

JPRN Ltd

Hailey House

Inspection report

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

Hailey House is a residential care home for up to 20 older people. On the day of our inspection, there were 15 people living at the service.

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

People's care was not always delivered safely. Information relating to people's individual risks was not always recorded or did not provide enough assurance that people were safe.

Suitable arrangements were not in place to ensure the proper and safe use of medicines. The staffing levels and the deployment of staff was not suitable to meet people's care and support needs. Training was not always up to date. The premises did not meet everyone's needs.

Lessons were not learned, and improvements made when things went wrong. People were not protected by the prevention and control of infection. Staff did not always receive adequate training and supervision.

People and their relatives told us they were treated with care and kindness. However, the care provided was not always person-centred. People were not always treated with dignity and respect.

Not all care plans contained enough information to ensure staff knew how to deliver appropriate person-centred care. People were not supported or enabled to take part in regular social activities that met their needs.

The leadership, management and governance arrangements did not provide assurance the service was well-led, that people were safe, and their care and support needs could be met.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service were not in evidence.

Staff were recruited in line with requirements. People had enough food and drink to meet their nutritional needs. The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when needed.

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 4 July 2018).

Why we inspected

We received concerns in relation to the management of risk and medicines, staffing levels and the premises. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well led only.

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.

The overall rating for the service has changed from good to inadequate based on the findings of this inspection.

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

Enforcement and recommendations

We have identified breaches in relation to risk and medicines management, staffing, care planning, person-centred care, the premises, and quality assurance at this inspection.

We have made a recommendation that the provider seek guidance in order to support people's communication and sensory needs.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Hailey House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection team consisted of 3 inspectors.

Service and service type

Hailey House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hailey House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However the local authority had put in a temporary manager to support the service.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 May and ended on 31 May 2023. We visited the location's service on 11 and 17 May 2023.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the quality of life and short observational framework for inspection tool (SOFI) to help us understand the experience of people who used the service. During both the site visits, we spoke with 6 people who used the service and 3 relatives about their experience of Hailey House. We spoke with the provider, temporary manager, assistant manager, 2 senior care staff, 2 care staff and a domestic.

We reviewed a range of records. This included 4 people's care records and 13 people's medicines administration records and risk assessments. We looked at 3 staff files in relation to recruitment and other staff files relating to training and supervision records. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.

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 changed 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

- Risks were not identified, assessed, or managed to keep people safe. Records did not identify risks in relation to people who used a hoist, had falls, who smoked, and those accessing the stairs.
- Information about two people's needs was severely limited and would not provide staff with an understanding of the risks to their health and safety. Risk assessments for others, whilst clear and understandable, had not been updated to reflect their changing needs or dangers to themselves identified.
- There was no system in place to record or monitor accidents, incidents, concerns, or complaints and to learn lessons as a result.
- There was no fire procedure in place regarding the use of equipment. Whilst fire drills and training for fire marshals had taken place, the use of the evacuation chairs had not been included in the tests and drills. We were told that the 2 evacuation chairs were not fit for purpose and could not be used in the service.

Using medicines safely

- The systems and processes in place to safely administer and record medicines use were not always safe. Medicines were not always being stored safely in line with manufacturers recommendations.
- Staff were not always following recommended best practice when dispensing and administering medicines. For example, administering 'as and when required' (PRN). Records to support staff with medicines were not always in place or detailed enough.
- Appropriately trained staff were not always available at times when people may need prescribed or PRN medicines. The service lacked staff trained to administer medicines between 10pm and 7:30am. People did not have access to their medicines in a timely way between these times as no staff were competent and trained to administer them, including one person on end-of-life care.
- The service had no formal medicine audits that were completed to identify areas for improvement. The checks undertaken were not robust enough to provide actions and improvements around medicines management.

Preventing and controlling infection

- The arrangements to safeguard people from risks relating to preventing and controlling the spread of infections were not being effectively managed.
- There were areas of the premises such as in the kitchen, lounge and hairdressing room which were cluttered, some areas dirty and in need of maintenance. There was an ongoing pest control problem, which staff told us made it very difficult to keep the kitchen clean.
- The downstairs bath/shower room was the only working one in the service and was shared by everyone.

We found people's clothes and toiletries stored in the cupboard which was a cross infection risk.

- Personal protective equipment (PPE) seen in one area of the service was not stored in line with good practice guidelines. This presented an infection prevention risk.
- People's hoist slings were not stored safely. We saw slings hanging over two hoists in the corridor outside the shared bathroom. Staff were not following best practice guidance to control the prevention of infection.
- The provider's infection prevention and control policy was not up to date and did not contain guidance for staff in managing or responding to COVID-19. We were not assured people could be kept safe in the event of an outbreak of the virus.

Systems had not been established to ensure care and treatment was provided in a safe way for service users. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the local authority informed us that suitable evacuation equipment had been put in place so people could be evacuated safely in the event of a fire.

