

# Mr Wesley John Stala

# Haven Lodge

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 5 May 2016 and was unannounced. Haven Lodge is registered to provide accommodation for 12 older people who require care and support. There were 10 people living at the service on the day of our inspection.

The service is operated by an individual and so does not require a registered manager. The registered provider is the 'registered person.' 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. The registered provider had employed a manager who supervised the day to day running of the service.

At the last inspection on 5 May 2016, we found a breach of the legal requirement related to good governance. We told the provider to make improvements in this area. We took action against the provider and issued a Warning Notice to ensure that improvements were made in this area. The provider was required to be compliant with this notice by 22 July 2016. In this inspection we found that the provider had made some improvements in this area but further improvements were required.

People felt safe in the service and staff understood their responsibility to protect people from the risk of abuse. Medicines were stored and administered safely and people received their medicines as prescribed.

Risks in relation to people's care and support managed appropriately. However, risks in relation to the environment were not always identified and acted upon. The environment was not clean and hygienic and basic food hygiene practices were not followed.

People were supported to eat and drink enough although healthy options were not always made available. People had access to healthcare and people's health needs were monitored and responded to.

There were sufficient numbers of staff available to meet people's needs. Safe recruitment practices were followed and staff were provided with regular supervision and support. However, people were supported by staff who had not always received adequate training.

People's rights under the Mental Capacity Act (2005) were not always respected and people were not always involved in making decisions about their care and support. People's dignity was not always respected.

People were involved in planning their care and support, staff knew people's individual preferences and tailored support to meet their needs. People were encouraged to be as independent as possible. People were provided with the opportunity to get involved in activities and supported to maintain relationships with family and friends.

Systems in place to monitor and improve the quality of the service were not based upon good practice and were not effective.

The management team were approachable. People and staff were given the opportunity to get involved in giving their views on how the service was run. People were supported to raise issues, concerns and complaints and felt assured these would be acted upon.

We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe.

There were risks to people in relation to the environment. The environment was not clean and hygienic and basic food hygiene practices were not followed.

People felt safe in the service and there were systems and processes in place to minimise the risk of abuse. Risks associated with people's care and support were effectively assessed and managed.

People received their medicines as prescribed and these were managed safely. There were enough staff to provide care and support to people when they needed it.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People's rights under the Mental Capacity Act (2005) were not always respected.

People were supported by staff who received training, supervision and support.

People were supported to eat and drink enough. People had access to healthcare and their health needs were monitored and responded to.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

People's dignity was not always respected.

People were treated with kindness and encouraged to make choices and decisions about the way they lived.

People's privacy was respected and people were supported maintain their independence.

**Requires Improvement** ●

### Is the service responsive?

Good 

The service was responsive.

People were involved in planning their care and support.

People were given opportunities to get involved in social activity and were supported to maintain relationships with family and friends.

People felt comfortable to approach the manager with any issues and felt their concerns would be dealt with appropriately.

### Is the service well-led?

Requires Improvement 

The service was not always well led.

Systems in place to monitor and improve the quality of the service were not based upon good practice and were not effective.

The management team were approachable and sought the views of people who used the service and staff.

Confidential information was stored securely.

# Haven Lodge

## **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 inspection was also done to check that improvements to meet legal requirements planned by the provider after our 5 May 2016 inspection had been made.

We inspected Haven Lodge on 24 and 25 August 2016. This was an unannounced comprehensive inspection. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our visit to Haven Lodge we spoke with five people who used the service. We spoke with two members of care staff, the manager and the registered provider. We looked at the care records of four people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including audits carried out by the manager and provider.

# Is the service safe?

## Our findings

People were put at risk of eating food which was not safe to eat because basic food hygiene practices were not followed. We found a number of items in fridges and cupboards that had no date of opening on them which meant that staff could not tell if the food was still safe to give to people. We also saw out of date food in cupboards and food stored in cupboards which should have been refrigerated. In addition to this we found that food stored in the pantry area was not stored in sealed containers and saw open foods stored next to an open, heavily rusted vent. This posed a risk of pest infestation. Following our inspection the provider informed us that action had been taken to ensure that food was stored safely and had put plans in place to replace the rusted vents.

