Mrs S M Spencer

The Haven Rest Home

Inspection report

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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**

Summary of findings

Overall summary

This inspection took place on 6 and 9 January 2017 and was unannounced.

The Haven Rest Home provides accommodation, personal care and support for up to 20 people living with dementia. There were 17 people living at the home at the time of our inspection.. The accommodation is arranged over two floors of a large, converted building with stair and lift access to both floors. There is a large, well maintained garden to the rear of the property for people to enjoy.

There were 17 care workers, three domestic and kitchen staff, one team leader, one deputy manager, an activities co-ordinator and a registered manager.

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

Following an inspection in January 2015 we asked the provider to take action and set recommendations for them to make improvements which related to Deprivation of Liberty Safeguards (DoLS) assessments, complaints, audits and seeking feedback from people and staff. At this inspection, we found the necessary improvements had been made.

Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed and where people were unable to consent to their care the provider had adhered to the Mental Capacity Act 2005. However, relevant paperwork for those deprived of their liberties was not always in place and had not been followed up in a timely manner.

Staff had a good understanding of how to keep people safe from abuse and avoidable harm, and how to report concerns appropriately. Robust processes were in place to recruit staff, which ensured people were cared for by staff who had the appropriate checks and skills to meet their needs. Staffing levels were sufficient to safely meet the needs of people living at the home.

Medicines administration recording was not completed appropriately and in line with national guidance. There were systems in place to ensure medication was stored securely.

Assessments to mitigate risks to people's health and wellbeing had not been completed for the individual person. A template risk assessment was placed in files and used as a general guide for all people living at the home.

Staff were supported with regular supervision and appraisals. Staff received an induction in line with recommended guidance and had ongoing training to ensure they had the knowledge and skills to carry out

their roles effectively.

People were encouraged to eat and drink enough to promote and maintain a balanced diet. People who had specific dietary requirements were supported to manage these. When required, people were supported to access healthcare professionals.

People's privacy and dignity was respected and people spoke positively about their care experiences. Staff were caring and considerate when they were supporting people. and knew people well. Staff involved people and their relatives in the planning of their care.

Care plans were in place, reviewed regularly and met the individuals' needs. People's care was delivered according to their preferences and wishes. People knew how to complain about their care, and complaints were logged and dealt with in a timely manner and according to policy.

Staff told us that they felt able to go to the registered manager with any concerns or worries and they would be listened to. There were auditing and management systems in place to monitor and improve the quality of care provision within the home. However, auditing had not always identified where improvements were required, for example with medicines administration.

People and staff spoke highly of the registered manager. There was an open and supportive culture promoted by the registered manager and the deputy manager.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The recording of medicines administration was not completed appropriately. Medicines were stored securely.

Risk assessments were not on an individual basis, only a template risk assessment was used as a general guide.

People were protected from abuse and avoidable harm by staff who demonstrated a good understanding of how to report concerns.

There were enough staff to care for people safely and safe recruitment practices were followed.

Is the service effective?

Good

The service was effective.

Staff received support with regular supervision and appraisals.

The provider supported staff to receive appropriate training so as to maintain their skills and knowledge to care for people effectively.

People were supported to maintain a balanced diet and to access health and social care professionals when required.

DoLS assessments had been completed for those who required them.

Is the service caring?

Good

The service was caring.

Staff knew people well and we observed caring and warm interaction between staff and people.

People's privacy and dignity was respected.

People and their relatives were involved in their care planning.

Is the service responsive?

Good

The service was responsive.

Care plans were assessed and reviewed according to the individual person's preferences and wishes.

Complaints were logged and dealt with in a timely manner and in accordance with policy.

Meaningful activities were provided for people to enjoy.

People felt able to contribute to their care plans and to raise any areas of concern which would be acted upon.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits were completed but where we saw areas of improvement were needed in relation to medicines, audits had not identified these.

People and staff spoke highly of the registered manager and deputy manager who promoted an open and supportive culture.

Staff felt able to go to the registered manager with any concerns, that they would be listened to and action taken where appropriate.

The Haven Rest 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 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 unannounced inspection took place on 6 and 9 January 2017. The inspection was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of dementia care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

People who lived at The Haven Rest Home were not always able to tell us about the care they received. We observed care and support being delivered by staff within the communal areas of the home. We spoke with five people who lived at the home. We spoke with six members of staff including; the registered manager, deputy manager, three care workers, a member of the kitchen staff and the activities coordinator. We spoke with two external health and social care professionals during the inspection and two visiting relatives.