Visiting in care homes

- Relatives were able to visit their family member without restrictions imposed and in line with government guidance. The assistant manager explained the process of visiting during the pandemic, the systems they had in place and the difficulties they had faced to keep people safe. Relatives confirmed they were always made to feel welcome.

Staffing and recruitment

- People's dependency needs had not been assessed to calculate the number of staff needed to provide people with appropriate care and support. For example, the needs of people who used a hoist, at risk of falls and those who needed 2 staff to support them. People's needs for social and leisure activities and those at risk of isolation had not been taken into account as part of their care arrangements.
- The rota arrangements meant that sometimes there were not the required number of staff on duty depending on when the shift changed, such as from 1 to 3pm and from 8.30pm to 10pm. There was limited guidance on how to deploy staff across the service to ensure everyone received care that was person centred and met their needs. This meant people did not have the company and stimulation needed to prevent social isolation.
- The cook only worked two days a week and alternate weekends which meant staff had to cover the kitchen and meals. Care staff also had to manage the laundry and provide some activities on top of their caring duties. People had limited choice of opportunities to maintain their independence as time with staff was restricted to providing personal care tasks.
- There were no staff available during the night who had been trained to administer medicines which meant people would not be able to receive their medicines as prescribed or when needed. This left people at risk of harm.
- There was a lack of supervision, appraisal and monitoring of staff skills and performance to ensure they fulfilled their role and responsibilities.

Effective arrangements were not in place to ensure there were enough staff available to meet people's needs with the correct skill mix. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were safely recruited in line with the requirements. However, this process could be more robust as some of the application forms were not fully completed, and written paper references were not always

checked for verification when for example a character reference was received.

Premises and equipment

During our inspection we found the premises to be poorly maintained.

- Two bathrooms upstairs were not in working order. People did not have access to a shower or bathroom upstairs they could use. Whilst people had an en-suite toilet and sink in their room, if they wanted a bath or shower, they had to access the downstairs bathroom through the lounge.
- The kitchen area was not well maintained and needed repairs, for example tiles round the sink were falling off, no seal on the oven, and exposed wires on the freezer. Food was not always stored at the required temperature.
- The garden was not accessible or well maintained for people to enjoy. The decking area had been left to deteriorate, was dirty and unusable and the garden was unlevel, overgrown and uncared for. One person told us, "I would love to go out in the garden and plant some flowers, but it's not nice out there so not worth going out there." A relative said, "[Name of person] loved their garden and it is such a disappointment that the home has not met their wishes and one of their only interests." Another said, "It's such a pity the garden is uneven and not safe to go out as [person's name] loved their garden."
- The housing and maintenance of the laundry room needed attention. Staff members reported that it was very damp in the winter, with condensation running down the walls as there was limited ventilation. The drying of clothes was very difficult and they would smell of damp.
- The external environment needed repair. Window frames were rotting, water pipes were being held up together with tape, and the water coming from the washing machines was leaking under the laundry room.
- We found the building was not properly maintained. There was need for updating, painting and decorating throughout the building. The provider did not have a maintenance plan in place to make the necessary improvements in a timely and planned way.

People's environment did not meet their needs. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Ensuring consent to care and treatment in line with law and guidance

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 not always working within the principles of the MCA as some people's capacity had not been assessed or their ability to make decisions reviewed or recorded in their care plans. Where people's capacity had been recorded, it was written in a clear and respectful way. We were told no-one at the service was being deprived of their liberty and everyone had capacity. No DoLS authorisations had been made at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said, "Yes I am safe here, they look after me." A relative said, "[Name of person] is safer here than at home."

- Staff understood what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate worries to the assistant manager which they had done, and these had been passed to the provider who had not dealt with them. During the inspection, these concerns were addressed by the provider and action taken.
- The assistant manager liaised with and had sought advice regarding raising safeguarding referrals to the Local authority and notifications to the Care Quality Commission to ensure they were completing these correctly.
- The provider's safeguarding policy was in the process of being updated to incorporate the correct information and guidance.

Learning lessons when things go wrong

- There was no evidence of lessons learned when things had gone wrong.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always receive care and support that was personalised and responsive to meet their needs.
- People's needs were not always assessed and recorded when they started using the service. This meant that people's personal and emotional needs, choices, wishes, and preferences had not been recorded for staff to respond to them in a personalised way. In the records we looked at, 3 out of 5 people did not have a person-centred care plan. A relative told us, "I haven't seen a care plan and don't know about it. The communication is poor."
- Some people's personal history was not recorded or sparse and therefore staff were not provided with a good understanding of the person's past life to help understand them and initiate conversation. For one person whose care plan identified their social, religious and cultural needs, likes and dislikes, there was no evidence in the daily log that these had been met.
- People's privacy, dignity and independence was not always promoted. The only bath/shower room was downstairs, and some people had to go through the lounge in order to access it. This compromised people's dignity. One person told us, "I try to keep as mobile as I can and do things for myself, having better bathroom facilities would be nicer though."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were not positive about the social activities on offer at the service. A person told us, "I just wish there were things to do, like exercises so I don't lose what I have left." Another said, "I don't go downstairs much as there is nothing to do, might as well stay in my room." A relative told us, "There is such a lack of stimulation, staff just leave the TV on all the time." Another said, "There is occasionally a singer here but no activities or stimulation. People are not encouraged to get to the dining room - it's a pity they all sit at their tables as this could be a social time for [person's name]."
- People's care and support plans did not show how the service responded to their differing needs in terms of interests, social activity and stimulation. Inadequate staffing levels and poor deployment of staff had impacted on the quality of care people received.
- The provider had withdrawn the services of an activities coordinator and instructed the staff to undertake this role as part of their caring duties. We saw that one activity everyday had been devised by staff on a sheet of paper. On the day of the inspection, one staff member was reading out the questions to a quiz with two people sat in the lounge. We observed people were unstimulated and disinterested.

