

Havencare (Wirral) Limited

Haven Care Wirral Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Haven Care Wirral is a domiciliary care agency which is registered to provide care and support to people living in their own homes. The agency is based near Heswall on the Wirral and currently provides support to over 150 people who have a range of complex health and support needs.

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

We last inspected this location in August and September 2014 and we found that the registered provider met all the regulations we reviewed.

During this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of the report.

Staff had a good awareness of the support and help that people required. Records showed that people's needs were assessed and basic information was available for staff. However, we found that robust risk assessments were not always in place, care plans did not consistently describe the support required and how best to support people at times of increased risk. Some care plans were task orientated and lacked person centred information.

Quality assurance systems in place were not always effectively used. Issues we raised during our inspection relating to risk assessments and documentation had not been identified or fully addressed through the registered provider's quality assurance processes.

Staff confirmed that they received regular supervisions, spot checks and appropriate training to ensure that they had the skills and knowledge required to support people. The registered provider did not always maintain up to date records to evidence these areas. We made a recommendation to the registered provider to improve recording systems at the service.

Staff showed a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The registered provider did not have a policy and procedure in place with regards to the MCA. Staff practice showed that consent was sought from people prior to care and support being provided.

Policies and procedures contained out of date information and did not reflect current practice, law and legislation. We saw that the registered provider had started to review these documents.

People received their medication as required. Staff confidently described how they would safely manage people's medication and described how they had completed competency training in the administration and management of medication. However, written records of such checks were not maintained by the registered

provider. Medication administration records (MAR) we viewed had been appropriately signed and coded when medication was given.

People felt safe using the service and told us that staff were quick to respond to meeting their needs when they needed help and support. Staff understood what was meant by abuse and they were aware of the process for reporting any concerns they had and for ensuring people were protected from abuse. Family members told us that they felt reassured by staff and that their loved ones were safe using at the service.

People told us that staff always treated them with kindness and respect. They told us that staff were mindful of their privacy and dignity and encouraged them to maintain their independence. People confirmed and observations showed that staff offered support in a kind, caring and respectful approach.

Safe and robust recruitment procedures were completed by the registered provider. A range of checks to ensure staff were suitable to work with vulnerable people were completed. The service ensured that where possible, staff supported the same people. This enabled people, their family members and staff to build good working relationships and develop confidence in the support provided.

People were referred onto the appropriate services when concerns about their health or wellbeing were noted. Staff worked well with external health and social care professionals to make sure people received the care and support they needed.

The service regularly sought feedback from people and their family members. People were encouraged to share their concerns and were aware of the registered provider's complaint process. The registered provider investigated any complaints or concerns in line with their own policy and procedures.

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 was safe.

People felt safe using the service. Staff understood the risks to people who used the service

People received their medication as required. Staff received medication training, but competency checks were not always recorded.

Staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

Is the service effective?

Good ●

The service was not always effective

People were cared for by a staff team who were trained to meet their varying needs. Records relating to training and supervision were not consistently recorded.

Staff understood the importance of gaining consent prior to providing personal care. The registered provider did not have a policy and procedure in relation to the MCA.

People were supported to promptly access healthcare and specialist services when required.

Is the service caring?

Good ●

The service was caring

People were supported by staff who were kind and caring. People's privacy, dignity and independence were respected and promoted.

Staff had developed good relationships with the people they supported and knew people's needs well.

Staff understood the importance of providing dignified and

respectful end of life care to people.

People's confidentiality was protected. Records containing personal information were appropriately stored in a secure office.

Is the service responsive?

Good ●

The service was responsive

Care and support plans contained relevant information about people's needs.

People confirmed that they received the right care and support to meet their needs at their preferred times.

The registered provider had a complaints process in place and people knew how to complain if they were dissatisfied with the service they received.

Is the service well-led?

Requires Improvement ●

The service was not always well led

The registered provider audit systems were not effectively used to monitor the service. Records were not always consistently maintained.

Policies and procedures used at the service did not include up to date information to reflect changes in processes, law and legislation

People using the service had been asked their views on the quality of the service provided.

The company director and registered manager knew the service well and staff felt valued and supported by them.

Haven Care Wirral Limited

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.

We visited the service on 27 and 28 October and on 2 November 2016. Our inspection was announced and the inspection team consisted of one adult social care inspector. The registered provider was given 48 hours' notice because we needed to be sure that someone would be at the office to assist with the inspection.

