

# Georgetown Care Limited

# The Haven

## Inspection report

High Street  
Littleton Pannell  
Devizes  
Wiltshire  
SN10 4ES

Tel: 01380812304  
Website: [www.thehavencarehome.com](http://www.thehavencarehome.com)

Date of inspection visit:  
11 April 2017  
12 April 2017  
24 April 2017

Date of publication:  
16 May 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out this inspection over three days on the 11, 12 and 24 April 2017. The first day of the inspection was unannounced.

At the last comprehensive inspection in November 2016, we identified the service was not meeting a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care was not consistently delivered in a safe and effective way and the environment was not safe. In addition, there were not always enough staff to meet people's needs effectively and quality auditing systems were not identifying shortfalls in the service. We issued a notice telling the provider they must take action. As a result of the concerns we had identified, the service was rated as inadequate. The service was placed into 'Special Measures' and the provider placed a voluntary embargo on admissions to the home.

At this inspection, we found the provider had taken the immediate action necessary to ensure people were safe. Many improvements had been made but some work was still required for people to receive a consistently good service. As a result of our findings the service was removed from 'Special Measures'. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Haven on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Work had been undertaken to make the internal and exterior of the premises safe. There were clear procedures in place to ensure a clean environment and safe hygiene practices. We observed staff followed safe infection control practices in the delivery of care and support.

Medicines were administered safely and people received their medicines on time.

A chef had been employed and there was a robust food hygiene regime in place. Food was freshly cooked and people told us the food was varied, ample in portion size and nutritious. We observed people were well supported with their nutrition and hydration needs.

Activities were taking place on a regular basis and the recruitment of a chef and housekeeper freed up care staff to spend more time with people and engage them in social interaction and activities. People and families told us the staff were caring, attentive and respectful towards them. We observed this was the case throughout the inspection.

We observed that staff were available when people required support and on many occasions were spending time socialising with people. People were not hurried and care was delivered at the person's pace.

Staff training around the Mental Capacity Act 2005 had not been fully effective as not all staff were confident in their understanding of the Act or around how best interest decisions were made. Staff were receiving mandatory and specific training, however some refresher courses had fallen behind.

Staff told us they felt very well supported through supervision with their line manager and appraisals had been set up for the year ahead. Staff took part in meetings with other staff to share information, discuss good practice and the home's development plan.

People told us they knew how to raise a complaint but had not needed to because the provider and the registered manager were approachable and would listen to any concerns they had. People and their families had been kept informed about the improvements to the home.

The provider had improved the number and quality of the audits in place, however further improvements were required to ensure there was an overview of audits.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they received their medicines on time and we saw that medicines were managed safely.

There had been many positive changes to the environment which was now safe and suitable for people and staff.

Safe food hygiene practices were followed and systems were in place to record and monitor 'Safer Food Hygiene'.

### Is the service effective?

Requires Improvement ●

The service was not fully effective.

Improvements had been made around the dining experience and people told us they enjoyed their meals and had choice around the menu.

Staff received support through training and supervision and where training had fallen behind, the registered manager had arranged for this to take place.

People said they thought the staff were well trained. Families told us the skills of staff had improved.

### Is the service caring?

Good ●

The service was caring.

People and families praised the staff for their caring and supportive nature.

Staff knew people well and respected their wishes and preferences.

People's privacy and dignity were respected.

Staff spoke with people in a caring and respectful manner and visitors to the home were warmly welcomed by staff.

### Is the service responsive?

The service was not always responsive.

People and families were involved in their care planning and review of care.

There were a range of activities people could take part in if they wished and people told us the range of activities had improved.

Further development was required around the level of detail in some of the care planning documents to ensure clear monitoring of the care people received.

People and families told us the provider and the management team were approachable if they had any concerns.

**Requires Improvement** ●

### Is the service well-led?

The service was always well led.

People and families praised the hard work which the provider and the management team had put into improving the service.

Improvements were required to ensure the quality assurance audits were detailed and robust and followed a clear plan.

The provider had ensured that statutory notifications were submitted as required by the commission.

**Requires Improvement** ●

# The Haven

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 April 2017 and was unannounced. We returned on the 12 and 24 April 2017 to complete the inspection. The inspection was undertaken by one inspector and an 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.