People were not protected from risks associated with the environment. We saw large heavy items in rooms, such as wardrobes, were unstable and had not been secured to the walls. We also saw heavy equipment such as televisions was stored on high shelving which again were not secured. This put people at risk of sustaining injury from falling objects. This risk was exacerbated by the nature of peoples support needs which meant that some people could be unsteady on their feet at times and may potentially hold on to furniture to steady themselves. We informed the provider and manager about these risks. On the second day of our visit we saw that action was in progress to secure large items and safeguard people from these risks, however this work had not been completed.

People could not be assured that the service was clean and hygienic. We found that good infection prevention and control procedures were not in place. We saw that areas of the service including people's bedrooms were not cleaned to an adequate standard. Four people's bedrooms were unclean, some mattresses and pillows were heavily stained and discoloured and had an unpleasant odour. One person's mattress was damp and had mould growing on the underside. In addition to this there was heavy dust on some furniture and evidence of bodily fluid spillages. We also found that some areas of the service were in a poor state of repair which did not promote good infection control. For example bathrooms were not always clean and hygienic, we saw a damaged toilet seat, peeling wallpaper, stained grouting and rusted grab rails. On the second day of our visit we saw that action was underway to replace mattresses and bedding and the provider informed us that other maintenance issues would be acted upon.

In our previous inspection we saw that some rooms had linoleum laid over the carpet to protect the carpets from spillages however the linoleum did not reach the walls leaving the carpet exposed. This was not an effective infection control measure. During this inspection we found that the carpets were still not fully covered by the linoleum in some rooms and this was an ongoing infection control risk. We spoke with the manager and provider about this who informed us that they had changed it in some rooms but not all of them. On the second day of our visit we saw that the provider had taken swift action to replace the linoleum in the remaining rooms to reduce the risk of infection, however this work was not yet fully complete.

This was an breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our previous inspections in September 2015 and May 2016 we found that people were not protected from the risk of scalding due to water temperatures being above the recommended levels. We told the provider that they must take action in this area. During this inspection we saw that some improvements had been made but some water temperatures were still above safe levels. The manager and provider told us that they had new thermostatic valves fitted to all the sinks in peoples rooms. Thermostatic valves are designed to keep hot water at a safe temperature and prevent people from being scalded. We saw records that temperatures were tested weekly by the maintenance person which showed that temperatures were within the safe range. However, we found that temperatures were still significantly above the recommended level in one bathroom. We also found that water temperatures in the kitchen hand wash and main basin were above recommended levels and no warning signs were displayed. We discussed this with the manager and provider who told us they would rectify this issue and on the second day of our inspection we saw that the water temperature in the bath was now within a safe range and a warning notice had been displayed above the kitchen basin.

During our last inspection we found that people were not always protected from risks to their health because steps were not taken to protect people from the risk of legionella developing in the water supply. We told the provider to take action in this area. During this inspection we saw that the provider had made the required improvements. The provider and maintenance person had undertaken a legionella management course and had conducted a legionella risk assessment. The provider had also installed a new cold water storage system and had water testing conducted by a specialist organisation. We saw records which showed that the regular checks and maintenance specified in the risk assessment, such as flushing of taps, was now being carried out.

People felt safe at Haven Lodge. All of the people that we spoke with told us they felt safe and they had a good understanding of their right to be safe from harm. One person told us, "We have zero tolerance on bullying here, we don't see any of it" another person we spoke with told us "I feel a lot safer here (than in previous home), they (staff) look after us." We spoke with a group of people who described how they looked out for each other's safety. People also told us that if they were concerned they would feel comfortable talking to a member of staff or the manager.

There were systems and processes in place to minimise the risk of abuse and most staff had received training in protecting people from abuse and avoidable harm. Staff we spoke with had a knowledge of how to recognise different forms of abuse and understood their role in reporting any concerns or allegations to the manager. One member of staff told us, "I would report to my manager and document it, I would go to CQC, or the local authority if I needed to." Staff were confident that any concerns they raised with the manager would be dealt with appropriately. The manager told us there had not been any incidents which needed to be shared with the local authority.