We spent time and spoke with thirteen people who used the service and six of their family members. We also spoke with eleven members of staff, the registered manager and company director and viewed the recruitment records for seven staff. We looked at the care records relating to twelve people who used the service, which included, care plans, daily records and medication administration records. We observed interaction between people who received support and staff.

Prior to the inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including notifications of incidents that the registered provider sent to us since the last inspection, including complaints and safeguarding information.

We contacted local commissioners of the service and the local authority safeguarding team to obtain their views. No concerns were raised about the service.

Is the service safe?

Our findings

People and their family members told us that they felt safe when they were supported by the staff from Haven Care. Comments we received included, "The staff make sure I am safe and well cared for during their time here, I feel reassured to stay in my own home with their help" and "It's important that I feel safe and comfortable with anyone who comes into my home. Haven care always let me know in advance who is coming and when. This makes me feel safe". Family members told us, "I know [my relative] is safe which is vitally important to me as I don't live locally. They always go the extra mile and we couldn't ask for anything more".

People told us, "I receive quite a bit of support to help me get up out of bed. They know exactly what support I need and how to keep me safe during this time. I cannot fault them" and "The staff help me with my mobility needs and also help me with eating and drinking. They make sure that they keep me safe as I am at risk of choking". Family members confirmed that staff were knowledgeable about any health and safety risks to their relatives.

Staff confidently described people's identified risks and how they would manage them. People's basic needs were assessed. However, where risks were identified in areas such as mobility, moving and handling, eating and drinking or the management of pressure care, risk management plans were not always in place. Risk assessments did not always clearly describe the support people required or identify triggers to risks or offer a management strategy to guide staff on how best to support people safely at times of increased risk. This meant that people's safety could be put at risk because staff lacked information about how to keep them safe. The registered provider confirmed that a full review of risk management plans for people supported would be undertaken. Following our inspection we received updated risk management plans for two people that showed risks had been recorded robustly for staff to refer too.

Staff supported people to manage their medication. People told us, "The staff sort it all out for me and then I take my tablets. It gives me reassurance that someone has checked them for me". Care plans demonstrated whether a person was able to manage their own medication or required the support of staff. We saw that the approach to medication administration was individual and staff encouraged people to take some control over their own medication where they were able to. Medicines available were checked against the medication administration records (MARs) and we found them to be correct.

The registered provider had a medication policy in place. At the time of our inspection the policy was being externally reviewed to ensure that it contained up to date and relevant information for staff to follow. Staff confidently described how they would ensure that people received their medication safely. They confirmed that regular observations with their direct line manager were completed when they administered medication to ensure that they remained competent to do so. This process included an observation and further discussion about the safe management of medicines. However, medication competency checks carried out on staff had not been recorded in line with the registered providers policy and procedures. We raised this with the registered provider during our visit who advised us that they would ensure moving forward that competency checks would be recorded.

Staff had a good awareness of the registered provider's and local authority safeguarding procedures. Staff were familiar with those procedures and knew how to identify and report any signs that a person was either at risk or had experienced abuse. They described changes in people's mood, sleeping and eating patterns and appearance as possible indicators of abuse. Staff knew how to report abuse and told us they were confident that any safeguarding concerns they raised would be taken seriously. Training records showed that staff had attended or were booked on training about safeguarding vulnerable people. Records showed that safeguarding concerns had been addressed in partnership with the local authority.

The registered provider had safe procedures in place for recruiting staff. Appropriate checks had been completed for staff prior to them starting work at the service, including a check with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped the registered provider make safer recruitment decisions. This ensured that staff were of suitable character to work with vulnerable people.

People and their family members confirmed that they were supported safely by the correct numbers of staff they needed to help them each day. One family member told us, "[My relative] needs two staff to help them out of bed. This is so they are kept safe; we have never had a problem". Rotas showed there were sufficient numbers of suitably qualified staff on duty each day. The registered manager ensured that the needs of people supported were continuously reviewed and suitable staffing numbers were maintained to keep people safe.

The registered provider had a policy and procedure in place to review and monitor accidents and incidents at the service. Records of incidents for people who used the service and staff were kept through the use of an accident book. There had been no recorded significant incidents since our last inspection.

Is the service effective?

Our findings

People told us that where appropriate they were supported to access the GP or other health professionals when needed. One person told us, "If I'm feeling unwell, I will let the staff know or they will pick up on the signs that I'm not myself and contact the GP". Family members felt confident that the service would access health professionals for people when needed.