We reviewed four care plans and a range of records relating to the management of the service. These included; complaints and compliments, accidents and incidents, quality assurance documents and a selection of policies and procedures. We also looked at recruitment, training and supervision records for six staff members.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe living at the home. One person said, "Yes I do certainly feel safe and secure here and they do look after me ok. If I had any concerns I would talk to the staff here and I do know that they'd do what they can." Another person said, "I am certainly happy here, I do feel very safe." A relative said, "Yes I do think [relative] feels quite safe here. [relative] no longer seems to worry about things which [relative] did before they came in here."

Medicines were stored in a locked cupboard and staff administering medicines had completed their competency training. However, the management of people's medicines was not always safe. Although people were mostly supported with medicines via a MDS (Monitored Dosage System) , records were not always completed and safe recording practices were not always followed. Therefore we could not be sure if people received their medicines as prescribed.

Signatures to confirm that medicines had been administered were consistently missing from individual Medicine Administration Record (MAR) 13 charts. This was also the case for controlled drug administration records. The Royal College of Nursing advises that where controlled drugs are administered, two staff members should be involved in the checking and signing for this type of medication. This had not always been the case at the home where three entries had not been signed and checked appropriately.This meant that people may not have been given medicines at the appropriate times or have received their medication at all. The registered manager immediately addressed our concerns and put an action plan in place to prevent reoccurrence.

The failure of the provider to ensure the proper and safe management of medicines with regard to the administration and recording of medicines in line with current legislation and guidance was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks associated with people's health and wellbeing had been identified and assessed. However, risk assessment documents did not contain the identified and assessed needs specific to the person. For example, one person was assessed as being at risk of falls. However, the information pertaining to this person's individual risk was not contained in the persons file as it was a generic template. Another person had been assessed as demonstrating behaviour that challenges, however again there was a template risk assessment in place. Whilst many of the staff at the home had been employed there for a long period of time there was a risk that newer members of staff would not have had sufficient guidance to manage people's individual risks, putting both staff and people at risk.

The failure by the registered provider to do all that was reasonably practicable to mitigate risks to people and staff was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we received a concern about the cleanliness of the home. During the inspection we identified an unpleasant odour was present within the home. The smell could not be accounted for as

carpeting and seating areas appeared clean and stain free. The home was tidy and homely and infection control procedures were followed. Records demonstrated staff had received training in relation to infection control procedures.

On the second day of our inspection the smell had diminished but was still present. This was discussed with the registered manager and deputy manager who did not feel the odour was noticeable and that potentially it was due to pipe problems in the main hall way that required a builder's attention. A builder was called to the home to try and identify the cause of the odour during our inspection.

Staff demonstrated a good understanding of how to recognise signs of potential abuse and how to protect people from abuse and avoidable harm. Staff felt they could report any safeguarding issues to the registered manager or deputy manager, and their concerns would be investigated thoroughly and without delay.

Staff received regular safeguarding training to ensure they felt confident in identifying signs of potential abuse and reporting any concerns they had. Staff knew about the whistleblowing policy and were aware of the relevant external agencies to report concerns to if they didn't feel matters were being addressed correctly by the registered manager.

Safeguarding concerns had been received and dealt with by the registered manager and the appropriate agencies were informed in a timely manner. The registered manager had sent notifications to the Care Quality Commission which had alerted us to any safeguarding concerns within the home.

There were enough staff working at the home to support people safely and staff rotas reflected this. People told us there was always a member of staff around if they needed anything and they felt secure because of this.

The provider followed safe recruitment practices. We looked at six staff recruitment files and observed that the registered manager had sought appropriate referencing, photographic identification and disclosure and barring service checks (DBS) for all employed at the home. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People felt staff had the knowledge and skills to manage their needs effectively. One person said, "They're all very nice yes. I do think that they're well trained, yes." Another person said, "I suppose they're well trained, yes. They make sure that I have all the towels and linen I need when I need it." People were happy with the food available at the home. One person said "The food is fine here thank you very much! If I don't like my choice they will change it if I don't want it."

The provider supported staff with mandatory training to enable them to carry out their roles effectively, according to best practice and to meet people's needs. The training included subjects such as, medicines, safeguarding vulnerable adults, moving and handling, dementia awareness and basic food hygiene. Staff were expected to refresh their mandatory training annually and records confirmed that staff were up-to-date with this. Staff were reminded when their mandatory training was due to be renewed by the registered manager who kept a training matrix of all training undertaken by each member of staff.

