

Georgetown Care Limited

The Haven

Inspection report

High Street
Littleton Pannell
Devizes
Wiltshire
SN10 4ES
Tel: 01380 812304
Website: www.thehavencarehome.com

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

The Haven is a care home which provides accommodation and personal care for up to 12 older people, some of whom have dementia. At the time of our inspection eight people were resident at The Haven.

This inspection took place on 14 November 2014 and was unannounced.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

The service did not have an accurate record of medicines they held for people and some medicines were not securely stored. This increased the risk that people's medicines, including controlled drugs, may be misused.

The service did not have detailed information about the employment history of staff. This meant the provider did

Summary of findings

not have a history of where staff had been working, the reasons why they had left jobs in the health and social care sector or an explanation for any gaps in employment.

Although the service carried out checks on how the home was operating, these were not always accurate. We found that shortfalls we identified during the inspection had not been picked up by checks the provider completed. We recommended that the provider completed robust audits of the service provided, which identified any risks and planned improvements that were needed.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments included, “They treat us very well”; “The staff are lovely, they provide any help that I need” and; “We are very happy with the care provided, they couldn’t do things any better”.

Relatives told us they felt people were safe when receiving care and said they were consulted about people’s care needs. Systems were in place to protect

people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting. We saw that care was provided with kindness and compassion.

Staff were appropriately trained and skilled. They received an induction when they started work at the service. Staff demonstrated a good understanding of their roles and responsibilities, as well as the values of the service. The staff had completed training to ensure they had the skills and knowledge to meet people’s needs.

The service was responsive to people’s needs and wishes. We saw that people’s needs were set out in clear care plans. These were developed with input from the person and people who knew them well. Relatives were confident that they could raise any concerns or complaints and they would be listened to.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 always safe.

Medicines were not always stored safely and there was not an accurate record of the medicines held in the home. This increased the risk that medicines may be misused.

The service did not have information about the employment history of staff. This meant the provider did not know where staff had been working, the reasons why they had left previous jobs or an explanation for any gaps in employment.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they called for assistance. Systems were in place to ensure people were protected from abuse.

Requires Improvement



Is the service effective?

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they supported, particularly needs associated with dementia.

People's health care needs were assessed and staff supported people to stay healthy. People were supported to eat and drink enough to meet their needs and stay healthy.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Good



Is the service caring?

The service was caring.

People and their relatives spoke positively about staff and the care provided. We observed that staff were caring in the way they interacted with people.

Care was delivered in a way that took account of people's individual needs and the support they needed to maximise their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People and their relatives were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice and provided examples of how they took an individual approach to meet people's needs.

People and their relatives told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

The service was not always well-led.

Although the registered manager carried out checks on how the home was operating, these were not always accurate. The checks had not identified the shortfalls we found during the inspection.

The provider and registered manager demonstrated clear values, which were person focused. There were clear reporting lines from the service through the management structure.

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 to 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 14 November 2014 and was unannounced.

Before the inspection we received some information which raised concerns about the service provided. As a result of this information we brought forward our inspection and did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was completed by one inspector. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with four people who use the service, four relatives, four care staff, the deputy manager and the registered manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for two people. We also looked at records about the management of the service. During the visit we spoke with a management diploma assessor who was visiting to assess the deputy manager. Following the visit we spoke with a social worker and another relative by telephone.

Is the service safe?

Our findings

Medicines held by the home were not always securely stored. For example we saw insulin for one person was stored in the kitchen's domestic fridge. The fridge was not locked and was accessible to people who use the service, all of whom were living with the effects of dementia.

We saw that there was not an accurate record of all controlled drugs held in the home. Controlled drugs are medicines which may be misused and there are specific ways in which they must be recorded and stored. We saw that the controlled drugs register contained an entry which just stated the name of the medicine and did not include the strength or the person that this medicine had been prescribed for. The controlled drugs register recorded there were eight tablets of this medicine available; however, these were not held in the medicine cabinet. The registered manager reported that this medicine had been returned to the pharmacist as it was no longer needed, but the controlled drugs register had not been kept up to date. The lack of secure storage for medicine that required refrigeration and an accurate record of medicines held in the home increased the risk that medicines, including controlled drugs, may be misused.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that all other medicines were stored in a locked cabinet or locked medicine trolleys and there was a record of the medicines people had been supported to take. Before the inspection we received concerns that medicines were being placed into pots for other staff to give to people. We saw that medicine was administered to people individually by the member of staff who removed the medicine from the packet. The four care staff we spoke with about medicines administration confirmed this was how they administered medicines to people, in line with the home's medicines procedures.