Prior to the inspection we looked at all information available to us. This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about. During the inspection we spoke with the provider, registered manager and deputy manager who were available throughout the inspection. In addition, we spoke with the chef, housekeeper and three care workers.

We spoke with four people who use the service. Some people were not able to tell us themselves whether they liked living at the Haven, so we observed the care and support they received and how staff interacted with them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with ten relatives. We also contacted health and social care professionals who visit or support the home. We received feedback from five professionals who told us the changes made had been positive.

As part of the inspection we walked around the premises to ensure they were safe. We reviewed the care records for five people living in the home. We looked at staff records and other records relating to the running of the home. This included staff supervision, training and recruitment records, and quality auditing processes, policies and procedures.

# Is the service safe?

## Our findings

At the comprehensive inspection in November 2016, we identified potential risks to people's safety. The property had not been maintained to ensure a safe environment, staffing levels were not meeting people's needs, unsafe recruitment practices were followed, medicines were not always managed safely and there were poor food hygiene practices. In addition, an acceptable standard of cleanliness was not maintained which compromised the control of infection. This was a breach of the provider registration and we took enforcement action against the provider.

At this inspection we found the provider had made significant improvements and had addressed all of the concerns we had previously raised with regard to keeping people safe.

People and their families told us The Haven was a safe place to live because there were more staff around, the building was secure and they felt that staff and the management team were approachable and would deal with any issues. Comments included "I feel very safe, the building is secure, my things are safe, staff look in on me to make sure I am alright in the night", "Yes I feel safe and everything is kept safe" and "I like living here, I am safe here". Relatives told us "it's really important that he is somewhere he is looked after and safe. Peace of mind makes life so much easier", "Very safe, certainly improved since the new manager", "'Safe as houses, not like when she was on her own at home" and "Staff put so much love and effort into keeping people safe".

At this inspection, a safe system for recruiting staff was evidenced. For the new members of staff, application forms were fully completed and signed and references were sought. A Disclosure and Barring (DBS) check was in place to demonstrate the staff member was suitable to work with vulnerable people.

There was a safeguarding and whistleblowing policy and procedures in place which provided guidance to staff on the agencies to report concerns to. Staff had received training in safeguarding to protect people from abuse and training records confirmed this. Staff were able to describe what may constitute as abuse and the signs to look out for.

Each person had been assessed for potential risks as part of their day to day routines such as, risk of choking or falls. Appropriate action plans were in place to support people where required to maintain their safety and well-being.

To ensure the staffing levels met people's needs, the provider had introduced a dependency tool which calculated the number of staff hours required to enable this. We reviewed the audits since December 2016 which demonstrated staffing hours were reflective of people's needs and were being monitored. A housekeeper and chef had been employed, which care staff told us had 'greatly' improved their ability to spend more time with people in their caring role. People and families told us there were more staff and staff seemed to have more time to spend with people. Throughout our inspection we observed that staff responded to people in a timely manner and were attentive to people's needs.

To improve the communication between the two night staff on duty, the provider had purchased pagers for the waking night staff member to alert the 'sleep-in' staff member if they were required. This ensured any support needed could be summoned quickly and without delay.

People using the service could be confident that their medicines were organised and administered in a safe, competent manner. People received their medicine on time and staff were knowledgeable about the type of medicines which people took and why they were prescribed. Medicines were stored in a lockable cabinet which only senior staff had access to. Records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). Staff who had had responsibility for administering and disposing of medicines undertook training and competence checks to ensure they remained competent to deal with medicines. A daily check of the temperature of the medicine room was carried out. This ensured the effectiveness of the medicines were not compromised. The deputy manager completed a daily medicine audit in addition to a monthly audit to check stocks were correct.

Improvements had been made to the environment and the facilities within the home. A new kitchen has been installed and the microwave, fridge and freezer replaced. The cleanliness of the kitchen was of a high standard. Supplies of cleaning materials were available and a cleaning schedule in place. The fridge and freezer temperatures were being monitored to ensure food was kept at a safe temperature. Food stored in the fridge had been labelled with the date of opening and the date it should be disposed of. Cooked food temperatures were monitored with digital probes and recorded. Dry goods were stored safely, and food intended for a person with celiac had separated storage areas in the fridge and cupboard to prevent cross contamination with other foods.

