

Review of compliance

Havelock House Nursing Home Havelock House Nursing Home	
Region:	South East
Location address:	57-59 Victoria Road Polegate East Sussex BN26 6BY
Type of service:	Care home service with nursing
Date of Publication:	October 2012
Overview of the service:	<p>Havelock House is located in a quiet residential area of Polegate, East Sussex. It is registered to provide accommodation for persons who require nursing or personal care, treatment of disease, disorder or injury and diagnostic and screening procedures for up to 27 older people.</p> <p>The home is arranged over two floors with a dining room and separate lounge</p>

	for people to enjoy.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Havelock House Nursing Home was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 3 October 2012.

What people told us

Some of the residents at Havelock House had complex needs which meant they were not all able to communicate to us their views on the service. Therefore, we used a number of different methods to help us understand the experiences and views of these people. This included looking at supporting care documentation, speaking with a relative, observing how care was delivered, talking with staff and reviewing the provider's feedback mechanisms.

During our inspection we took the opportunity to talk to a relative who told us that she visited most days. She described to us how she was involved in all aspects of her mother's care which she found to be excellent. She told us "I know the décor is not tip top but the care is very special".

People who were living at Havelock House told us that they "felt safe and were well cared for". They said they were treated with respect and dignity and given choices about their daily life and were involved in how they would like their care to be delivered. People described the home as "a happy home" and told us that it was a "good place to live" and that they could speak with the manager at any time if they had any concerns".

We spoke with the provider, registered manager and care workers. They all told us that they were happy working in the service, the team worked well together and that they had received the training and support they needed to meet individual people's care needs.

What we found about the standards we reviewed and how well Havelock House Nursing Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

There were areas of the premises that the provider had not adequately maintained to make sure that people who use the service are protected against the risk of unsafe or unsuitable premises.

The provider was not meeting this standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were well supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The provider was meeting this standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

During our visit we found many examples of how staff at Havelock House promoted and respected patient privacy, dignity, independence and protected their human rights. Residents we spoke with told us that they felt staff treated them with respect and that their privacy and dignity was maintained. We were told that staff were "efficient, kind and very caring".

We spoke to a visitor who told us, where possible they and their relative had been fully involved in the planning of care to be provided. She said that they had been listened to and included in all stages. This included drawing up of the initial care plan and then subsequent reviews which reflected any changing needs. At all stages they stated that care had been taken by the provider to ensure that peoples' privacy, dignity and independence were respected.

When we read the comments book which was made available for residents, visitors, and relatives to write in we found many complimentary comments including the following: "Since I wrote in this book some time ago the high level of care has been maintained and I know my wife could not be in better hands" and "as I am away a lot I have peace of mind that Mum receives such wonderful care".

Other evidence

Staff appeared very knowledgeable and focussed on how important it was to treat residents with respect and dignity at all times and they were able to give us many examples of how they did this on a day to day basis. One member of the care staff described how important it was to guide and encourage people when they got dressed in the morning, helping them make a choice in what clothes to wear. We were also told how staff were encouraged to ask residents what drinks they would prefer rather than make assumptions because that was "what they always had".

We looked around the premises and visited each of the residents personal rooms. We were able to see that people had been supported to decorate their room with personal items depending on their interests and preferences. People had access to music, films, and the television programmes they enjoyed.

Whilst we were talking with residents in the lounge we were able to observe staff using a selection of hoists appropriate to each individual and their mobility needs. We heard staff speaking to the people they were lifting and moving in a reassuring and supportive tone. We noted how they took care to tell people what they were doing at every stage of the lift. They also asked for confirmation that people were comfortable and checked how they were feeling. During the service of lunch we saw that people were offered a choice of dishes with staff describing what the dishes were and reminding people gently of any individual dietary needs.