All care workers were required to complete the Care Certificate in addition to their mandatory training requirements. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate provides assurance that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. An induction programme was available for all new members of staff which included shadowing an experienced colleague.

The registered manager and deputy manager provided staff with regular supervision and annual appraisals. Records confirmed this. These sessions supported staff by offering them the opportunity to discuss any training needs and to receive feedback on their individual performance. Staff told us that they felt their supervisions were helpful and that it gave them an opportunity to discuss matters one to one with their managers.

The Mental Capacity Act 2005 (The Act) 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our last inspection we found the provider did not follow the principles of the Mental Capacity Act 2005 and we made a recommendation about this. At this inspection, the recommendation had been addressed. The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and the

Deprivation of Liberty Safeguards (DoLS). Staff were aware of its principles and how to apply them in every day practice. Where people had been identified as in need of a DoLs assessment, the registered manager had completed the relevant paperwork, receipt of which was confirmed by the local authority.

During inspection we observed lunch in the dining room, there were nine people present with others choosing to eat their meals in their rooms. Music was playing in the background and there were two care staff supporting people with their meals. The food both looked and smelt appetising. The furniture in the dining room appeared to be clean and in a good state of repair. We saw a list of people's food allergies available for kitchen staff, and care workers told us that people's allergies were taken into consideration when the cook was preparing meals.

People with special dietary requirements had their needs met, for example people who required a pureed diet were catered for. People were generally happy with the food at the home. They confirmed that they were offered an alternative if they did not want what was available on the menu on a particular day. One person said, "The food is all right, quite nice and I prefer to eat in my room. I don't go down to the Dining Room. If I didn't like my choice when it's dished up I know that they would change it for me." A relative said, "[relative] doesn't dislike the food, she always eats well here. I think the food is quite wholesome actually. The Sunday roast is absolutely wonderful. There's plenty of refreshment, tea and coffee with cake and biscuits in the afternoon and fruit is always available." People told us they had drinks throughout the day and snacks were always available. People's weights were recorded in their care plans monthly so as to monitor weight gain/loss.

People were supported to access health and social care professionals when required. Evidence was seen in people's care plans of appointments with community nurses, GP's and opticians. Where people attended hospital outpatient appointments staff accompanied them.

Good

Is the service caring?

Our findings

People told us they were cared for by kind and friendly staff. One person said, "The staff here are excellent. They've very affectionate in a nice way. They do treat us all with the greatest of respect, I've never really heard any cross words". A relative said, "The care is very good throughout the staff. They are very efficient, one of them is very loving, caring and wonderful. [relative] loves her and I have to say, so do I. They do treat [relative] with the greatest of respect, I've never seen anything I didn't like."

Compliments had been received about the service in the form of written comments. One comment received was 'Thank you for taking such good care of [name] health and welfare.'

Staff knew people very well and demonstrated this in the way they had built a warm relationship with people. We observed positive, kind interactions between staff and people. There was friendly chatter and joking amongst care workers and people which made the environment seem very much like a home. When care workers spoke to people they crouched down to speak to them at eye level engaging them in conversation. During inspection, one of the residents was celebrating a birthday and the provider had arranged party food for the birthday celebrant's family get together that afternoon. The provider arranged a family birthday celebration when each person celebrated a birthday within the home.

Staff gave good examples of when they had respected people's privacy and dignity whilst providing personal care. People told us about practical measures staff used during personal care routines to respect people's privacy and dignity, such as staff closing doors, drawing curtains and covering people while assisting with washing. One person said, "They are always polite and very respectful, they've never been anything else. They certainly do look after my dignity as well. I'm quite happy here." A relative said, "I wouldn't have my [relative] here if I was concerned at all so yes, I do feel the quality of care is very good. My [relative] is encouraged to be independent as far as she can but they are there to help if needed. They do knock and then come in. They certainly do treat [relative] and the other residents with the greatest respect without fail and they are always looking after her dignity."

People were encouraged and supported to maintain their independence wherever possible. One person said, "They leave me to do the things I can manage, but I know they are there if I need them." A staff member said, "We encourage them to do what they can for themselves, like wash their faces or brush their hair. If they can't manage and they need us, we are there to help."

People had been involved in the planning and review of their care which was recorded in individual care plans. People felt actively involved in making decisions about their care. They told us they could speak with staff members at any time and their concerns would be listened to.

