

Mrs M A Dobbs

The Haven Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected The Haven Care Home on 7 and 8 January 2016. The inspection was unannounced.

The Haven Care Home provides personal care and support for up to 29 older people, some of whom experience needs related to conditions such as dementia. It is located in a residential area within the village of Metheringham, Lincolnshire.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some

Summary of findings

way to protect themselves. At the time of the inspection four people who lived in the home had their freedom restricted in order to keep them safe and the registered provider had acted in accordance with the MCA and DoLS.

People were safe living in the home. Staff cared for them in a warm and pleasant manner and upheld their rights to privacy, respect and dignity. People were also supported to maintain as much independence as they were able to.

People were supported to make their own decisions and choices wherever they were able to do so. Where people were not able to do so staff acted in their best interests and followed the guidance of the MCA. Those who were important in people's lives were consulted and kept informed about their care.

People received all of the healthcare support they required in a timely manner. They also received a range of nutritious foods and drinks that met their assessed needs as well as their choices and preferences.

The culture within the home was based on openness and inclusion. People, their relatives and staff members were encouraged to express their views. Staff were guided and supported by the registered manager to provide a good quality of care for people and develop their skills and knowledge. They were recruited in a way that ensured they were suitable to work with people in the home and received training in order to meet people's individual needs and preferences.

The registered manager had systems in place to regularly assess and improve the quality of care and services provided within the home. They acted in accordance with their responsibilities as a manager who was registered with CQC.

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 safe.

There were enough staff with the right skills and knowledge to make sure people's needs and preferences were met.

Staff were able to recognise signs of potential abuse and knew how to help people stay safe.

Systems were in place to ensure medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported to make their own choices and decisions where they were able to. Appropriate systems were in place to support those people who lacked capacity to make decisions for themselves

Staff were appropriately trained and supported to meet people's needs and preferences.

People had access to appropriate healthcare and their nutritional needs and preferences were met.

Good



Is the service caring?

The service was caring.

Care and support was provided in a warm and pleasant manner and caring relationships had developed between people and staff members.

People were treated with dignity and respect and their privacy was upheld.

They were supported to maintain their independence where ever they could so and wanted to.

Good



Is the service responsive?

The service was responsive.

People were involved in planning for their care needs and could express how they liked their care to be provided.

They were supported to pursue their interests and hobbies and they had access to a range of other meaningful social activities.

They knew how to raise concerns and make a complaint if they needed to.

Good



Is the service well-led?

The service was well-led.

There was an open and inclusive culture within the home.

People were able to voice their opinions and views about the services they received.

Systems were in place to ensure the services provided within the home were of a good quality and improved upon where necessary.

Good



The Haven Care Home

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 was 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 7 and 8 January 2016 and was unannounced. One inspector carried out the inspection.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with six people who lived in the home and four relatives who were visiting. We looked at four people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with the registered manager, the deputy manager, a team leader, two care workers and the activity co-ordinator. We also spoke with two visiting healthcare professionals. We looked at three staff recruitment files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, “They keep me safe, I’ve got these (pointed to bed rails).” The person’s care records showed they had been assessed appropriately and consulted about the use of bedrails. A relative told us, “There’s no doubt [my loved one] is safe.” A healthcare professional said, “They’re very good with safe moving and handling practice.”

Staff demonstrated they knew how to keep people safe. They knew how to recognise and report any issues of concern and said they were confident that the registered manager would investigate any allegations thoroughly. They knew how to contact external agencies such as the local authority safeguarding team. Information was available in the reception area of the home to tell people and their relatives how to report any concerns or allegations. Records showed that staff received regular training about how to keep people safe from abuse and that staff had worked well with external agencies, where necessary, to ensure this was done.

People’s personal records showed that staff had identified and taken action to minimise risks to their health safety and welfare. Risk assessments were in place for needs such as skin care, falls and behaviour management. The registered manager completed regular checks of incidents record such as falls to enable them to identify any trends and take appropriate actions to prevent them happening again. Each person had a detailed evacuation plan in case they needed to leave the building in an emergency. Staff knew about the plans and how to support people in an emergency situation such as fire or flooding.

Records showed that equipment used to help people stay safe such as hoists, wheelchairs and assisted baths were checked regularly and we saw staff used the equipment in line with national guidance and good practice. Staff told us they had received training about how to help people move around safely and they also had their competencies in this area assessed by the registered manager.

