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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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 08 November 2017 and was announced. We did this to ensure the office base was open and people were available on the day of the inspection visit. This service is a domiciliary care agency and provides care and support to people living in their homes. At present they support 15 people in their home. In addition Haven Group care for people in seven houses, 'supported living' for 12 people. It provides a service to older adults and younger disabled adults. People's care and housing are provided under separate contractual agreements. The office consists of three floors. The ground floor is accessible to people who used the service and staff, whilst the two upper floors facilitate management offices and a training room.

There was a registered manager in place. 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.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

We found many examples of how activities, local community involvement and ratios of staff allowed one to one support for people. We found this had a hugely positive impact on their lives. For example a relative said, "What a contribution [staff member] had made to his life. The impact from Haven Group staff has made a tremendous difference to [relative]."

People we spoke with who used the service or lived in supported housing told us they were cared for by staff who were extremely supportive and recognised the importance of being as independent as possible. We were consistently told by people who used the service, relatives and health professionals that care provided was of high quality and person centred. People who used the service told us staff were exceptionally kind, respectful and very supportive.

Haven Group management team and staff made efforts for people they supported to place an emphasis upon community participation. People who used the service told us they were encouraged to live active lives and participate as valued members of their community. People were supported to attend various community groups according to their preferred wishes and hobbies.

The service had sufficient staffing levels in place to provide support people required. We saw staff showed concern for people's wellbeing and responded quickly when people required their help.

The service had systems in place to record safeguarding concerns, accidents and incidents and took necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

People who used the service were encouraged to take risks should they wish to do so. This enabled people to develop new skills and promote their independence. When people who used the service chose to take risks, they were appropriately managed by a competent staff team.

Medication procedures protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed and appropriate records had been completed.

Care was provided in a person centred way. People were routinely involved in their own care planning and the development of their service.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw people who lived in supported housing had access to healthcare professionals and their healthcare needs had been met. A social care professional spoke highly about support and guidance provided by the registered manager and staff. They told us staff listened and worked closely with them ensuring people received the right care and support.

People were supported to eat and drink and were encouraged to attend to their own dietary requirements as much as possible with guidance and support when required.

People were provided with support and guidance to meet their aims and goals. For example staff provided one to one support for people who wished to achieve education or employment aims they had chosen.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing aspirations and needs.

Care records were personalised to each person's preferences and individual aims and objectives. Information in care plans we looked at consistently referred to people's dignity and respect.

The service had information with regards to support from an external advocate should this be required by them.

The service had a complaints procedure which was made available to people on their admission to the supported houses and when a service was commissioned in people's own homes. People who used the service and relatives we spoke with told us they had no complaints but would raise any if the needed to.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and meetings to seek their views about the service provided.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service improved to Outstanding.

The service for each person was individually designed, with the person at the centre of the service. People who lived in supported houses were encouraged to develop community networks and relationships through community participation.

Activities for each person were delivered in a person centred way. People were encouraged and motivated to live valued lives. There was an emphasis on empowering people, developing independence and enabling people to have positive outcomes within their life.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with by the management team.

Is the service well-led?

Good ●

The service remains Good.

Haven Group Offices

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 service is a domiciliary care agency and provides care and support to people living in their homes. At present they support 15 people in their home. In addition Haven Group care for people in seven houses, 'supported living' for 12 people. It provides a service to older adults and younger disabled adults. 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.

Prior to our inspection visit we contacted the commissioning department at Lancashire County Council and social workers who supported people in the tenanted houses. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit took place on 08 November 2017 and was announced. We did this to ensure the office base was open and people were available on the day of the inspection visit.

The inspection team consisted of an adult social care inspector.

During the visit we spoke with a range of people about the service. They included two people who lived in the supported houses, three people who received a domiciliary service and three relatives/carers. In addition we spoke with the registered manager, three support workers and two senior support workers. We also visited one of the supported houses and observed interaction between support workers and people who lived at the house.

