East Anglia Care Homes Limited

Halvergate House

Inspection report

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North Walsham
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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
Halvergate House is a nursing home providing personal and nursing care for up to 50. The service provides support to older people and younger adults some who might be living with dementia, physical disabilities, learning disabilities or autistic spectrum disorder. At the time of our inspection there were 36 people using the service.

Halvergate House is an adapted building ,split across two floors with access via a lift or a staircase. The service benefits from courtyard and gardens for people to use. Ground floor rooms benefit from patio doors out into the garden and all rooms have ensuite toilets.

People's experience of using this service and what we found
The quality assurance monitoring systems in place were not effective in maintaining and improving the quality of care provided to people.

People's documents were not personalised and not all information had been recorded effectively.

The care environment was visibly clean, although some areas of the home were tired and require modernisation, the service have a development plan in place for improvement of the environment.

Staff received mandatory training; however, they lacked training to meet people's specific needs.

People said they felt safe at the service. One person told us, "Oh yes perfectly safe. Everybody is nice and friendly."

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.

The provider and operations manager had implemented an action plan prior to our inspection to make improvements to the service. We saw this action plan was beginning to take effect but would take time to be fully embedded at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was good (published 21 December 2021).

Why we inspected
We received concerns in relation to the safe care and treatment of people living in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 changed from good to requires improvement based on the findings of this inspection.
We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.
You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement
We have identified breaches in relation to safe care and treatment, good governance and staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Halvergate 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.

Inspection team
This inspection was undertaken by three inspectors and one Expert by Experience.
An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Halvergate House is a 'care home'. People in care homes receive accommodation and/or nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Halvergate 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 June 2022 and ended on 6 July 2022 when final inspection feedback was provided. We visited the service on 22 June 2022.

What we did before the 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
During the inspection we spoke with five staff, including the registered manager, deputy manager, two care staff and one nurse. We also spoke to three people using the service and six family members. We reviewed four care records, three medicine administration records (MAR) and observed medication round. We looked at two staff files in relation to recruitment. We also reviewed other records, including policies and procedures, audits relating to the safety and quality of the service.

Requires Improvement

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 good. At this inspection the rating 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, Systems and processes to safeguard people from the risk of abuse

- Risks to people had not always been assessed and managed. We found that environment checks and audits were in place. However these were not effective in highlighting risks found on inspection. People had access to harmful chemicals in sluice rooms and the grounds of the service were not secure, meaning people could enter or leave the grounds when it was not safe for them to do so without staff being aware.
- People's care records and daily records did not include all the information needed to provide safe care. How people display emotional distress and medical conditions had not been fully explained and gaps in documentation left people at risk. Staff knew people well and whilst we found no harm had occurred as a result of the shortfalls, the lack of information increased the risk of harm.
- People had a variety of individual risk assessments, for example moving and handling, nutrition, tissue viability and falls risks had all been assessed. However, these lacked detailed and not all staff had reviewed them creating a risk people may not be supported safely.

The provider had not ensured the safe management documentation. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care provider had not ensured people's care records contained sufficient detail for staff to be able to safely meet their needs and mitigate risks where identified. Daily recording was not sufficient to ensure that people received quality care on a daily basis. This placed people at risk of harm. This was a breach of regulation 12 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They have begun reviewing peoples records, risk assessments and have contacted builders to erect a fence around the service.

- Staff were familiar with safeguarding practices and procedures. Staff received regular training in safeguarding and understood their role in keeping people safe.
- People said they felt safe at the service. One person told us, "Oh yes perfectly safe. Everybody is nice and friendly."

Staffing and recruitment

- There was not enough staff on duty to meet people's needs. There was a high number of staff vacancies and hours were covered through the use of overtime and agency staff. Rotas showed that there were regularly staff shortages and the manager was included in staff numbers. This left the potential for people to

be placed at risk of harm. The manager acknowledged that staff levels were below what they should be and confirmed they were actively trying to recruit staff.
● Staff told us that there was not enough staff to meet people's needs, as some people need more time and support to manage their anxiety and emotional distress. Staff told us, "One person wants to walk a lot but you cannot be with them all the time as not 1:1 funded, if there was a few more staff in the unit area you can be more aware of what is going on."
● Staff on duty were not suitably qualified to meet people's needs. Although most of the staff on shift had completed mandatory training some care staff were lacking training to support people to remain safe with extra needs including diabetes and positive behaviour training.