As part of their induction and following initial training new staff were required to shadow experienced staff on visits to people's homes. This ensured they were familiar with people's care and support needs and people were not visited by staff they had not previously met. Staff competency and skills were assessed as part of this process and once new care workers were considered to be competent they were able to work on their own. The registered provider ensured that senior care coordinators made regular unannounced visits and 'spot checks' on staff to observe their performance when supporting people. This helped contribute to staff ongoing development. However, a record of the checks were not always consistently recorded in line with the registered providers policy and procedures.

Staff completed training in a range of areas including safeguarding, dementia, moving and handling and equality and diversity. Where specialist training such as catheter care and Percutaneous Endoscopic Gastronomy (PEG) care were required these were sourced via external teams such as the Abbots and District nursing teams. The registered provider supported staff to access National Vocational Qualifications (NVQ) in care which were appropriate to their role.

Staff confirmed that refresher training was provided on an annual basis or as required and the training lead for the organisation would contact them to arrange attendance. However, training records we looked at were not kept up-to-date. We raised this with the registered provider and following our visit they provided us with an updated training matrix and plan of training for the next 6 months.

Records showed people accessed a range of health care services which included doctors, district nurses and the speech and language therapist (SALT). When we spoke to health professionals we received a positive response about staff and how they engaged with them. Staff confidently described how and who they would contact if they were concerned about someone's health needs.

People and their family members told us that they felt staff were competent and knowledgeable in their roles and confident in the advice and support they provided. Staff confirmed that they received the training and support they needed to carry out their duties. This included a mixture of on line training, face to face training, discussions and support from their direct line manager. However, we noted that supervisions were not consistently recorded. We raised this with the registered provider who confirmed that they would review all staff supervision records following our visit.

The Mental Capacity Act (2005) 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 who used the service said they were asked for their consent prior to any care tasks being undertaken. One person told us, "They ask me what I want to wear each day. They don't just presume and get my clothes ready for me". Care plan and support plans noted, 'Ask [name] their preference for lunch' and 'Ask [name] what they would like you to help them with'. This showed that consideration was given to ensuring people were involved in their care and support.

The registered provider's policies and procedures offered limited guidance to staff in relation to the Mental Capacity Act and we noted that staff had not received training in MCA. The company manager informed us that the policy and procedure was currently under review and consideration would be given to more detail being included for staff to refer too. Despite this, the registered manager, company manager and staff who we spoke with demonstrated a good understanding of the key principles of the MCA, and their roles and responsibilities in relation to this. They need information to ensure relevant good practice and guidance.

Staff confirmed that when required referrals were made to other professionals such as GP's for MCA assessments to be completed. They understood their responsibility with respect to offering people choices and the need to ask for consent prior to carrying out any care tasks. Observations and discussions with staff confirmed that they would respect people's right to refuse care and support, but would also encourage them to accept care and support.

Staff described how they encouraged people to eat and drink well and how they helped to prepare or heat up meals and make people drinks. They also confirmed how they would at the end of their visit, leave a drink for people who could not easily make one for themselves. Where people had specific nutritional support needs such as requiring a soft diet this was clearly recorded in their care plans and staff had a good understanding of the support people required. We saw that supplementary charts used to record fluid intake for people clearly identified the amount of fluid that people had drank. Comments such as '200mls of tea taken' or '200mls of juice' were recorded by staff on a daily basis. We noted that supplementary charts were not always totalled each day to provide a clear overview of how much people had drank during the staff visit. We spoke with the company director and registered manager who amended documentation during our visit to enable staff to effectively assess a person's fluid intake during a 24 hour period. This meant people would be adequately protected from the risks of dehydration.

Is the service caring?

Our findings

People and their family members told us staff were kind, caring and respectful in their approach. One person told us, "The staff always speak to me with respect and involve me and keep me informed on anything they are doing. They are great". Another person said, "All the girls [staff] are very friendly and treat me very well. I enjoy the company of the ladies [staff] that sit with me and I enjoy the laughter and they make me giggle".

People told us, "Staff are always respectful towards me and of the fact that they come into my home" and "Everything is done in a way that ensures my privacy is respected". They told us staff promoted their privacy and always knocked on their front door or bedroom door and waited for a response before entering. Visits and observations in people's homes confirmed that staff were respectful of the person, and their home environment.