We looked at care records of three people, staff training and staff recruitment. We also looked at records relating to the management of the service and the medication records. In addition we checked staffing levels in the supported houses and domiciliary service.

Is the service safe?

Our findings

We asked people who received a service from Haven Group and those that lived in supported houses if they felt safe in the care of staff. Comments received included, "Yes definitely, they come to my home and I feel safe with all the staff. I would tell them if I didn't." Also one person said, "I meet them at [supermarket] and feel safe and relaxed with [support worker], he is great." A relative who received a service said, "When they take [relative] out and when they are alone with him we both feel he is cared for and safe. They are all good people and good at their job."

One person told us they were very happy with the service provided by Haven Group. They told us they kept the same staff which helped build up a relationship and made them feel safe in their own home. The person said, "They do keep to the same people and that keeps me at ease and definitely helps provide a good service." This demonstrated that staff worked to ensure people felt safe in all aspects of their life.

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them.

We looked at how accidents and incidents were being managed at the service. There was a record for accident and incidents to monitor for trends and patterns. The registered manager had oversight of these. Documents we looked at were completed and had information related to lessons learnt.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support and also when out in the environment. These included moving and handling assessments, being out in the local community and nutritional information. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care. The registered manager monitored and regularly assessed staffing levels in all the supported houses and home visits. This was to ensure sufficient staff were available to provide support people needed both on the domiciliary support and the supported housing schemes. One person who supported people we spoke with said, "I work in one of the tenanted houses and sleep over. We have enough staff around and I am happy with the hours we work." In addition we looked at deployment of staff and found consistency of regular staff to match people where possible. People who used the service and relatives we spoke with confirmed they received care from staff they had built up a relationship with and matched their needs.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately for each supported house, checked on receipt into the houses, given as prescribed and stored and disposed of correctly. The medicines administration record (MAR) sheets were legible and did not contain any gaps.

Boxed and bottled medications were seen to be in date, clean and dry with all names and dosage clear and legible

We looked around one of the supported houses and found it was clean, tidy and maintained. A staff member said, "We all muck in together to keep the house clean it is part of our daily living plan."

Is the service effective?

Our findings

When we discussed staff skills and experience with people who used the service and their carers, they told us effective staff supported them to be as independent as possible. One relative who cared for a person who was supported by the service said, "They are so good with [person] and know what he likes. They seem to match people quite well."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The staff working in this service in supported housing made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff records we looked at confirmed staff had MCA and DoLS training. When we discussed this with staff, they demonstrated a good awareness of their responsibilities.

People who used the service or lived in one of the supported houses received effective care because they were supported by an established and trained staff team. The staff had a good understanding of their assessed needs. We were able to establish through our observations they received care which was meeting their needs and protected their rights. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The registered manager met with individuals and agencies who were involved with people to get to know the person and their individual needs prior to a service commencing or moving into supported living. The registered manager referred to good practice guidelines when looking at developing services for people with specific health needs.

There was a training and development programme in place for staff, which helped ensure staff had the skills and knowledge to provide safe and effective care for people who lived in supported houses or who used the service. Training included safeguarding of vulnerable adults, safe handling of medicines and food hygiene. The registered manager worked closely with other senior staff at Haven Group to identify training needs of all staff. Staff training needs were discussed as part of their one to one meetings with the registered manager or staff meetings. We received comments from social care professionals about how impressed they were with the training provided by Haven Group.

In supported housing people's nutritional support requirements were documented when this formed part of their agreed care packages. For instance, records included people's food likes and dislikes, as well as assessments intended to reduce the risks of malnutrition and dehydration.

Food preparation at mealtimes was completed by staff members in the supported houses with assistance of people they support where appropriate. Staff told us people decided each day the meals they wanted. This

was confirmed by people who lived in supported housing we spoke with. One person said, "We choose and help out. I enjoy cooking."