We saw that Havelock House promoted and respected the rights of individuals to take informed risks, whilst balancing the need for preference and choice with safety and effectiveness. The registered manager was relatively new in post and had introduced a full review of care plans. This had been implemented in order to demonstrate and record that staff explained and discussed care, treatment and support options with people and/or their relatives. When we reviewed 8 care records we were able to see that a uniform standard format had been adopted. This ensured that each care plan reflected a person centred approach. It also ensured that there was a consistent and appropriate record of guidance for staff to follow in providing each person's care.

Records we looked at demonstrated that staff received training at induction in dignity, respect and maintaining confidentiality. Staff also explained how continual care training helped employees to maintain these skills to promote best practice throughout the home. We were told how staff meetings had been introduced to ensure that all staff were aware of the importance of identifying and recording people's wishes.

Residents were encouraged to engage and socialise on a daily basis and although an activities co-coordinator was employed part time, staff described how some people were difficult to include as they often preferred to take things at their own pace. The programme of activities was constantly reviewed and tailored to ensure that it met the needs and capabilities of people who resided at Havelock House. We were told by some residents that more activities would be appreciated and that they did get bored on occasions. When we discussed this with the manager we were told that consideration was being given to increasing the hours of the activities co-coordinator to provide a wider range of activities for residents.

We found that where there was a need for people to have bed rails on their bed a full risk assessment had been undertaken. The risk assessment was dated with a review

date and included consent signatures both by the resident and/or the relevant relative. Supporting documentation was included in the care plan on the use of the bedrails and there was clear evidence that the people had been consulted about this decision on a regular basis.

The 8 care plans that we looked at contained evidence of choice having been explained and clearly recorded. This included Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) instructions. These were located in the front of each file so that immediate reference could be made to the person's wishes. Staff signature sheets were included in each care plan confirming that key members of staff understood the wishes of each resident and the steps to be taken.

Our judgement

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People living at Havelock House were complimentary about the care and support they received. A relative told us how she visited on a regular basis and always felt welcome and involved and that members of staff were "very approachable." They told us that the home had a "good atmosphere" and "residents enjoyed the activities". We were told that more activities would always be welcomed as some people did get bored easily.

Other evidence

During the visit we had many opportunities of observing staff providing care to people. We heard them dealing with residents, relatives and visitors in a professional, sensitive, calm and quiet manner. During the day we were introduced to residents and care was taken by staff to ensure that they understood the purpose of our visit and why we were in their home. People told us this made them feel "less nervous, relaxed and cared for".

We spoke with residents and relatives and they all made it very clear that people's needs were being met. They told us that independence and individuality were promoted within the home and they were encouraged not only to express their views but to participate fully in making decisions relating to their care. People's needs were assessed and care and treatment was planned in line with their individual care plan. Staff explained to us how mental cognition assessments had been included in all care plans which included guidelines on how to stimulate people's memory. These assessments were used when reviewing people's capacity and ensuring that their needs were being met.

Comprehensive health care records were kept and included the recording of referrals to external professionals. Referrals to healthcare professionals were made in a timely way and health issues and appointments had been followed up appropriately. Examples included GPs, Podiatrist, Speech and Language Therapists, Dietician, Optician and.

We reviewed 8 (42%) plans of care with associated care records and found that they contained the relevant information to enable staff to appropriately support people, in the way they preferred. These plans were person centred and reflected people's levels of independence. Plans of care included all activities of daily living such as assistance with hygiene, pressure area care and moving and handling needs. Daily notes were up to date and accurate and focussed on people's physical well being as well as information about their emotional mood and outlook. Plans of care were found to have been reviewed regularly with changes clearly identified, especially relating to any change in individual needs.

The patient care records we reviewed contained risk assessments which noted how to minimise the risk for each person. These risk assessments included areas such as moving and handling, tissue viability and falls. We saw that the risk assessments were reviewed monthly and any necessary changes were made to them recorded and signed by staff.

Training records showed that registered nurses and care staff had access to training to up-date their specialised skills and knowledge. An example of such training included wound management.

