16 - 18)

We received an anonymous complaint prior to this inspection, about poor wound care, offensive odours in the home and people having injuries which could not be explained. During the inspection we looked at these issues and could uphold the allegations. Following our inspection our findings were shared with two local authorities. A suspension was placed for the home not to admit new residents.

The deputy manager informed us that a safeguarding referral open from the last visit to the service was "partly proven".

Following the inspection the service has appointed an operations manager to assist them in improving the service and it was confirmed that she would stay there until the service improves. The home is being closely monitored by the local authorities and the primary care trusts.

#### Environment (standards 19 - 26)

These standards were not fully assessed at this inspection. We noted an offensive malodour in parts of the home. Generally the standard of cleanliness was poor. Stains to carpets and furnishings, together with the tired looking decoration does not assist in providing a pleasant environment for people to live.

#### Staffing (standards 27 - 30)

We were informed that there were 25 people living in the home on the days of the inspection. We looked at the duty rota and were concerned about the homes number of permanent nurses'. In particular one nurse on days was working excessive hours without a break. We confirmed this by looking at the time sheets and MAR's. The deputy manager told us that they were using some agency nurses. We asked to see the information from the agency to confirm the nurses skills and competencies were appropriate for this home and being left in charge. This information had to be faxed from the agency to the home. On examining the records these identified shortfalls in some clinical areas that may place some of the people living in the home at potential risk. Given the concerns around clinical competences identified from recent inspections and visits this is of more significance. The service recently had a specialist in to the home to review some areas of practice, which included training. The recommendations from this included catheter care, diabetes, challenging behaviour and pressure area care. An immediate requirement notice was issued and discussed with the Responsible Individual to ensure that a nurse with the appropriate competencies and skills is on duty over for all shifts. We copied information using code B to support this. We returned to the home on the 10th August 2010 to check compliance with the Immediate Requirement notice. Appropriate action had been taken to comply with the notice.

It is also recommended that the service review the domestic and laundry cover for the home. To ensure staff have sufficient time to do their jobs properly.

No other standards from this inspection were assessed at this inspection.

#### Management standards (31 - 38)

Following the last random inspection on the 18th May 2010 we received information from the home advising us that the manager had been suspended and the deputy manager was going to be the acting manager whilst the investigation was being followed.

It was acknowledged that the acting manager had been working hard to improve the overall standards at the home. Given she is not a nurse the main areas of concern were around clinical competencies which are outside the acting manager's expertise.

Given the concerns and poor progress from the last key inspection these concerns were discussed with the Responsible Individual following the inspection.

The Responsible Individual had appointed a specialist to assist in improving the home. We were advised that their appointment would last for as long as needed and they had been given authority to do whatever it takes to move the service forward.

We looked at the copies of the regulation 37's reports held in the home as no accident records were available for the two individuals with fractures. The acting manager told us that if an accident record had been completed it would have been put in the individuals care file. We asked why accident records had not been completed for the individuals and were informed that because the accidents had not been witnessed they did not think that they had to complete an accident record. The incidents had not been investigated or reported to the health and safety executive.

### **What the care home does well:**

Havencroft are currently on a poor quality rating. Improvements are necessary in many areas to comply with the Requirements issued by the CQC at the last key inspection. Given we have not assessed all the standards at this inspection it is difficult to monitor what the service is doing well.

### **What they could do better:**

Improvement is needed to the storage and management of medication to ensure medicines are being stored safely and securely and they do not deteriorate which can make the medication ineffective and possibly harmful to the people who use the service.

Notifications about incidents which occur in the home need to be sent to us without delay to demonstrate the home are taking appropriate and prompt action for all incidents in the home to ensure the health and welfare of the people who use the service is promoted and they are protected from harm.

The management of the service is unstable which has affected the overall running and organisation of the home. Clear guidance for the staff working in the home.

Havencroft should ensure that risk assessments are in place for people, to minimise any potential risk.

Keep all parts of the home clean so people can live in a clean environment.

Ensure all nurses working in the home are skilled and competent to meet the health and welfare needs of the people living in the home.

Havencroft should ensure that any accident or incident that occurs in the home is followed up properly, and provide documentation that the relevant authorities have been informed.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.



Are there any outstanding requirements from the last inspection?