Throughout the inspection we observed staff washed their hands before preparing and serving food and protective aprons and gloves were worn by staff.

The level of cleanliness in the home was of a very good standard. The home was clean and smelt fresh throughout and all windows, inside and out were clean. A housekeeper was now in post and a cleaning schedule was in place. The registered manager audited the standard of cleaning to ensure it was maintained as required. The lounge had a new flooring and new carpets had been fitted to the ground floor hallways and some of the bedrooms. A carpet cleaning schedule was in place.

Improvements had been made to the facilities within the home such as, the refurbishment of the two ground floor toilets and the replacement of sanitary ware which enabled cleaning to be carried out more effectively.

A safe environment was maintained. There was a clear procedure in place for checking the safety of the environment and in arranging timely repairs to be completed, this also formed part of the auditing system which the registered manager had overall responsibility for. Improvement such as covers had been fitted to radiators to minimise the risk of people burning themselves against the hot surfaces. Walls in the ground floor hallway had been made good and redecorated, some windows had been replaced and made secure and a fire extinguisher bracket had been fixed.

In the conservatory, an automatic temperature gauge had been fitted to the wall to enable staff to check that the room was of a safe temperature for people to use, particularly in the winter time. Cleaning materials were safely stored and locked away to ensure people did not have access to them. Fire exits were clear of any restrictions and walkways were free from clutter.



The external building used for washing commodes had been refurbished to ensure the building was safe and clean. Hot water and cleaning products were available to wash the commodes and guidance was available for staff to ensure the commodes were cleaned effectively. In the laundry room there were instructions for staff on how to segregate dirty and clean clothing, including the products to use. A supply of red bags were in place to use for soiled linen in the wash cycle.

The provider employed the services of a pest control company, who maintained two 'pest' control sealed boxes which were sited in the garden. A risk assessment was in place to highlight the potential risks to people's safety and stated what actions had been taken to protect people. In the back garden, a fence had been erected between the garden and the store room which housed the sluice. This ensured only staff had access to the cleaning materials held in the store room. At the front of the home, a netting had been applied to the length of the roof to protect people from any falling debris. The cracks in the paving at the entrance to the home had been filled in to prevent the risk of slips and trips to visitors and people.

The electrical installations in the conservatory and kitchen had been replaced and an electrical distribution board in the hallway had been boxed in to ensure people could not access it. The relevant safety certificates had been obtained for the gas cooker and the oil fired boiler and records were in place to evidence the appropriate checks and maintenance was carried out in relation to fire safety, water quality, electrical systems and health and safety within the home.

In the event of an evacuation of the premises, each person had a personal evacuation plan [PEEPS] in place with people being taken to the local parish hall. A network of village volunteers would assist with this. In addition, information was available to the emergency services.

Notifications had been made to the Care Quality Commission (CQC) as required and the home monitored any incidents and accidents to ensure preventative action was taken to reduce the risk of further occurrences.

## Is the service effective?

### Our findings

At the comprehensive inspection in November 2016, we identified shortfalls in the implementation of the Mental Capacity Act 2005, staff training had fallen behind and there were staff skill shortages. Staff supervision was not being carried out on a regular basis and people were not being supported with their nutrition and hydration needs. This was a breach of the provider registration and we took enforcement action against the provider.

At this inspection we found the provider had made improvements and had either addressed the area of concern or had made good progress towards this.

Further improvements were required around the Mental Capacity Act 2005. Not all staff were confident in their knowledge of mental capacity and how this impacted upon the way they delivered care and support to people. This included understanding how best interest decisions were made on behalf of people and the lawful process to follow. Staff required further training around understanding of the Mental Capacity Act 2005 and in the process of making best interest decisions.

Where applications had previously been made to the Local Authority for Deprivation of Liberty Safeguards (DoLS), for example in the restriction of people's movement, this information had not been transferred to the new care plans. This meant that staff did not have an overview of how they should consistently support the person in line with the DoLS. The service had not reviewed the DoLS applications in place to ensure they remained relevant to the current care and support needs of each person.

