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Haven Group Offices

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Haven Group offices is a domiciliary care service that is currently only providing personal care to people in supported living services. The service cares and supports older people and younger adults who may have a physical disability, learning disability and/or autism. At the time of the inspection 17 people were receiving personal care and lived in their own accommodation.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Staff supported people to have the maximum possible choice and control, independence was promoted and they had control over their own lives.

People had a fulfilling and meaningful lives because staff focused on their strengths and promoted what they could do.

People were supported with their medicines in a way that promoted the best possible health outcomes.

People were supported to gain skills and independence.

People were supported by proactive and innovative staff to pursue their interests. People told us they enjoyed a variety of activities in the local community. Staff supported people to identify and achieve their aspirations and goals. People were active members of their community and staff valued people's achievements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to make decisions following best practice in decision-making.

Right Care:

Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. The service supported people with opportunities to try new activities that enhanced and enriched their lives.

Right Culture:

Quality monitoring and auditing of the service was mainly completed at the individual supporting living properties. However, this was not seen to be consistently recorded at the registered location level of the service.

The management oversight of the safety and quality of the service was not always recorded to show how it was analysed or actioned to ensure any themes or trends were identified. We have made a recommendation the provider develops and establishes systems and processes to oversee the quality and safety of the service at management level.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviors of the management and staff. Staff knew and understood people well and were very responsive, supporting their aspirations to live a quality life of their choosing.

Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate.

Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 4 January 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

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

Recommendations

We have made a recommendation the provider develops and establishes systems and processes to oversee the quality and safety of the service at management level.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service was exceptionally responsive.</p> <p>Details are in our responsive findings below.</p>	<p>Outstanding ☆</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>The details are in our well-led findings below.</p>	<p>Good ●</p>

Haven Group Offices

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of an inspector, a regulatory coordinator who spoke with staff 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.

Service and service type

This service is a domiciliary care agency. Currently it only provides personal care to people living in 6 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to be sure the registered manager would be available. Inspection activity started on 18 October and ended on 23 October 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 3 relatives about their experience of the care provided. We spoke with 5 members of care staff including 2 team leaders and the registered manager. We reviewed a range of records. This included 5 people's care records and medication records. We looked at 5 staff files in relation to recruitment, training, and staff supervision. A variety of records relating to the management of the service, including policies and procedures were viewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One person told us, "I feel safe, I just do."
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety well.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. One person said, "I'm going out doing lots of things and going out with everybody."
- People, including those unable to make decisions for themselves, had as much freedom, choice, and control over their lives as possible because staff managed risks to minimise restrictions.

Staffing and recruitment

- The service had enough staff. This included one-to-one support for people to take part in activities and visits how and when they wanted. One member of staff said, "We are fortunate, and staffing has been increased when it was needed."
- Recruitment systems, processes and records were completed with the required checks to show staff were suitable to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed.
- Staff were trained in how to support people with their medicines to take their medicines safely. A relative told us, "The staff are really good at managing [relatives] medication."
- Staff completed regular auditing of medications management and shared any concerns if they arose with the registered manager.

Preventing and controlling infection

- Staff received training in infection prevention and control, and we saw personal protective equipment (PPE) was available to them.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them

appropriately. The registered manager investigated any incidents and shared any lessons to ensure learning was shared.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service understood the needs of different people and delivered care and support in a way that met those individual needs and promoted equality.
- Staff had a very good awareness of helping people to reach their maximum potential, reduce isolation and enhance their social needs and choices. One person despite their medical condition was supported to lose weight enabling them to ride horses again. The staff continued to support them to achieve a life changing weight loss goal. Staff had received additional training about the medical condition to ensure they could support this person in fulfilling their goal. A person told us, "Staff respect me and help me make food. We eat healthy as I want to lose weight."
- Staff provided people with personalised, proactive and co-ordinated support in line with their support plans. A relative said staff were 'finely tuned' in understanding their relative's needs. A member of staff told us, "I'm red hot on making sure people have all the opportunities and no discrimination. For one person who wants to get a job I take them to the job centre to look at what they might be comfortable to do."

Meeting people's communication needs

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

- The service worked closely with the community speech and language therapist and team to ensure all communication needs were assessed and then met
- Staff received specific communication training and ensured people had access to information in formats they could understand.
- Essential lifestyle plans, positive behaviour support plans, hospital passports and dental passports identified individual communication needs and how best to support, communicate and ensure people's preferences.
- Staff used different tools for assisting communication including pictorial. Staff also worked with the local memory clinic completing memory assessments and identifying strategies on how best to communicate and support individuals with Dementia.

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

- People were encouraged and motivated by staff to reach their goals and aspirations.
- People were supported to participate in their chosen social and leisure interests on a regular basis. We found exceptional examples of how people's interests and ratios of staff allowed one to one support for people to follow their goals. This had a positive impact on their lives. Two people who wished to go on a short break holiday were fully supported by staff on the holiday to explore things they had never done before.
- People who used the service told us the choice and diverse activities on offer had really helped them to gain confidence and be more independent. One person told us about their weekly dancing class they were supported to attend. Another person had arranged for staff to support them to go the local theatre. One person said, "I am really happy with the service, I am doing things and getting out."
- Staff supported one person to attend their employment in line with their wishes and to explore new social, leisure and recreational interests.

Improving care quality in response to complaints or concerns

- The registered manager had effective communications with people using the service and concerns or complaints had been dealt with as they had arisen.
- People told us they could approach the registered manager about any concerns they had. A relative told us, "My relative has made small complaints in the past and they have always been dealt with." Another person told us, "I've not made a complaint. I have perfectly good communication with the management team to deal with any problems that arise."

End of life care and support

- The service worked closely with the primary care teams and the local hospice to support people at the end of their life.
- Staff received training in end of life care. Most people have been supported by the service for long periods of time, therefore staff and management have built up genuine relationships with people and their families. The registered manager was clear about how important it is the individual is supported by people they know well during their end of life care.
- People and their family were fully involved with end of life care planning. Care plans are updated regularly to keep up with the changes in care needs as someone nears end of life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were completing quality monitoring and auditing of the service delivery at the individual supporting living properties. However, this was not consistently recorded by management at the registered location level of the service. We discussed this with registered manager who identified a new system to be implemented following the inspection.
- The management oversight of the safety and quality of the service was not always recorded to show how it was analysed or actioned to ensure themes or trends could be easily identified.

We have made a recommendation the provider develops and establishes systems and processes to oversee the quality and safety of the service at management level.

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. One staff member said, "If I have an idea for improvement to trips and visits for people, we look into what we need and how we go about it, then how to organise it."

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

- The registered manager worked hard to instil a culture of care and support in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A member of staff said of the registered manager, "Her support is tremendous for the clients." This was reflected by the achievements made by people the service cared for.
- Staff felt respected, supported and valued by the registered manager which supported a positive and improvement-driven culture. A staff member said, "The registered manager encourages me to be proactive and isn't restrictive within reason to making changes for improvement."
- The registered manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. One staff member told us, "I've recently done visits to other services to look into good practice." They also said, "The staff morale is the best it's ever been."

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

- The provider and registered manager understood their responsibilities under the duty of candour. People and their relatives including local authority safeguarding and commissioners had been informed of

significant events.

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

- People and their families could engage and give feedback on the service they received and be involved through regular reviews, surveys, and direct contact with the management team. One person told us, "There are questionnaires every year we get to give feedback on. It was all positive."
- Staff worked effectively in partnership with health care professionals from multidisciplinary teams to achieve good outcomes for people.