We saw how body maps were used for recording any bruising or injury with reasons for bruising clearly noted on daily notes or in healthcare records. These records described the steps taken to reduce the risks for individuals and to manage the care of their skin. Any involvement from tissue viability specialists was clearly recorded and we noted comments in care plans that stated "Havelock House staff are caring for this person appropriately and I would not change anything on their plan of care".

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us that they felt safe and were well cared for by staff. They told us that they were treated kindly and nothing 'nasty' ever happened. People told us that they would speak to their families or the manager if they felt unsafe or scared.

Other evidence

The manager explained her role as the designated lead for safeguarding and stated that safeguarding was taken seriously ensuring that people were treated with dignity and respect. The manager told us that all care workers were required to undertake a Criminal Record Bureau (CRB) check, and that these were periodically renewed. We viewed a record of CRB checks, which detailed and confirmed that all the care workers had a check completed.

We were shown training records that confirmed that all staff had attended appropriate induction training that introduced them to the provider's safeguarding procedures. Staff told us that this training enabled them to understand the aspects of safeguarding which were relevant to them. Refresher training to ensure that staff were fully conversant with their obligations to recognise and report any issues was arranged and the manager confirmed that these dates were currently being finalised.

When we spoke with various members of staff they showed a good knowledge of safeguarding people from abuse. They were able to tell us how to recognise the signs of abuse and what actions they would take to report all cases of concern to the appropriate person.

We looked at the provider's safeguarding policy and procedure and found that it included the local authority multi-agency safeguarding procedures. The provider confirmed that it worked collaboratively with the local authority to safeguard and protect the welfare of people who used the service. The provider was not subject to any safeguarding alerts at the time of this inspection.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is non-compliant with Outcome 10: Safety and suitability of premises. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

When we spoke to residents they said they were happy with the home and their rooms were "comfortable and cosy".

A relative told us that "although the décor of the building was not in tip top condition" the care given was very special"

Other evidence

When we inspected the premises in detail we found that many communal areas were dated and badly in need of refurbishment. The manager showed us each of the many rooms that had been upgraded and redecorated in line with the refurbishment plan. To minimise the disruption that work of this nature caused to residents, the rooms were being redecorated as and when they became available.

Records were available to demonstrate that regular health and safety checks were being carried out. Generic risk assessments were up to date. We saw records that showed fire safety checks were carried out routinely and staff had been trained in evacuation procedures. We saw that personal emergency evacuation plans were in place for individuals to support procedures to be adopted in the event of a major incident at the service.

Issues relating to maintenance were reported by staff using a designated maintenance folder which was checked daily by the manager to ensure that problems were being dealt with quickly and efficiently. As tasks were completed they were signed off by the manager.

The laundry and kitchen areas were well organised, clean and tidy with appropriate arrangements in place for the safe disposal of waste, including clinical waste. Concerns identified during the last inspection regarding the repair of the sluice facility had been addressed. We found the sluice operating satisfactorily on the day of our visit.

There were areas throughout hallways within the home that we found to be in a very poor state of repair and unless urgently addressed would be in danger of compromising safety and present a risk to the prevention of infection. Particular areas of concern were where a stair lift had been removed and in the adjoining hall area where large areas of wallpaper had been removed from the wall exposing bare and flaking plaster. Throughout the building the majority of paintwork was found to be in a very poor state of repair and required repair and repainting and in some cases replacement.

The staff toilet on the first floor, which was open and therefore accessible to residents, also required immediate attention. The wallpaper was peeling away at the seams, exposing bare plaster and the area of tiling behind the toilet was in poor condition making cleaning very difficult and compromising the prevention of infection.

Our judgement

There were areas of the premises that the provider had not adequately maintained to make sure that people who use the service are protected against the risk of unsafe or unsuitable premises.

The provider was not meeting this standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We spoke to 2 residents during our visit and they told us that the staff "worked very hard and tried hard most of the time". We were told that staff were "nice, very caring, gentle and comforting but at times they seemed stretched trying to deal with everyone's needs at the same time".