The recruitment process for new staff was not thorough and did not ensure the provider knew about the employment history of staff before they worked at The Haven. We read the recruitment records for three staff that had been recruited within the last year. These showed the provider had completed a Disclosure and Barring Service (DBS) check and obtained references for staff. A DBS check allows employers to check whether the applicant has any

convictions that may prevent them working with vulnerable people. However, the provider had not obtained an employment history for any of the three staff whose files were checked. This meant the provider did not have a history of where staff had been working, the reasons why they had left jobs in the health and social care sector or an explanation for any gaps in employment.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People said they felt safe living at The Haven. Comments included "I feel safe here"; and "They treat us very well". During our observations we saw that staff intervened where necessary to keep people safe. For example, we saw staff provide assistance to remind people to walk safely with their walking frame and to stay safe whilst holding hot drinks. Relatives were also confident that people were safe, with comments including; "I am confident that (my husband) is safe here".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the manager or provider would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside The Haven if they felt they were not being dealt with.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to move safely using hoists, the risk of pressure ulcers, support to minimise the risk of falls and support to manage the risk of malnutrition. The assessments had been completed with input from the person, people who knew them well and professionals involved in their care. The staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe. Staff said they always saw that these risk management plans were implemented in practice, for example, using hoists to

Is the service safe?

support people to move and ensuring pressure relieving equipment was in place and being used. We observed that pressure relieving equipment was in place and being used where people were assessed as needing it.

People told us there were enough staff available to provide care when they needed it. Comments included, “There are enough staff”; and “Staff are always available”. Staff told us they were able to provide the care people needed, with comments including, “There are sufficient staff to be able

to meet people’s needs”; and “There are enough staff on duty to provide the care that people need”. Staff said they worked together to cover sickness to ensure people’s needs were met. During our observations we saw staff responding promptly to people’s requests for assistance, for example when people asked for support to go to the toilet and help to get more comfortable in a chair. We saw that staff were able to take their time with people, ensuring they were settled and safe before moving on.

Is the service effective?

Our findings

Staff told us they had regular meetings with the registered manager or deputy manager to receive support and guidance about their work and to discuss training and development needs. We saw that these supervision sessions were recorded. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. We saw that care staff who were new in post were completing an induction, which included completing 'shadow shifts' where they were able to observe experienced staff. One new member of staff told us they had completed five shadow shifts and did not work on their own until they were confident about people's needs and how to meet them.

Relatives told us staff understood people and provided the care they needed. We also spoke with a social worker, who told us they were very happy with the service provided and said staff had the right skills to care for people with dementia. The registered manager reported they have close links with a local memory clinic and work with them to ensure they were following best practice.

Staff told us they received regular training to give them the skills to meet people's needs. Staff received an induction and training on meeting people's specific needs, including the needs of people with dementia. This was confirmed in the training records we looked at. Comments from staff included, "The training is good and we get good support". We saw that staff were able to gain nationally recognised qualifications, such as the diploma in health and social care. To obtain these qualifications staff need to demonstrate their competence in a range of skills related to providing care for people.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made, involving people who know the person well and other professionals where relevant. The Deprivation of Liberty Safeguards are part of the Act.

The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection there were no authorisations to restrict people's liberty under DoLS. The registered manager was aware of a change in the interpretation of the MCA and had submitted applications to authorise restrictions to the local supervisory body.

People told us they enjoyed the food and confirmed they could have something different where they did not like the food on the menu. Comments included; "The meals are very nice, they're good". Relatives also praised the food, with comments including; "I stay for a meal three times a week and it is excellent" and; "I am happy that (their relative) gets the food she likes. They always provide it at the consistency needed". We saw that there was one main meal for the day, but that alternatives were provided to meet people's specific likes / dislikes or dietary needs. For example, one person told us staff prepared their meals with an alternative to red meat. People's specific dietary needs were recorded in their care plans and staff demonstrated a good understanding of them. For example, there were clear guidelines in place from the speech and language therapist about the consistency of food and fluid people needed because of swallowing difficulties. Staff were aware of people's needs in relation to diet and nutrition.

People were able to see health professionals where necessary, such as their GP, district nurse or dentist. One person told us they were being helped to attend dental clinics at a local hospital. People's care plans described the support they needed to manage their health needs. These included personal care, skin management and preventing falls. Staff monitored people's skin when providing personal care and any concerns were recorded and communicated to senior staff and the district nurse if required. We saw body maps had been completed where people had any injuries or pressure damage. These were used to help pass information to the district nursing team and to record how any wounds were healing.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, “The staff are lovely, they provide any help that I need”; and “Staff are very caring”. We observed staff interacting with people in a friendly and respectful way. Staff respected people’s choices and privacy and responded to requests for support. For example, we observed staff provided prompt support when people requested to go to the toilet. Staff provided support in a way that maintained people’s privacy and dignity.

Relatives were also positive about the way staff provided care for people. Comments included, “We are very happy with the care provided, they couldn’t do things any better”; and “The care is excellent”.