Good

Is the service responsive?

Our findings

People told us their preferences had been taken into account when considering their care needs. People felt able to express their wishes and told us they were able to discuss any concerns with the care staff or with the registered manager and they would be listened to. One person told us, "My son helped with the setting up of my Care Plan. We never needed to complain but I do know that my son would sort it if this was needed. We would go straight to management." Another person said, "I've only ever had niggles with no real cause to complain. When I've moaned about minor niggles they have sorted immediately so there's never been any real problem."

A pre admission assessment was completed by the registered manager prior to people coming to live at the home. During this assessment, information about people's health and wellbeing, and their specific care needs were recorded. This information was used to inform people's care plans.

Care plans included elements such as: noting the people involved in the care planning, breathing and circulation, eating and drinking, mobility, pain and discomfort and communication. The care plan also included general information about who might visit the person and what a person liked to do for leisure. Care plans contained some historical information about a person's life and experiences prior to coming to live at the home. The care plans recorded the objectives of the care provision. Staff confirmed that care plans contained sufficiently detailed and personalised information so as to enable them to support people according to their needs and preferences.

Care plans were reviewed regularly and amended to people's changing needs. People, their family members and significant others were encouraged to contribute toward their care planning. Relatives took an active role in this process where a person had consented, and were happy that where any areas of concern were raised the registered manager or provider would resolve these efficiently within a timely manner.

There was an activities co-ordinator available during the week who facilitated activities for people to enjoy, such as flower arranging, arts and crafts, nail care and musical activities including movement for health. The activities calendar was compiled by the registered manager and provider. People and relatives spoke positively about the activities co-ordinator. One relative said, "[relative] does attend the activities whenever they can. I think the activities co-ordinator is absolutely superb. She makes a point of speaking to all of the residents and she is superb at what she does." There was a monthly committee meeting between people, the activities co-ordinator, the registered manager and provider where people decided what they were interested in and the activities were then arranged accordingly. The activities co-ordinator would speak individually to people who weren't able to attend the committee meetings to establish if there was anything they might like the home to consider for future activities. Part of the activities co-ordinator role was to observe the residents when they were engaging in activities to assess how they were managing tasks to see if any adjustments were required to assist them.

Complaints had been received and were dealt with In line with the provider's policy. The registered manager kept a file in the office of complaints that had been received detailing how they had been investigated and

any action taken.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively of the registered manager and provider. One relative told us, " I have to say that nothing concerns me about the running of this place, I think it is well managed so my [relative] is in a good place. I certainly would recommend it to anyone yes. It is now [relative's] home and she considers it as such. I know all of the management by name and by sight. I do consider this place is very well run."

Audits were in place to assess the overall quality and safety of the service, however medicine audits were not always effective in identifying areas for improvements. For example, medication audits had failed to detect issues relating to the inappropriate recording of administering medicines within the service. If the audits had been effective, the matter would have been identified and improvements could have been made. Following our discussion with the registered manager, an action plan of robust auditing had been produced to be carried out by the registered manager directly to prevent this from reoccurring in the future.

The failure by the provider to assess, monitor and improve the quality and safety of the recording of administering medication through a robust quality assurance system was a breach of Regulation 17(of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Questionnaires were sent to relatives and to people and the results were analysed and used to improve the overall quality of the service. For example, changes in service provision were made, for example with regard to certain foods that people didn't like, and these were removed from menus and alternatives were found.

The registered manager, provider and deputy manager formed a senior management team. Staff told us that they felt well supported and able to discuss any issues with the registered manager or deputy manager and that they would be listened to and matters would be addressed. One staff member said, "[registered manager] and [deputy manager] are very approachable line managers, good communicators. There is a great atmosphere here." The home had an established staff group, with many staff having been employed there for many years.

Staff meetings were held regularly with good attendance. During meetings lessons learned would be discussed as well as any upcoming activities for people. Staff also had the opportunity to learn about any current updates or areas of interest in relation to dementia care or particular health conditions that may assist them in caring for people. Meetings for people and relatives were held also. Minutes of meetings were made available during our inspection.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure of the provider to ensure the proper and safe management of medicines with regard to the administration and recording of medicines in line with current legislation and guidance is a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure by the registered provider to ensure that all that is reasonably practicable to mitigate risks had been done to make sure the risk to people and staff is as low as reasonably possible is a breach of Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure by the provider to assess, monitor and improve the quality and safety of the recording of administering medication is a breach of Regulation 17(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. .