We found in supported living housing we visited staff encouraged people to have some healthy option meals and eat fresh vegetables and fruit. It was clear people had choices of food and were involved in shopping for some of the food. Staff told us of the varied diet they served. Staff confirmed food hygiene training was provided by the service and people who prepared food had completed courses.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

Is the service caring?

Our findings

People supported by the service told us they were treated with kindness and staff were caring towards them. Comments received included, "I love my house and staff, they are only here to help me." Another person who lived in one of the tenanted houses said, "They are wonderful all of them." We observed good interaction with staff and a person who lived in one of the tenanted houses. The person who lived there said, "We get on great together."

We spoke with relatives who told us the service Haven Group provided was very good. For example one relative who was also the carer of a person who used the service said, "Haven Group is fantastic a great service which has enabled [relative] to come on leaps and bounds."

Care plans seen confirmed people or a family member had discussed their care and support needs with the service. We saw agreement had been reached about how support was to be provided and how they would like this delivered. For example one person who lived in one of the tenanted houses had requested carers would like to keep fit and help with weight watching. The management team allocated carers that showed an interest in keeping fit to support the person maintain a healthy lifestyle. People supported in the community confirmed they had been consulted and listened to about how their care would be delivered. One person said, "I know what I want and voice my opinion and they do help and listen to what I need."

Staff had an appreciation of people's individual needs around privacy and dignity. We confirmed this by talking with people who were supported by Haven Group. In one of the supported tenancy schemes one person who lived there told us staff respected their privacy and were always polite. For example they knocked on doors before entering. One person who lived in one of the supported tenancy schemes said, "We get along great, like a family."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness. People supported by the service told us staff who visited them had an extremely sensitive and caring approach.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

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 who used the service told us how staff support had impacted on their life and changed their outlook for the better. For example they told us how they wished not to feel isolated and would love to have the confidence to enjoy their favourite hobbies and pastimes. To facilitate this staff gradually introduced the person to other people in the community and this helped build new relationships and friendships. The person attended monthly discos set up for people who lived in the supported living schemes and people in the local community. The person started being the disc jockey (DJ). Following on the person set up a business with a new friend and performs in the local community by doing disco nights. We spoke with the person who said, "It's fantastic I love it." We also spoke with a relative/carer who told us he was now a different person with much more confidence and personality. They commented, "What a contribution [staff member] had made to his life. The impact from Haven Group staff has made a tremendous difference to [relative]."

We found other exceptional examples of how people's interests and ratios of staff allowed one to one support for people to follow their goals and had had a positive impact on their lives. For example one person wanted to get fit and lose weight so that they could enjoy holidays to relatives and gain more confidence. The agency identified staff members who had an interest in keeping fit and healthy eating. A staff member said, "The results have been amazing [person] has lost lots of weight and has been on holiday to see their [relative] it has been great." We spoke with the person who was so happy and full of confidence. They told us they just wanted to stay in all the time previously. Also they did not want to go out in the community and meet people. Now things had dramatically changed. A programme of daily healthy eating and fitness programme was devised by the person who lived in the house and a staff member. They worked together and developed a timetable to follow. We spoke with the person who said, "Yes my life has changed, I go out all the time and love walking. I feel so much better [staff member] has been brilliant. Things have changed so much."

Outside activities organised by the service included a 'craft group' and a gardening group. 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 staff member said, "The additional group sessions have worked really well and people build relationships with each other." A relative we spoke with said, "The staff go above and beyond what they should do and dedicate their own time to support people. A really great service they provide." We confirmed this with staff members and for example 'Haven Group bingo nights' were held monthly at a local sports ground for people who used the service and the local community. Staff told us they attend sometimes after work to help out.