People, their relatives and staff members told us there were enough staff on duty to meet people’s needs. The registered manager told us the provider supported the need to employ more staff when people’s needs indicated an increase in staffing levels was needed. Staff rotas showed when this had occurred. We also saw the provider had recently supported the employment of an activities co-ordinator to help people with their social needs and preferences. Rotas showed that permanent staff covered shifts if there was a shortfall due to absences such as sickness. During both days of the inspection we saw people’s needs were met in a timely manner, call bells were answered promptly and staff had time to chat with people.

The provider had safe recruitment processes in place to ensure new staff were suitable to work within the home. Staff told us and records showed they had undergone checks about their identity and previous employment. The registered manager had also completed checks with the Disclosure and Barring Service (DBS) to ensure there were no reasons new staff could not safely work in the home.

Staff who administered medicines had received training to ensure they had the right skills and knowledge to do so safely. They told us the registered manager also assessed their competency so they could demonstrate the training had been effective. Arrangements for the storage, administration and disposal of medicines were in line with good practice and national guidance. Administration records were completed appropriately and there was guidance in people’s records about how they liked to take their medicines. Where people required medicines only at specific times, such as pain control, there was information for staff about how to do this in a consistent manner. Medicines that required special storage and control measures were managed appropriately. The registered manager had also ensured that special medicines people who were at the end of their life may need were available for visiting healthcare professionals to administer in a timely manner.

Is the service effective?

Our findings

People and their relatives told us staff knew about their needs and how to look after them in the ways they wanted. One person said, “Lovely place this is, the staff know what they’re doing.” Another person said, “I’m very comfortable here, they can’t do enough for you.” A relative told us, “Very happy that [our loved one] is here, we can go home knowing [our loved one] is well looked after; we can relax now.”

During both days of our inspection we saw people received their care and support from staff who used up to date approaches to care and followed good practice guidance. Staff told us they received induction training and support when they started work at the home. They told us they had time to get to know people who lived there as well as completing essential training such as moving and handling and keeping people safe. Records showed that the registered manager had recently introduced a new nationally recognised induction programme so that new staff were consistently trained to a good standard.

Staff told us, and records showed, that following their induction programme they continued to receive regular training. We saw the registered manager had a yearly training plan which highlighted what training was on offer, which staff were booked to do courses and when staff were due to have their training updated.

As well as training that the provider said was essential, such as fire safety and falls prevention, other training had been arranged to meet people’s specific needs such as dementia awareness, sensory needs awareness and end of life care. Staff told us they were also supported to achieve nationally recognised care qualifications.

Staff told us they were well supported by the registered manager and senior staff members. They said that the registered manager was readily available to speak with and provide guidance. They told us they received regular supervision so that they could discuss any work issues and plan their training and development. Records confirmed this and showed that they also received a yearly appraisal of their work performance.

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 Act requires that as far as possible people

make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff demonstrated their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about processes for making decisions in people’s best interest and how to support people who were able to make their own decisions. People had assessments and plans in place which related to their capacity to make decisions and best interest meetings were recorded. During the first day of the inspection staff also demonstrated their understanding of how to ensure a person’s advanced decisions were upheld when they were no longer able to communicate their decisions.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection four people who lived within the home had their freedom restricted and the provider had acted in accordance with DoLS.

People told us they had the foods and drinks they liked. One person said, “The food is wonderful and home cooked.” Another person said, “I can eat what I want and I get plenty to drink, I like at least five or six cups of tea during the day.” The cook knew about people’s preferences for foods and drinks and any specific nutritional needs people had. They said staff kept them up to date with people’s nutritional needs such as those related to diabetes, swallowing difficulties and if someone had a need to gain weight to stay healthy. Menus were planned on a four weekly rotation and we saw that they were flexible based on what people chose to eat.

Staff demonstrated that they knew about people’s nutritional needs and preferences. They knew how much people needed to drink to stay healthy. We saw a variety of drinks were freely available for people and staff regularly encouraged people to have drinks. Staff also completed records to show how much people had to drink and we saw the records were completed appropriately. A person told us, “One morning I was thirsty at 01:30 and they gave me a drink when I buzzed. I wanted another one at 04:00 and I got a cup of tea. I’m well looked after.”

Is the service effective?

