

Mr Vastiampilla Stanislaus

# Haven Care

## Inspection report

Olympic House  
28-42 Clements Road  
Ilford  
Essex  
IG1 1BA

Tel: 02089118931

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Haven Care is a domiciliary care agency based in the London Borough of Redbridge. The service provides personal care to people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection, the service provided personal care to 124 people in their own homes.

### People's experience of using this service and what we found

People experienced good care. The registered manager had put systems in place to ensure people received care and support on time. People told us they felt safe because they had risk assessments, which staff had knowledge of and were able to manage. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service had enough staff, which meant that people were confident with how their care and support was provided to them. Robust staff recruitment and training and support at the service enabled people to receive care that met their needs.

Staff managed medicines well and this helped people receive their medicines as prescribed by their doctors or health professionals. Staff had access to and knowledge of using personal protective equipment. This helped reduce the risk of cross contamination of infections.

The service had a good management system and people, relatives and staff were confident they were listened to and supported by the registered manager. Feedback from people, relatives and staff was sought and used to drive improvement. The registered manager used various audits as part of their quality assurance system and worked with other organisations. The registered manager promoted equality and diversity through the assessments of people's needs and provision of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Good (published 28 March 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haven Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was not always safe.

Details are in our findings below.

### **Is the service well-led?**

**Good** ●

The service was not always well-led.

Details are in our findings below.

# Haven Care

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 1 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 care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

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

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 March 2023 and ended on 6 March 2023. We visited the location's office on 2 March 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also reviewed the information we already held about the service. This included their previous inspection reports and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager, a quality manager and a managing director. We reviewed documents and records that related to people's care and the management of the service.

We reviewed 5 staff files, which included pre-employment checks and 5 people's files which included care plans and risk assessments. We looked at other documents such as quality assurance and training records.

Following our site visit, we also spoke over the telephone with 2 people who used the service, 8 relatives and 3 staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection we found the service was not always safe because some staff did not always arrive at agreed times to support people. At this inspection we found the provider had taken action to address this issue.

- The provider had introduced a new electronic monitoring system since our last inspection. This allowed the provider to monitor staff had arrived and left on time. The provider said the system sent electronic alerts to the office if staff were late, and this was checked and acted on by a designated senior member of staff. This ensured the provider was able to take prompt action if staff were late or did not turn up.
- People and relatives told us staff punctuality had improved. One person told us staff were punctual, and said, "If [staff are] going to be late, [they] phone me to say [they are] late." A relative said, "One carer texted me to say they are coming a bit late 10 minutes or so. I have mentioned it to the office but it's not all the time."
- Staff told us they had enough time for travelling between visits. A member of staff said, "I have never been late for a visit. But if I was running late, I would ring the office to let the service user know I was late."
- The registered manager told us they had enough staff. They said the COVID-19 pandemic did not affect their staffing levels as they continued to recruit new staff.
- The provider had a robust staff recruitment system in place to ensure staff employed were fit and safe to provide personal care. Pre-employment checks included completing application forms, attending interviews, providing written references and undergoing criminal record checks.
- Staff recruitment also included induction and training processes, which promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.
- People and relatives were happy with the staff. One relative's comment included, "Yes, [staff] are very good, we are happy with them."

### Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Detailed risk assessments were in place to ensure people received safe care. The risk assessments included personal, environmental and other risks such as any allergies and falls. The assessments provided guidance for staff on what to do to manage the risks.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect

them from abuse. The service worked well with other agencies to do so. One person told us, "I feel safe here. Staff are kind, exceptional and friendly."

- Staff had training on how to recognise and report abuse and they knew how to apply it. One member of staff told us, "I will report any incident of abuse to my manager."

#### Using medicines safely

- Staff managed medicines effectively. When asked if they felt safe with people's medicine administration, one relative said, "Yes, definitely. [Person] has a dosette box and [staff] take [medicines] out for [person]. [Staff] also give [person] a glass of water [to swallow medicines with]."

- An electronic medicine administration record chart (MAR) was used to record the administration of medicines. The system was able to send an alert to the office if a medicine was not administered on time. This was picked up by a member of staff responsible for monitoring the administration of medicines remotely. The provider also confirmed that they audited medicine management on a monthly basis.

- Staff had been trained on medicines administration and their competency had been assessed to ensure they were competent to manage medicines safely.

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infections. Staff had received training on infection prevention and control.

- Staff competency was checked on using Personal Protective Equipment (PPE) safely and a COVID19 risk assessment had been completed to ensure staff were safe when supporting people.

- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care.

#### Learning lessons when things go wrong

- The provider had systems in place for reporting, recording and investigating incidents and accidents to ensure lessons were learnt.

# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the registered manager understands and acts on duty of candour responsibility

- The registered manager had the skills, knowledge and experience necessary to perform their role. They had a good understanding of people's needs and an oversight of the services they managed.
- The service was proactive in staff recruitment, training and retention ensuring there were always enough staff available to provide personal care that people needed.
- The registered manager had addressed staff punctuality issues identified at the last inspection. This showed the registered manager was aware of their responsibility to address issues and ensure people received care and support that met their needs.
- Audits had been carried out on various aspects of the service to ensure people received person-centred high-quality care. These included, audits of medicine administration, care plans, and staff recruitment requirements. The registered manager undertook spot checks to ensure staff carried out their roles effectively.
- The registered manager carried out pre-assessments of people's needs and made sure that people were accepted to the service only if it was deemed their needs could be met.
- People and relatives told us the service was well managed. Comments from people and relatives included, "Yes, I have no complaints about [the service]" and "Whenever there is a problem, they sort it straightaway, they are very quick. They answer the phone, never had any problems getting through to them, whatever the time of day someone always answers."
- Staff were clear about their roles and were positive about the management of the service. One member of staff said, "Management team are very supportive and open, I can always speak to them; they do listen; I am really happy."
- The registered manager promoted equality and diversity through the assessment of people's equality characteristics and training of staff. Staff had received training in equality and diversity.
- Staff knew their legal responsibility to notify the Care Quality Commission and other stakeholders of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager carried out equality impact assessments to ensure their policies, procedures and practices did not affect people and staff. The registered manager told us, "If we find a disparity [in our

policies, procedures and practices], we will look for ways to ensure changes are made in a way they do not impact people."

- The registered manager sought feedback from people. One person said, "[Staff] have phoned the odd times to ask how the carer was getting on and was doing [their] job. I said, yes, excellent."
- The registered manager sent survey forms every six months to people, relatives and staff to seek their views about the service. These were collected and analysed to drive improvement to the quality of the service.
- Staff meetings took place to share information. The meetings allowed staff to discuss any policy changes in the service and other areas of interest such as training.
- People's beliefs and background were recorded, and staff were aware of how to support people considering their equality characteristics.
- The registered manager kept themselves up to date with new policies and practices in social care by attending meetings such as the providers' meetings organised by the local authority and by being a member of national care associations and organisations.

Working in partnership with others:

- The registered manager worked in partnership with other agencies such as health professionals and local authorities, to ensure people received care and support they needed.