The provider had not ensured that there was enough suitably trained staff to meet peoples needs. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The provider implemented a dependency tool to establish safe staffing levels for the service following this inspection.
●The registered manager said they are working with diabetic nurses to get all staff diabetic training and working with a training company to deliver more face to face training to support staff in addition to ensuring a trained nurse was on site at all times who could give guidance.
● Staff were safely recruited, and checks were made on their suitability through references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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.

Using medicines safely
● On the day of inspection some medicine administration records (MAR) did not display allergies information as the service were in the process of updating MAR's and changing pharmacy's, this has now been addressed and all allergy information is correctly displayed on MAR records.
● We looked at several people's medicine records against the medicines in stock and these corresponded which showed people had received their medicines as prescribed at the time of the inspection.
● Protocols for medicines that were taken "as required" (PRN) contained enough information to support staff to administer them correctly.

Preventing and controlling infection
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Areas of the service are tired and worn, the provider has put a development plan

in place, including updating the carpets, bathrooms and communal areas of the service.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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
People's friends and relatives were able to visit people regularly. Visitors had access to Personal Protective Equipment (PPE).
There were measures in place for people to keep in contact with their loved ones if the home was in lockdown due to an Covid-19 outbreak, including video calling, telephone calls and garden visits to maintain contact between the person and their families and friends.

Learning lessons when things go wrong
● The manager had developed a system to review accidents and incidents and to ensure actions were taken to reduce the risk of reoccurrence.
●Staff told us that the management team are approachable, and they would feel comfortable and able to raise any concerns in the event of making an error. A staff member told us, "The manager is approachable and will listen to us".

Requires Improvement

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 good. At this inspection the rating has deteriorated to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

● Although there were systems to monitor the running of the service, they were not always effective, and they had not identified many of the shortfalls we found on inspection. For example risk assessments did not highlight all risks and safety concerns had not been highlighted from the current auditing system in place.

● Due to the quality of record keeping we could not be sure people's care plans were always appropriately followed. There was limited analysis of these documents to ensure appropriate person-centred care was provided.

●There were a high number of staff vacancies and a high use of agency staff. Although the home tried to use regular agency, a lack of consistency, and agency staff that were not all fully trained to meet people's complex needs had the potential to cause impact on the support people received.

●The registered manager demonstrated an oversight of the service with improvements being made, however the changes made required further embedding.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

●The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop.

● The registered manager promoted equality and diversity in all aspects of the running of the service including promoting LGBTQ+ training and people and staff to express their sexual preferences.

● The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One family member told us "[Manager] is warm, friendly and concerned that residents are well cared for, she is keen to
hear my suggestions and always wants to know how we feel".

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 registered manager was aware of the statutory duty of candour which aims to ensure providers are

open, honest and transparent with people and others in relation to care and support.

● The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required. They understood their role and responsibilities to notify CQC about certain events and incidents.

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

● There were systems to seek the views of staff and relatives. We saw records of staff meetings that had been held. Staff were encouraged to share their views. A survey was sent out to relatives to seek their views.

● The registered manager and nurses confirmed they worked closely with other professionals to achieve the best outcomes for people.

● We received feedback from professionals. One professional told us, "I have always found all the staff engaging and supportive when I visit, especially [staff] who is extremely knowledgeable about all the patients, but all the staff are similarly supportive."

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The care provider did not always ensure that people were consistently kept safe. Risks to people were not always well managed and daily records did not evidence support that had been given to people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The care provider did not always have good governance and leadership in place. Audits and quality checks were not consistently identifying risks and shortfalls. Regulation 17 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The care provider failed to ensure sufficient suitably trained staff were deployed to keep people safe.