With regard to deprivation of liberty decisions for two people, applications had been made in line with current legislation, with one application being granted and another pending a decision. The service now kept evidence of where families held a Lawful Power of Attorney and this was incorporated into the care planning process.

A programme of staff training was now in place and the registered manager ensured there was an appropriate skill mix on each staff shift to ensure safe and appropriate care for people. For example, not all staff had received training in epilepsy care however each working shift had a member of staff who had this knowledge. Further training was being held around specific subjects.

A training matrix was in place which identified the shortfalls in training and the refresher training staff required. Training courses had either been sourced with a date when training would take place or was in the process of being set up. Refresher training was required around the Mental Capacity Act 2005, first aid, health and safety, pressure care, equality and diversity.

New members of staff such as the chef and the housekeeper held qualifications in their occupation and as part of their induction were completing mandatory training, such as food hygiene and COSHH training [Control of Substances Hazardous to Health Regulations]. The registered manager had identified specific training to enhance the skill base of the team such as specialist dementia training. People and families told

us they felt staff training had improved and were confident in the skills and knowledge of the staff that supported them. New staff undertook the Care Certificate [new minimum standards covered as part of induction training of new care workers] and existing staff held qualifications in health and social care. The management team were working towards a level five qualification in leadership and management.

Staff received supervision on a monthly basis and told us they felt very supported in their role. There was a standard agenda for supervision which covered staff development, training and support and any concerns the member of staff had. Monthly team meetings were held and an agenda followed centred around the five domains of safe, effective, caring, responsive and well led. The registered manager told us it was a useful tool to focus on developing staff knowledge of the fundamental standards and to develop skills in line with best practice.

People were supported to eat a healthy and balanced diet. Meals were freshly cooked each day by the chef. This included a choice of menu and we saw that when one person did not wish the meal on offer, the chef made their favourite dish of 'egg, ham and chips'. The chef was aware of the different type of dietary needs of each person and kept a list of people's likes, dislikes and food intolerances. The deputy manager was to set up a monthly meeting with the chef to review people's dietary needs, particularly where people had lost weight or whose appetite had changed

People were consulted about the menu and further work was being planned around developing pictorial menus. People chose where they wished to eat their meal and some people sat at the dining table. This was a sociable occasion. Staff supported people to eat and drink, explaining what the food was and offering sips of drink in between each mouthful of food. People were appreciative of the meals they were served and told us they enjoyed the food, and there was a good choice. Drinks and snacks were available to people.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. The registered manager had arranged for a community dentist to visit people in the home. As part of the person's care plan, relevant information was available to help them stay healthy.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed.

# Is the service caring?

## Our findings

At the comprehensive inspection in November 2016, we found that people's privacy and dignity were not always respected or maintained. Not all staff communicated with people in a respectful way and people's personal information was not securely locked away to ensure it remained confidential. Information about people's end of life care were not reflective of the person's wishes. This was a breach of the provider registration and we took enforcement action against the provider.

At this inspection we found the provider had made significant improvements around the approach of staff, communication and treating people with dignity and respect.

Throughout the inspection we observed that staff were kind, caring and attentive to people's needs. When staff entered the room they acknowledged people calling them by their name or terms of endearment liked by people. People looked well cared for in clean and freshly laundered clothes.

Staff sat and chatted to people about everyday events, the news and the weather or who was visiting. Staff were warm and approachable to people, sharing banter and jokes, singing together and enjoying each other's company. When staff engaged with people they were patient and gave people time to respond at their own pace.

When people required personal care, staff supported the person to their room where the door was closed to provide privacy and protect the person's dignity. The two communal toilets on the ground floor had been refurbished and people were afforded privacy as the doors closed easily and were lockable. In the upstairs toilet, the glass had been 'frosted' to ensure people could not be seen through the window by neighbours or people in the garden.

We observed staff respected people's privacy and knocked on people's door and waited to be invited in before entering. One person told us "Staff do respect my privacy, they always knock on my door and wait until I say come in".