Up to date risk assessments and care plans were in place to ensure people received appropriate support with their nutritional intake. Nutritional supplements were available for those who needed them and staff knew how and when people preferred to take them. Records showed that people had support from appropriate professionals when they required, such as dieticians or speech therapists.

People and their relatives told us they had access to the healthcare support they needed. One person said, "I get the

doctor when I need it." A relative told us, "They make sure [my loved one] gets seen by a doctor whenever there's a need." Records showed when people had been seen by healthcare professionals such as their GP, community nurses, dentists or opticians. Records were also kept about any hospital admissions people may have had. During the first day of the inspection we saw how staff had monitored and managed changes in a person's health and arranged for appropriate healthcare support in a timely manner.

Is the service caring?

Our findings

During both days of the inspection there was a warm and welcoming atmosphere within the home. People told us they were happy living there. They made comments such as, “The Queen wouldn’t get better than we do”, “The girls are wonderful, nothing’s too much trouble”, and “She’s so lovely she is” when referring to the cook. Relatives made comments such as, “It’s a happy place, the staff are always happy and chatting with people” and “They’re always polite and pleasant.” A visiting healthcare professional said, “Staff are very respectful and know people’s needs very well.”

Staff made time to chat pleasantly with people and their visitors. We saw they spent time talking with people about photographs they had, hobbies they were doing and how they were feeling. Staff were quick to respond to any requests people made and showed they were actively listening to what people had to say. They also made time to see people who spent their time in bed to make sure they did not feel isolated. They showed respect for people’s individual wishes and preferences. For example, staff made sure they had their chairs placed where they wanted them; they made sure people who wanted them had blankets and footstools ready when they sat down, and they used the names people preferred to be called by. One person told us, “I like to be called ‘mother’ and everyone does it.”

Staff asked people for their permission before they carried out any care tasks with them and respected people’s wishes if they declined help. When staff supported people with their care they explained what they were doing in order to reduce people’s anxieties. For example, when hoisting people staff made them aware when the hoist was to be raised, lowered or moved. They asked people if they

were happy and comfortable before they carried out the manoeuvres. We saw staff encouraged people who could not walk to change their seating position regularly to help them feel more comfortable.

Staff were observant of people’s changing moods and identified if people were becoming distressed or anxious. One example of this was a person who could not find their way back to the lounge and was becoming anxious. Staff quickly reassured the person and helped them to the place they wanted to be. Staff also recognised when people wanted to retain their independence and helped them to do this. One person told us, “They’re helping me to walk better; I don’t want to be in a chair.” Another person said, “They help me but not too much, I like to stay independent.” Staff also helped people to use cutlery and crockery that was suited to their needs, or provided finger foods where appropriate, in order to support people’s independence.

People were encouraged to make their own choices about what they wanted to do. They had the choice of where to spend their time, when they wanted to rise and retire to bed and what they wanted to eat and drink. For example, we saw people had two main choices at each meal time and a range of alternatives if they didn’t want one of the choices. We also saw they chose their own portion sizes. A person told us, “The cook always asks us what we fancy; she’ll pull whatever we like together.”

Staff were respectful of people’s privacy. They made sure personal needs were supported in private areas and they spoke with people about their needs in private areas or in low voice tones. Staff understood the need to maintain confidentiality when dealing with people’s personal information. They ensured records were kept in a secure place and said they would only disclose personal information on a ‘need to know’ basis.

Is the service responsive?

Our findings

People's needs were identified using a range of assessments that were completed before, and when, they came to live at the home. People and their relatives told us they had been consulted and involved in planning care and were kept well informed of progress by staff. We saw care plans and assessments were reviewed and updated regularly with people and showed how they liked their care to be provided.

Staff provided care and support in accordance with people's care plans. For example, they used the equipment people had been assessed as needing. We saw one person was hard of hearing but did not like to wear hearing aids. Staff used a special device with headphones to help the person hear well.