Relatives of people who lived in the home told us that they found there were sufficient levels of staff who were "competent, very caring and professional".

Other evidence

During our visit we found that there were enough qualified, skilled and experienced staff to meet people's needs. The previous inspection undertaken in March 2012 had identified that staffing levels at Havelock House were not fully meeting the needs of the people using the service. The manager explained how additional staff had been recruited and trained and when we reviewed the staffing rotas we were assured that this increased manpower was now enabling the provider to meet the care and welfare needs of the people using the service. This was confirmed from direct observation during our visit when we could see that the staffing levels were appropriate for the needs of the people resident at the time.

Following the previous inspection the provider had relocated the nurses station in the main lounge to enable nursing staff to maintain contact with residents at all times. Staff reported to us that this move had been well received and had been instrumental in assisting them in improving continuity of care.

Staff enthusiastically told us that they had good training opportunities. They told us that they felt supported to do their jobs and were supervised and appraised regularly. Staff members told us that they considered there was a good skills mix in each area of the home.

The training matrix showed that staff received 'specialist' training as well as opportunities to gain professional qualifications and up-date core training.

Our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke to the relative of one of the people who used the service, who told us that the staff were competent, caring and understood their relatives care needs.

Other evidence

The manager told us that since her appointment she had introduced regular supervision for all staff, set up team meetings and introduced a system of appraisal. Minutes were available for us to review and we could see that all staff were given opportunities to engage in evaluating and improving the quality of the service provided by Havelock House.

When we spoke with staff they were able to tell us that they felt supported in their roles and communications between staff and management were relaxed and effective.

We reviewed the documentation relating to staff training which also recorded supervision and appraisal status. We were able to see that all staff had undertaken induction training and mandatory training was arranged as and when required.

Our judgement

People were cared for by staff who were well supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

When we spoke with a relative we were told that the staff were constantly seeking ways to improve the service. Staff said that the manager was very responsive to suggestions especially as she was relatively new to the service. People clearly felt comfortable to talk to the manager if they had any issues or concerns.

Other evidence

We were able to see from looking at care documentation that each resident had received care in line with identified needs which had been reviewed regularly. The review documentation recorded that people were satisfied with the care that they had received.

We looked at how the provider responded to incidents, accidents, complaints and safeguarding concerns. We were able to see that there were overarching policies, complimented by robust processes for dealing with complaints. The register which recorded complaints received and actions taken was available for us to scrutinise during the inspection visit. Although no complaints had been received during the previous year, the manager was very clear about how incidents, complaints and accidents could be used in a constructive manner to inform practice and where necessary change procedures.

We noted that Havelock House had undertaken a number of robust audits of the systems in place, including staff personal files, training records and care plans. These changes had now become embedded into practice and staff were supportive in

maintaining the improvements.

We were given many examples of how the organisation obtained feedback from people who used the service including the use of annual satisfaction surveys. When we walked around the home people were very relaxed in the company of the manager and happy to discuss how things were for them. The manager told us that she constantly asked residents for their views but understood the need for a more formal survey. This had been completed in the past and she was now in the process of confirming the format for this year's survey which was planned for circulation to residents and relatives within the next few weeks.

Staff meetings had been introduced encouraging staff to be instrumental in developing and improving the service. Minutes were kept of these meetings which we were able to review during our visit.

The different and complex needs of some of the residents had meant that to date the provider had not encouraged formal residents meetings. We discussed with the manager the merits of setting up a residents and relatives meeting and how this may be a useful process for obtaining feedback on the services provided. She informed us that this would be a priority in the coming months.

Our judgement

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The provider was meeting this standard.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>How the regulation is not being met: There were areas of the premises that the provider had not adequately maintained to make sure that people who use the service are protected against the risk of unsafe or unsuitable premises.</p> <p>The provider was not meeting this standard.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
Audience	The general public
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