Yes



No



## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>Regulation 13 2 The service must ensure that medication administration are accurately maintained, that the reasons for non- administration of medication are clearly recorded by the time entry on the medication record, that the meaning of any codes are clearly explained on each record, and that the person completes the medication administration record at the time of administration.</p> <p>This is to ensure that people who live in the service are protected and have their prescribed medication correctly.</p> <p>Not complied with 18/05/2010</p> <p>Not fully complied with 05/08/2010</p>	31/03/2010
2	9	13	<p>Reg 13 2 people receive their prescribed medication correctly.</p> <p>To ensure that their health care needs are not compromised</p>	30/07/2010

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
3	9	13	<p>Regulation 13 2 The service must make arrangements to ensure that all records are kept of all medicines received, administered and disposed of to ensure that accurate checks can be made on peoples medication.</p> <p>To ensure that they can account for peoples prescribed medication at all times.</p> <p>Not complied with 18/05/2010</p> <p>Not complied with 05/08/2010</p>	31/03/2010
4	27	18	<p>The home must be able to demonstrate that the nurses working in the home have the skills and competencies to meet the health and personal care needs of the people living in the home.</p> <p>To protect the people living in the home.</p> <p>The home has not complied with the requirement 18/05/2010</p> <p>The home had not complied with the requirement 05/08/2010</p>	19/04/2010
5	33	35	<p>The home should develop a system to monitor the internal systems.</p> <p>To assist ensuring peoples</p>	30/04/2010

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			needs are being met.  Partly complied with 18/05/2010  Not complied with 05/08/2010	

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	8	12	<p>Regulation 12 1 a The home should ensure that appropriate risk assessments have been completed, and any potential risks are dealt with to ensure that the persons health and welfare is not being compromised. This includes referring to other professionals for advice and treatment for people where is required.</p> <p>To ensure that potential risks are minimised.</p>	30/09/2010
2	8	12	<p>Regulation 12 1 Appropriate records and progress reports are maintained about wound care.</p> <p>Appropriate records and progress reports are maintained about wound care. Appropriate records and progress reports are maintained about wound care. Appropriate records and progress reports are maintained about wound care. To assist in monitoring</p>	30/09/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			peoples health care needs are being met.	
3	9	13	<p>Regulation 13 2 The service must ensure that medication administration are accurately maintained, that the reasons for non- administration of medication are clearly recorded by the time entry on the medication record, that the meaning of any codes are clearly explained on each record, and that the person completes the medication administration record at the time of administration.</p> <p>This is to ensure that people who live in the service are protected and have their prescribed medication correctly.</p>	30/09/2010
4	9	13	<p>Reg 13 2 people receive their prescribed medication correctly.</p> <p>To ensure that their health care needs are not compromised.</p>	30/09/2010
5	9	13	<p>Regulation 13 2 The service must make arrangements to ensure that all records are kept of all medicines received, administered and disposed of to ensure that accurate checks can be made on peoples medication.</p> <p>To ensure that they can</p>	30/09/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			account for peoples prescribed medication at all times.	
6	15	12	Care plans must provide clear guidance for the staff delivering the care especially where the home is reliant on agency nurses for covering shifts.  To ensure peoples health care needs are being fully met.	30/09/2010
7	26	23	Keep all parts of the clean and free from odours.  People live in a pleasant environment.	30/09/2010
8	27	18	The home must be able to demonstrate that the nurses working in the home have the skills and competencies to meet the health and personal care needs of the people living in the home.  To protect people living in the home.	30/09/2010
9	31	9	To provide a consistent management approach with clear leadership for the staff.  Provide clear guidance for staff and people living in the home.	30/09/2010
10	33	35	The home should develop a system to monitor the internal systems.	26/11/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			To assist in ensuring peoples needs are being met.	
11	37	12	The home adheres to their accident procedure, and ensure clear records are maintained. Where appropriate the relevant authorities must be told about the accidents ie. Safeguarding, Health and Safety and Care Quality Commission.  To safeguard people living in the home	30/09/2010

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	9	Ensure that all creams and lotions are dated on opening and discarded after one month to reduce the risk of cross infection.
2	19	To review the chairs in the lounge some badly stained. Ensure have a selection of chairs at various heights to meet the needs of the people using them.

## Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

## Helpline:

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We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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