During discussions with staff it was apparent that they were passionate about the work they did and the people they supported. They talked about people as individuals in a caring and respectful way. All staff we spoke with had a good knowledge of the people they supported and were empathetic towards them. They were keen to promote people's independence and worked hard to involve them in all aspects of their care and support. It was evident that trusting relationships had been built between people and staff.

People told us that, "I mostly get the same regular carers which is good" and "I have some regular carers that I have got to know well" and "I am always informed who is coming to see me, usually a week in advance". During our visits to people's own homes, we saw that staff had time to spend with people and they were not rushed. The company director informed us that every effort was made to ensure that where possible people were supported by the same team of staff. This meant people received a consistent service from staff that had a good understanding of the needs of the people they supported and of any risks to their safety and wellbeing.

One person told us, "I wasn't fussed on one carer that came to see me. I spoke with the team and they found me someone else. It was just a clash of personality, but it was nice to know that my views were respected". We noted that where possible the registered provider had asked people their preferences in relation to the type of personality and things they would like to have in common with their support staff. This showed that the registered provider considered the importance of relationships and skill matching staff to ensure that positive relationships were established.

We observed staff working with people in an equitable way. They did not see people's diagnosis as being a barrier to people having their needs and wishes met. People were treated as people first and staff were able to assert the needs of people in a way that respected their human rights. We noted that the ethos within the team was that people who used the service had the same rights as everyone else in the community and these should be promoted at all times.

People's personal records were written respectfully and promoted dignity. For example, one person's care

plan stated the person liked to be left alone in the bathroom and that staff should wait outside until called. Staff were aware of this person's need and respected it.

Care and support documentation was held securely in the registered provider's office and another copy kept within people's homes. The registered provider told us that staff had recently attended training about record keeping and were reminded about the importance of privacy concerning people's records. Care staff told us they returned care records back to the office regularly to minimise the amount left in people's homes.

The company director advised that they were able to access advocates for people or point them in the right direction when required. Information was available on how to access advocates and we saw that some people already used the services of an advocate at the time of the inspection. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

The service was able to provide support to people with their end of life care needs. Staff spoke to us about the importance of ensuring that the wishes, preferences and choices of people at this stage of care were listened too, respected and valued. Training and additional support was accessed via specialist healthcare teams as required and the staff understood the importance of ensuring people remained comfortable and were as pain free as possible.

The registered provider had received a number of compliments about the service. Comments included, "We have been very impressed with the care and support provided to [our relative]" and "We couldn't have managed without you. Thank you for all your help and support" and "Your staff dealt with [our relatives] distress in a calm, efficient and effective way. Thank you so much". These reflected that staff had treated people with kindness and showed concern for their wellbeing.

People who used the service had been provided with information about the service and standards they should expect from the registered provider. Information included details of the registered manager, the registered provider and other key pieces of information such as how to make a complaint, confidentiality and maintaining people's safety and security.

Is the service responsive?

Our findings

People and their family members were involved in planning the care and support they wanted. People were aware of their care plans and they told us they had a copy in their own home. One person told us, "The staff write in my notes every time they come and see me. I can see them whenever I want too". Care plans were in place in every person's home we visited and they contained up to date relevant information about people's needs and how they were to be met.

A discussion with the company director, registered manager and information in people's care records showed that each person had an assessment completed prior to using the service. Information recorded included what support people required and when, information relating to life history and what was important to the person as an individual. Information was taken from the initial assessment and used to inform people's care plans.

People received care from staff that had worked with the registered provider for many years and who knew and understood people's needs. This was clearly evident from our observations and discussions with people supported their family members and staff. Care plans covered people's identified needs such as personal care, managing medicines and mobility. The plans instructed staff on how best to meet people's needs in ways which would enable people to be as independent as possible. However, care plans for some people lacked a person centred approach, for example they focused heavily on a tasks and contained limited information about the person's wishes and preferences with regards to how their care and support was provided. This meant that there was a risk that staff less familiar with the person would not know how to specifically meet a person's needs or personal preferences when providing care and support. We raised this with the registered provider who confirmed that they would review care documentation following our inspection, with a view of making them more person centred.

Staff kept daily progress notes which showed a detailed account of people's wellbeing and the care that had been provided. Staff were very knowledgeable about the people they supported and were aware of their likes and dislikes, interests and health and support needs. Examples that were shared with us, was one person who preferred to have a shower rather than a bath and another person who had specific daily routines which they followed, helping them to manage their day to day activities. Staff were respectful of people's personal preferences.