People's social needs and preferences had been assessed when they came to live in the home. There was a flexible plan in place, based on the assessments, to provide people with meaningful and stimulating activities and to support their hobbies and interests. People told us there were plenty of things to do if they wanted to. We saw staff supported people with their interests such as doing crosswords and puzzles. The cook sat with people during their tea break and joined in with one person's hobby of knitting and the person told us cook did this regularly. Two people told us they enjoyed helping in the garden during the spring and summer. The activity co-ordinator spent

time with people individually chatting about what sort of things they wanted to do, and helping ladies with painting their nails. They also held an armchair exercise session and people told us they enjoyed this. On the second day of the inspection the activity co-ordinator organised a game of bingo and the majority of people in the home chose to join in. We also saw that people were being engaged with preparations for a forthcoming celebration. The activity co-ordinator spent time chatting with a person and the inspector about their plans to introduce technology to help people see and speak with friends and relatives who could not visit them. For those people who did not want to use technology, the co-ordinator had plans to support people with developing a 'pen pal' type activity. One person told us, "That's how us old folks used to keep in touch with people we didn't see."

The provider had a complaints policy in place and this was available in the reception area of the home so people and their visitors could use it if they needed to. One person said, "I know what to do if I'm not happy with anything, I speak with the staff. They'd sort it I know they would." Relatives told us they knew how to make a complaint. One relative said, "I know how to complain if I ever needed to but I'm very happy with the place so I haven't had to."

The registered manager told us that they had not received any complaints in the past 12 months. They and staff members demonstrated they were familiar with how to manage a complaint should one be made.

Is the service well-led?

Our findings

During both days of the inspection the registered manager was visible around the home. We saw they spent time speaking with people and their relatives. They also spent time supporting and guiding staff in their work. One person told us, "There's the manager (pointing through a window), she's good, she's made a lot of improvements here." Relatives told us the registered manager was always available and made sure they were kept well informed about their loved one's care.

Staff told us they were able to express their views to the registered manager and the provider. They said they were aware of whistle blowing policies and would not hesitate to use them if necessary. Staff demonstrated they knew their individual job role and how this fitted with the rest of the team. They told us the registered manager fostered a good team work approach. We saw an example of the team work approach on the first day of the inspection. An emergency situation occurred that required all staff on duty to take a part in its management. Staff responded promptly to the registered managers instructions, deployed themselves to ensure people's safety, privacy and emotional needs were met, emergency services had clear access to the home and all of the necessary records were readily available for the emergency services. Although the situation had an impact on people's routines, staff had minimised the impact with the efficiency of their team work.

People told us they felt involved in how the home was run. They told us the registered manager asked for their opinions if anything new was going to happen or changes were being planned. The registered manager told us they had found people did not always want to fill in questionnaires about their views of living in the home. In order to ensure people were consulted and involved more appropriately they now held regular meetings with them. We saw the minutes of a meeting held in September 2015 where people has expressed their views about activity arrangements and wanting a new pet. The registered manager had taken action as requested by people.

Relatives had the opportunity to complete annual questionnaires in order to express their views about the services provided in the home. We saw that the last survey completed in April 2015 showed relatives were happy with the quality of the services provided. A summary report had been completed but was not routinely displayed for people

and their relatives to see. The registered manager said they would ensure the outcomes of surveys and questionnaires were displayed in the future. The registered manager also said they would develop a feedback format for health and social care professionals as their views had not been routinely gathered in the past.

The registered manager showed us how up to date resources and care approaches were used to drive improvement within the home. An example of this was how the activity co-ordinator had developed a gentle exercise programme for people based on research and guidance from agencies such as The British Heart Foundation. This was to ensure that the programme was targeted towards people's assessed needs. The registered manager told us they were also working with a local training provider to develop a training course that would enable the activity co-ordinator to improve the way activities were provided and achieve a bespoke, nationally recognised qualification themselves.

Our records showed that the registered manager informed us of any untoward incidents or events which happened within the home. We saw they had also reported them to other agencies where appropriate, such as the local authority safeguarding team. They regularly reviewed the incident records and made changes to people's care and team practices where necessary to minimise the risk of incidents happening again.

The registered manager told us the provider carried out regular 'spot checks' of the home. They told us the provider also met with them following any incidents that required input from the local authority safeguarding team. They said this was so that the provider had up to date information and could support any changes required within the home. The registered manager said they did not currently keep any records of the provider's visits but would discuss this with the provider so that their input could be clearly demonstrated.

There was a system in place to check the quality of the services provided within the home. We saw regular audits of areas such as medicines arrangements, care plans, infection control and falls management were undertaken. Action plans to address any highlighted shortfalls were in place to show when improvements had been made or were

Is the service well-led?

planned. For example, we saw areas of the environment such as décor and some flooring were in need of improvement and the registered manager and the provider had plans in place to do this.