People were very positive about the caring nature of staff and told us "They are all very good, very caring", "Lovely nice staff" and "I like the staff, they are kind and loving". Families told us "I love the staff, they are so good, always make you feel welcome", "Combined with the way they treat people they are interested in who people are" and "Staff all seem to have a personality, so happy in what they do, nothing is too much trouble".

We observed that when a family arrived to visit their loved one, they were warmly welcomed by all of the staff. A relative told us "They are wonderful staff, so caring and dedicated to people". Other comments included "From what I've seen they [the staff] have a genuine feeling that this is what they want to do" and "The love and care that Mum gets is the very best".

Families told us the staff often went out of their way to support their loved one. A relative told us the

registered manager had shown 'loving care' towards their mum. When invited out for a special meal, they found their mum's clothes no longer fitted due to weight loss. The registered manager said she had an outfit which may be suitable and the person was happy with their choice and wore the outfit. The relative told us "They looked splendid and we had a wonderful outing, I can't thank the manager enough". Another relative told us about the caring nature of staff "We have an issue with Mum's wardrobe. She has her favourite wardrobe. She likes to wear the same thing every day. Staff know this so it is removed, washed and returned without her realising".

Families and people told us they were involved in the care planning process and had been invited to give their views when the new care plans had been written. Comments from families included "Been to meetings myself, went through all the care plans. They are very thorough and everything is accurate" and "Went through the care plans, filled in a questionnaire about Dad's life" and "Care plans are completed with people and with families. They let me know how things are going, any worries they will contact me. We all look at the care plan assessments together".

As part of care planning, people had been asked for their wishes about end of life care. These documents were person centred and focused on the well-being of each person and their preferences.

Care records and documents relating to people's care and support were confidential as they were secure and only accessible to the relevant staff. Staff ensured that care records were locked away when not in use. The handover of information from one staff shift to another was person centred and only contained information relevant to the person's care and support. Other information such as cleaning routines and matters in relation to the running of the home were recorded separately.

## Is the service responsive?

### Our findings

At the comprehensive inspection in November 2016, we identified shortfalls in the recording and provision of care and support. Care records were not person centred, lacked sufficient information and did not provide an audit trail of the care and support people received. In addition, we found that opportunities for social interaction and activities were limited. This was a breach of the provider registration and we took enforcement action against the provider.

At this inspection we found the provider had made improvements in the planning and monitoring of care. People had more opportunities to socialise and to take part in activities which interested them.

Since our previous inspection, all of the care records had been rewritten and each person had individualised and relevant support plans in place. This included new processes for risk assessments and monitoring which gave a clearer audit of the care people had received and required. The care support plans were person centred and reflected how the person wished their care to be delivered. In addition, the support plans documented how staff could enable the person to be as involved as possible in managing aspects of their own care. This promoted people's independence.

Further improvements were required around the completion of the food and fluid charts. Where monitoring of people's nutrition and hydration was required, not all fluid charts were totalled at the end of the day to ensure the person had drunk sufficient fluids. Likewise, where food intake was recorded, staff were not documenting the quantity of food consumed and therefore could not be assured that the person had eaten enough to sustain good health and nutrition.

Where required, people had a support plan in place which identified their needs around their mental health or emotional wellbeing. However, within the care record and daily recording information was not always factual or objective. People's behaviour was described as 'anxious' or 'agitated' without a description of what this meant for the person. This could result in staff putting their own interpretation on behaviours and lead to lack of a consistent approach by staff. For example, one person was prescribed a drug to calm them when they became 'anxious', yet there was no description of this behaviour on the Medicine Administration Record (MAR) or cross reference to this information as it was not available.

One person was receiving one to one support for social interaction as they were confined to their room. There were two systems in place to record support given with personal care and another record for documenting social interaction. This was to ensure that senior staff could monitor the level of social interaction the person received. However, staff were recording all interactions including personal care on the one form. There were two days where the recording of social interaction had not taken place and staff told us this was down to not recording their visits. Where staff had recorded their social visits to this person, there was insufficient information to ensure the next member of staff would offer appropriate support, for example, interactions recorded 'read book' but not what book was read or where they had read up to.

People and families told us they had been involved when the care plans were rewritten and also in the

review process.