People told us the service was responsive in accommodating their particular routines and lifestyle. Where appropriate staff supported social activities. This meant the service worked with people's wider networks of support and ensured their involvement in activities which were important to them. This meant that a personalised and responsive service was provided which met people's individual needs.

We asked people if the care staff arrived at the agreed time to provide care and support and if they were going to be late were they contacted. We received positive comments and people told us, "I always get a phone call if they are running late. I have never had a situation where I was let down" and "It doesn't happen very often. It's usually if they are with someone who needs extra help. They always give me a call, it can't be

helped sometimes". This showed that the registered provider understood the importance of ensuring good communication with people.

The registered provider had a complaints policy and procedure in place. People and their family members confirmed that they knew how to raise a complaint or concern. They told us, "I would have no problems speaking to management if I had any concerns about [my relative]. They are very approachable, which is important" and "I have never had any concerns, but I know I could contact the office and they would deal with it straight away". Records showed that any complaints or concerns received since our last inspection had been appropriately managed by the registered provider.

Is the service well-led?

Our findings

The service has a registered manager in post and she has been registered to manage the service since January 2012. People and their family members, knew who the registered manager and company director were and how to contact them if needed. One family member told us, "All the senior team are great. The co-ordinators and managers are always making sure that everything is ok. They care very much about what they do, that's why we use them to help [my relative]". Another family member stated, "They go out of your way to help you when needed. They are reassuring and I have every confidence in their ability".

The systems in place to assess and monitor the quality of the service were not always effective. For example, areas for development that we identified through our inspection process had not been highlighted by the registered manager and company director. For example, the systems for checking care records did not identify a lack of information for staff about how to keep people safe. Medication Administration Records (MAR) audits which had been completed and returned to the office for review had not always signed to say they had been checked. In addition records relating to the competency checks, supervision and training of staff were not kept up to date and accurate.

Where areas of development had been highlighted by the registered provider, there was no evidence to show how these had been addressed and acted upon by the registered provider. An example of this was in February 2016 missing signatures on a MAR sheet had been noted, however there was no evidence recorded to show how this concern had been addressed.

We asked the registered manager and company manager what measures they took to ensure that the quality of service was regularly assessed and they informed us of a variety of checks that were completed by staff. However, these checks were not consistently recorded and we saw no evidence of specific audit topics or timescales for completion. This meant that there was a lack of oversight by the registered provider to ensure the quality of care and facilities provided to people who used the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not effectively use systems and processes to assess, monitor and improve the quality and safety of care and did not keep complete and accurate records relating to the management of staff.

We reviewed the registered providers policy and procedures manual. Policies we viewed did not always reflect current law and legislation. There was no policy and procedure in place to support the Mental Capacity Act (2005). The registered manager and company director informed us that a full review of the policy and procedures was currently being completed by an external agency. The registered provider sent updates on the progress of the policy review to CQC following our inspection.

People and their family members told us that they were able to provide feedback on the quality of the service they received. They said, "I am always asked for feedback when staff visit which is good, they tell me it's important that I don't feel discontented with the help I receive" and "I received a survey earlier this year

to ask what we thought about the service for our [relative]. It was good to be able to share feedback". Records showed that a survey which requested feedback from people regarding consistency of care, respect, dignity and privacy had been issued in May 2016. Overall feedback that had been received by the registered provider was positive.

During our visit it was clear that the director, registered manager and staff worked within a culture that promoted openness, honesty and transparency. Staff and management confirmed that meetings were held at varying levels to discuss the service and also to ensure that important information was regularly shared on a day to day basis. Staff members spoke positively about the management at Haven Care and commented that they felt well supported and their work ethics and approach were 'second to none'.

The registered manager had a good awareness of her responsibility in line with the Health and Social care Act 2008. Registered providers are required to inform the Care Quality Commission (CQC) of important events that happened within the service. The registered manager was aware that CQC are required to be informed of specific events by law to ensure people are kept safe and well. CQC had been appropriately notified of any significant incidents that had occurred at the service since our last 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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not effectively use systems and processes to assess, monitor and improve the quality and safety of care and did not keep complete and accurate records relating to the management of staff.</p> <p>17(1)(2)(a)(b)(d)(f)</p>