Suitable arrangements were not in place to make sure people received person-centred care to meet their

needs, to ensure robust care planning arrangements were in place or had the opportunity to participate in meaningful social activities. This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People were supported to maintain relationships with relatives and the service was open and welcoming. We saw 1 person being taken out to a classical music concert by a staff member on their day off.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been documented in some care plans but not others. Staff would not always know how to meet people's communication needs. One person was partially deaf but there was no information in a care plan as to how to best communicate with them. For people with poor sight, information around the service such as the dinner menu or activities sheet was not in large print to give people the opportunity to be informed.

We recommend the provider make themselves aware of the requirements of the AIS and consider ways in which people's communication needs are met.

Improving care quality in response to complaints or concerns

- The provider did not have an effective process in place for dealing with complaints. Information as to any complaints received and action taken was unable to be located and we were unable to see how the provider had dealt with complaints and how these informed improvements to the service.

End of life care and support

- The staff talked about people with compassion and sensitivity. They had received training and advice from palliative care professionals in how to respond to people towards and at the end of their life.
- We observed staff being kind, caring and attentive and checking on 1 person regularly, with drinks and to make sure they were comfortable. However, an end-of-life care plan was not in place detailing their care needs and wishes. We asked the assistant manager to assess their needs and record this plan immediately to ensure staff could meet them and any additional palliative care support could be obtained quickly. We were informed this had been completed and professionals were involved.
- One relative had sent a card to show their appreciation of the care provided by the service for a person who had passed away recently.

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 changed 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

- Systems or processes were not established and operated effectively to assess, monitor, and improve the quality and safety of the services provided. Quality assurance and governance arrangements at Hailey House were not reliable or effective in identifying the shortfalls in the service.
- Policies and procedures were not up to date and in line with good practice guidance. For example, the infection prevention and control policy did not include how infection risks around COVID-19 would be managed.
- Risks to people's safety and wellbeing were not being recorded, monitored, and managed effectively. There was no audit of care plans and risk assessments to ensure people's needs had been assessed, recorded and were being met if detailed in their plan of care.
- There were no auditing systems for the recording of incidents, accidents and safeguarding concerns, the reviewing of staffing levels, infection prevention and control procedures, medicines management or the maintenance of the environment.
- Information about people was not held in a confidential or secure way to respect their privacy. We found care plans were left out in the dining room and stored in a room which doubled as a hairdressing room, where other people had access.

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

- The provider had not instilled or promoted a positive inclusive culture at the service where everyone was respected. The morale at the service was low and staff felt unsupported by the provider.
- There was a lack of oversight and leadership in the absence of a registered manager being in post. The provider had asked the assistant manager to take on additional tasks not previously within their role and knowledge and without adequate support. They were also required to provide care and support on the rota and cover for sickness and holidays. This placed an additional strain on them and the staffing levels within the service.
- Whilst staff were caring and kind, care and support was task and routine led; and not as person-centred as it could be. We observed during the day that staff did not spend time with people, other than providing personal care or doing a task. There were missed opportunities to involve people in conversation or activity.
- Staff were encouraged to take adequate breaks during the working day. However, we found some staff took breaks at the same time which meant staff were not always visible to people unless they used a call bell.

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

- The staff involved people and their relatives in their day-to-day personal care but there had been little engagement or involvement to seek people's views and experiences such as reviews, surveys or residents and relatives' meetings to discuss what was important to them and how they could be instrumental in improving their lives and that of the service.

Effective arrangements were not in place to assess and monitor the quality of care provided, to ensure compliance with the regulations. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- The provider was aware of their duty of candour and had made the necessary notifications when things had gone wrong. They were working with the local authority and Care Quality Commission to make improvements to the service.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's, district nurses and social workers and made referrals to relevant agencies. Staff supported people to attend appointments and to receive medical assistance when needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Suitable arrangements were not in place to make sure people received person-centred care to meet their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Effective arrangements were not in place to ensure there were enough staff available to meet people's needs with the correct skill mix.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to ensure care and treatment was provided in a safe way.

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People's environment did meet their needs.

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective arrangements were not in place to assess and monitor the quality of care provided.

The enforcement action we took:

We issued a warning notice