Staff had recorded important information about people, for example, family and work life, likes and dislikes and important relationships. People’s preferences regarding their daily care and support were recorded. The home had worked with people and their relatives to gain an understanding about what was important to them. Staff demonstrated a good understanding of what was

important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided and how they liked to spend their time.

People and those who knew them well were supported to contribute to decisions about their care and were involved wherever possible. For example, relatives told us they were able to attend review meetings with staff to discuss how people’s care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s care plans.

Staff received training to ensure they understood how to respect people’s privacy, dignity and rights. This formed part of the core skills expected from care staff and was assessed as part of staff supervision and appraisal of their performance. Relatives told us staff treated people with respect and provided care in a way that maintained people’s dignity.

Staff described how they would ensure people had privacy and how their dignity was maintained when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. During the visit we observed staff working in the ways they described.

Is the service responsive?

Our findings

People told us they received care that was based on their individual needs and wishes. One person said; “We get up when we want to and we’re able to do what we choose”. Relatives told us they were able to visit at times which suited them and said there were arrangements in place to keep people occupied with activities they enjoyed. We observed people chatting, laughing, watching television, reading and socialising with visitors during the visit. Staff told us there were activities planned each day, including group events organised by the activities co-ordinator. Staff told us they had time to spend with people on a one to one basis if they preferred to stay in their room or not participate in the group activities. This helped to reduce the risk of social isolation. We saw that this support was provided for two people who had stayed in their room on the day of the inspection.

Each person had a care plan which was personal to them. Care plans included information on maintaining people’s health, their daily routines and personal care. The care plans set out what their care needs were and how people wanted them to be met. The plans contained detailed and specific information, including information from health and social care professionals where necessary. For example, we saw there were detailed plans about the support people needed to prevent pressure damage to their skin. The plans included a ‘This is me’ book, which is a document developed by the Alzheimer’s Society and the Royal College of Nursing. The book allows people and those who know

them well to set out details of what is important to them and how they want care to be provided. The plans had been regularly reviewed to ensure the information was current and changes had been made where necessary. This gave staff access to information which enabled them to provide care in line with people’s individual wishes and preferences.

Relatives were positive about the way the service responded to people’s changing needs. Comments included, “We attended a care review recently and asked for some small changes. Action has already been taken to make these changes”; and “They involve me in reviews of (my relative’s) care. They always keep in touch if there are any changes”.

Relatives were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. They told us they knew how to complain and would speak to staff if there was anything they were not happy about. Comments included; “Staff and the manager listen to any concerns I have and will take action to resolve issues”; “I have no concerns. They would sort things out if there were any problems”; and “We would speak to the manager if we had any problems, and are confident she would sort out the problem”. The registered manager reported that the service had a complaints procedure, which was provided to people and their relatives. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them.

Is the service well-led?

Our findings

The registered manager had completed audits of the service provided; however, they did not contain detailed information about the findings or always identify problems with the way the service was operating. For example, a medicines audit completed in October 2014 stated that the records of medicines held matched the actual amount of medicines held. The audit identified there was a dedicated medicines fridge in place. During this inspection we found that details in this audit were not accurate. The service had a quality assurance file, which included a tick list of checks that were completed each month, covering areas such as the environment, staff training, care plans and infection control. The audits did not contain detailed information and were not used to plan the future development of the service.

There was a registered manager in post at The Haven. The service had clear values about the way care should be provided and the service people should receive. These values were demonstrated by the management team and were based on providing individual care for people, in a friendly and personal environment. Staff valued the people they cared for and were motivated to provide people with high quality care. Staff told us the provider and management team demonstrated these values on a day to day basis. The registered manager told us she had the flexibility to make changes to the way the home operated to ensure these values were put into practice, for example, to ensure that staffing levels were sufficient to provide a personalised service to people. The provider visited the

service regularly and the registered manager said she had regular contact by phone. The registered manager told us the provider had a good understanding of issues in the service and gave her the support she needed to do her job.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "We get support from the registered manager and provider. They have a good understanding of what is happening in the home"; and "The registered manager and provider are always available if needed. The on-call system works well".

Satisfaction questionnaires were sent out asking people and their representatives their views of the service. The results of the 2013 / 14 survey had been used to develop a plan to address the issues raised. We saw that the actions were based on feedback about the environment, and there was a plan of redecoration and refurbishment underway. The service had also requested feedback from health and social care professionals and employees, but none had been received.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the service and how the registered manager expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.

We recommend that the provider completes robust audits of the service provided, which identify any risks and plans improvements that are 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

People who use services and others were not protected against the risks associated with unsafe use and management of medicines because of inaccurate records of medicines held in the service. Regulation 13.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

The registered provider had not ensured that information specified in Schedule 3 was available in respect of each person employed for the purposes of carrying out the regulated activity. Regulation 21 (b) Schedule 3.