Plans were in place which detailed any risks relating to people's care and support and how these risks should be managed. The management took a personalised approach to risk assessment based upon each person's individual lifestyle, consequently we saw that risk assessments were in place across a range of areas including falls, smoking and community access. Where a risk had been identified guidance was in place in care plans for staff detailing how to minimise the risks. For example, one person had been identified as being risk of choking, there was evidence that the service had sought specialist advice from the speech and language therapy team and this had been used to develop clear guidelines for staff. Staff we spoke with were knowledgeable about how to provide good, safe support to the person in this area.

People felt there were enough staff to meet their needs. They told us they did not need to wait for support and that there was always someone around when they needed them. We saw that most people using the



service were very independent, but any requests for support were responded to swiftly. Staff told us that they felt there were enough staff to meet the needs of people who used the service. One member of staff told us, "Oh yes there are enough staff, people don't need a lot of support really so two (members of staff) is enough."

People could be assured that safe recruitment practices were followed. The service had taken the necessary steps to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of ID and appropriate references had been obtained prior to employment and were retained in staff files.

People medicines were stored and administered safely. People we spoke with told us they received their medicines as required. Medicines systems were organised and records were completed accurately to show when people had been given their medicines. Each person had a medication sheet which included a photo of the person, allergies and the person's preferences for taking medicines. Staff had been trained in the safe handling and administration of medicines and had their competency assessed annually to make sure they were keeping up to date with good practice.

When people were prescribed medicines to be taken as and when they required them (PRN) there were no written protocols in place detailing what these medicines had been prescribed for or when they should be taken. This meant that staff did not have clear information about when to give people these medicines. For example one person was prescribed medication to help control their anxiety but there were no details of when this medication should be given to relieve their distress. We discussed this with the provider who said that medication protocols would be put in place immediately.

One person using the service was enabled to manage their own medicine, this was stored securely and a risk assessment was in place. We spoke with the person about this who told us that staff always checked that they were taking their medicine and said, "I know myself when I need to take it (medication) so they (staff) just check."

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) 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. We checked whether the service was working within the principles of the MCA.

People's rights under the MCA were not protected as the principles of the act were not always correctly applied. The manager had an understanding of the MCA and was able to identify people who lacked the capacity to consent to their care and support. However MCA assessments or best interest decisions were not always in place as required. For example, when someone was unable to consent to the content of their support plan there was no mental capacity assessment in place and no recorded best interest decision. Staff we spoke with described making decisions on people's behalf and one member of staff told us, "There's a couple of people here that we have to make decisions for."

Staff received basic information about the MCA in their induction to the service however staff had not had formal training in the MCA and the manager advised that this training was not routinely provided to staff at present. Although staff had an understanding of how to keep people safe they did not have a good understanding of the MCA and how to apply this within their role.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had an understanding of DoLS and we saw that there was no one using the service who DoLS applied to.

Where people had capacity it was not always clear if they had given their consent to the care and support provided by care staff. People's support plans did not always contain clear information about consent or decision making and we observed occasions where staff appeared to making decisions on behalf of people who had capacity. For example we observed one person's care plan which contained details of how a particular drink should be limited throughout the day, the support plan did not have details of how the person had been involved in this decision and they had not signed the plan to indicate their consent. During our visit we observed the person asking for this drink on a number of occasions and being denied access to it by staff. We discussed this with the provider and manager who informed us following our visit that they had developed a new agreement with the person.

People received care and support from staff who did not always have the skills and qualifications required to provide effective support. For example, training records showed that there were some staff who had not received any recent training in infection control and we found significant issues in this area during our inspection. The induction and training programme provided by the service did not cover some key areas such as the Mental Capacity Act, equality and diversity or dignity and respect. The provider was aware of the gaps in training and informed us that action would be taken to remedy this, the provider also told us that a

new MCA course would be introduced to the training programme.

Despite the above shortfalls in training people using the service told us that they thought the staff team had the skills and knowledge to provide good support. One person told us "I've never really thought about it, but yeah they (staff) all seem to know what they are doing." The manager told us that they delivered most of the training to the staff team and other training courses were delivered by external subject experts. Staff gave mixed feedback about the quality of the training, one member of staff told us, "Most of the training we do is in-house, it was alright, just questions and answers." We asked another member of staff about the quality of the training and they told us, "Put it this way I get enough." Despite this, staff we spoke with told us they felt confident and competent to do their job safely.