Other ideas of how the management team and staff found innovative ways to enhance people's lives was they set up a newsletter that gave information about forthcoming events. The newsletter also contained information about people's achievements both staff and people living in supported houses. A carer who used the service for their relative told us how the person helped design the newsletter as this was their interest. The carer/relative said, "[Person who used the service] loves it. He is really into art and designing

things this has had a great impact for [person]. Because of the interest he has in design technology."

The Haven Group management team also looked and implemented innovative ways to support people they provided care for in the supported houses. For example a person admitted had a specific medical condition. Immediately the registered manager responded by sourcing specific training for staff and professional advice. This was to ensure staff would be confident to support people with the condition. For instance they received external guidance from Clinical Psychologists and local GP's. The registered manager initiated specialised training delivered by a leading specialist professor in this field. In addition staff and the registered manager continued to have regular updates and team meetings with specialists involved. The registered manager confirmed the impact for the person was substantial. The person now joined in activities and social events and was much more self-confident. We spoke with the person who lived in supported housing and they confirmed this.

People who used Haven Group informed us they were also active members of other groups for people with learning disabilities within the community. Some people attended social activities group and other people were self-advocates and met with other self-advocates. One person said, "The difference the support given me to be more independent is wonderful."

Staff had a big impact on people's lives and this was evidenced by our observations in supported houses we visited and talking with people who used the service and staff. For example one person we spoke with showed an interest in gardening. Meetings with them were held at the allotment and they chose what they wanted to grow and bought some flower beds and seeds. People who used the service took responsibility for planting, nurturing and watering the plants. To ensure people who lived in supported houses got the right support staff were involved in gardening who had an interest in flowers and plants. A relative said, "The staff are wonderful and match staff who have the same interest as [relative] and it works so well."

Responses from health and social care professionals have been extremely positive in the way people were supported. One social care professional told us Haven Group was always found to be a very good provider. They told us they managed many complex cases and the registered manager always ensured they thoroughly assessed people who used the service. In addition they told us how well the registered manager and staff achieved very good links with families and worked well with health and social care agencies.

Care plans were comprehensive. For example they contained a lot of information on each individual's life histories. The management team and staff produced a document called 'all about me' which looked at individual history of people to assist them and staff to build strong links with each other. This covered information about what interested them and their hobbies, educational and employment interests. A staff member said, "We learn about each person which helps us to support people meet their aims and goals."

In the supported houses the management team had also considered good practice guidelines when supporting people with communication needs with healthcare appointments. Community care plans were in place which were documents which promote communication between health professionals and people who cannot always communicate for themselves. They contained clear direction as to how to support a person and included information about whether a person had a DoLS in place, their mobility, dietary needs and medication.

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. Complaints we looked at had been investigated within their agreed timescales and action taken. In addition the registered manager informed us lessons were learnt from complaints. They used this as a positive form of feedback and monitoring of the service.

The complaints procedure was displayed in the office at Haven Group head office. At the assessment stage complaints policies were provided for the person and their families when coming into the supported houses.

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided, should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

Is the service well-led?

Our findings

People who lived in supported living houses and those who received a service from Haven Group told us they were happy with the way in which they were supported. One person who lived in a supported living house said, "I really Like [registered manager] she cares and spends time with me." Also, a person who received a service in their own home said, "Very good service, well organised and the manager is always around."

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability. The registered manager was supported by housing managers at each supported living house. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services medication procedures, staffing levels and care records of individuals supported. This meant the service continually monitored their performance and improve where necessary. A senior staff member said, "We do try and look at how we do things and learn from them to improve our quality."

Surveys were completed by people who received a service and staff members. They confirmed they were happy with the standard of support and care provided by Haven Group. For example one returned survey from a carer of a person who received a service said, 'A well run service that really supports people to live an independent life as possible.'

Comments we received from health and social care professionals were very positive. They commented on how the provider and staff were professional and put people they supported first. Social care professionals told us placements for people they had made had benefited from the way the service operated and people were supported. .

Haven Group worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and social workers. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the office at Haven Group and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.