At this inspection we found the provider had recruited a chef and a housekeeper. Staff told us this now freed them up to spend more time with people socialising. The provider had sought training on how to deliver 'activities and meaningful occupation' and two members of the care team were undertaking this training. This would enable designated staff to develop an activities programme.

An improved range of activities are now on offer including, music and movement, cake decoration, village walking, Bingo, tin-can alley [a variation on skittles]; match the sayings, songs of praise and movie afternoons. We observed one person was enjoying a hand and nail pampering session. We also observed a Bingo session and a member of staff spending time with one person reminiscing. People told us they enjoyed spending time with the staff and taking part in activities.

Peoples' spiritual needs were considered with a monthly communion service held in the home. Some people preferred to go the Sunday service and were supported to do this by members of the church community. One person and a member of staff went out for a walk around the village, they told us they loved doing this as it was the same village they grew up in. Staff told us this is why they supported her to take a walk regularly. Feedback about the activities on offer was positive, relatives told us "Seems more variety in activities" and "Plenty to do, people get out now".

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no formal complaints since our last inspection. People and families told us they felt the provider and management team were responsive if they had any issues they wanted to raise.

# Is the service well-led?

## Our findings

At the comprehensive inspection in November 2016, we identified shortfalls in how audits were being carried out and management of the service in relation to requirements of the provider registration. This was a breach of the provider registration and we took enforcement action against the provider.

At this inspection we found the provider was now submitting statutory notifications to the commission as required. Improvements had been made to the auditing of the quality and safety of the service, however further improvements were required.

We reviewed the audits in place which were now more robustly identifying shortfalls and action plans were developed to address these. However, some aspects had not been included and routine audits were not completed. This was in relation to the quality of the delivery of care, such as auditing of falls, pressure ulceration, malnutrition and dehydration, urinary tract infections, behaviours and monitoring if the service was adhering to the Mental Capacity Act 2005. The registered manager told us that although they held this information they were not currently monitoring as part of their auditing, however this was a priority and would be implemented. At the time of the inspection the registered manager was reviewing the information they captured when there were incidents or accidents in order to reviews trends and reduce the risk of further occurrences.

The provider carried out monthly and quarterly audits of the service, however these lacked sufficient details of what had been audited and how this was done. In addition, the provider audits did not cover the scope of the audits taking place within the home. There was a lack of an overview of what audits were taking place, when these should be completed and who was responsible for these audits. The registered manager had set up a system whereby the findings of the audits were discussed with a senior partner of the service and action plans put in place as a result.

The deputy manager was in the process of adapting the policies and procedures to ensure they reflected the service. The policies and procedures in place were designed specifically for another of the provider services which was nursing care, and therefore for some elements were not appropriate to The Haven.

There was a registered manager in post who was supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The registered manager promoted a positive culture that was person-centred, open, inclusive and empowering for people and staff, encouraging communication and input from the staff team. Staff told us they were well supported by the registered manager and the deputy manager and comments included "We can give our views and we are asked what we think", "They are both [manager and deputy] very approachable" and "We have a really good team now, everyone gets on and I know I can talk to the manager



at any time". Health and social professionals told us the registered manager was open and transparent and actively sought the support of their agency in order to improve and develop the service.

The registered manager said they continued to receive regular supervision and support and attend management meetings where they could discuss the service provision. To keep up with best practice the registered manager continued to attend training as required by the provider and was undertaking a qualification in management and leadership. Links had been developed with the local community through for example, students from the local school were completing a 'Duke of Edinburgh' award and as part of this volunteered to engage with people who live at The Haven, a local day centre was used and people were supported to attend the local church.

We received many positive comments from people, families and professionals about the caring nature of staff at The Haven, the progress which had been made to improve the service and the confidence in the new management team. We found the registered manager was enthusiastic about their new role as was the deputy manager and there was a positive approach to making the service the best it could be.

People, their relatives and staff had been asked for their feedback about the home, by completing questionnaires. Action plans identified any suggestions made and how they were to be implemented.

There was a development plan in place for the service which included installing a wet room, making the gardens more accessible for people and landscaping the gardens. Further development of the quality assurance systems and embedding new processes and systems recently put into place.