Records showed that staff had training in a number of areas including the safe handling of medication, food hygiene and fire safety. In addition to this some staff had completed training related to people's individual needs such as dementia care, stroke awareness and diabetes. The manager told us that they had also recently trained a number of staff in basic first aid. Staff told us they would feel confident in requesting additional training.

Staff were provided with an induction when starting work at Haven Lodge. The manager told us that new staff completed training during their induction period and did a minimum of two days shadowing a more experienced member of staff to learn about the residents. The manager informed us that they had recently been made aware of the Care Certificate during a local authority audit. The Care Certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. New staff were not completing the care certificate and the manager told us that they intended to find out more about it before implementing it.

People were supported by staff who had regular supervision and support. The manager told us that they had recently increased the frequency of staff supervision to every two months. Staff we spoke with told us that they felt supported and able to talk openly with their manager on a day to day basis as issues arose. One member of staff we spoke with about supervision said, "They (supervision) are alright but basically we have already spoken about everything (before the supervision)." Another member of staff told us, "We talk about my training needs, areas I don't feel confident in and any issues."

People were supported to eat and drink enough, however we found that healthy options were not always made available to people. We observed two meal times and saw that people were provided with basic meals with no fresh fruit or vegetables. We found that there were very limited amounts of fresh food, fruit and vegetables on the premises. We discussed this with the provider and manager who told us that people using the service "are not interested" in healthy options and fresh vegetables were generally only provided at weekends.

Despite the lack of healthy options people we spoke with told us that they had enough to eat and drink and were happy with the food provided. One person told us, "The food is good here, I've got no gripes, if you want a snack you can always get a sandwich or some crisps." We observed that people were also supported to access the kitchen and help themselves to drinks throughout the day.

Where people had been identified as being at risk of losing weight there were systems in place to monitor this and records showed that action was taken if people lost significant amounts of weight. Staff had a good knowledge of people's dietary requirements. For example one person using the service had been assessed as requiring a soft diet, staff were aware of this and had a good understanding of what foods were safe for the person to eat.

People were supported with their physical and mental health. People told us that they had good access to healthcare services. One person said, "They (staff) will always come to appointments with me if I need them to." We saw records of contact with health professionals in people's support plans which showed that people were supported to access the GP as needed and other health professionals such as dentists, opticians and hospital appointments. Staff made referrals to physical and mental health specialist teams when advice and support was needed and we saw the advice received was included in people's support plans and acted on.

Staff sought advice from external professionals when people's health needs changed. One member of staff described how they had called an ambulance when someone using the service had become unwell which resulted in the person being admitted to hospital for treatment.

Staff we spoke with had a good understanding of people's health conditions and there were support plans in place giving staff guidance on how to monitor health conditions and recognise if these conditions were deteriorating. For example one person had diabetes, there were clear details in the support plan about how to support the person and how to recognise if the person's blood sugars were too high or low. We also saw that information about diabetes was displayed in the kitchen to remind staff about dietary requirements associated with the condition.

## Is the service caring?

### Our findings

People's dignity was not always respected. We saw signs in people's rooms which used language which did not promote people's dignity. We discussed this with the provider and manager on the day of our inspection who felt that the language on the signs was appropriate. The manager told us that staff did not receive any specific training on dignity and respect, but they felt that it was embedded in everything they did.

We also found that people's rooms were not maintained to a standard which promoted their dignity. Whilst some rooms were personalised, two rooms we saw lacked personalisation. We spoke with one person who used the service about their room, they told us their room was "okay" and said, "I would like more stuff in it." We found that bedding was of a poor quality and some was threadbare in places. We provided feedback to the manager and provider about the quality of bedding and on the second day of our inspection we saw that new bedding had been purchased for some people.

The atmosphere at Haven Lodge was laid back and relaxed and people were supported by staff who were caring in their approach. During our visit we saw examples of friendly, positive interactions between staff and people who used the service. People told us that staff were caring and kind and said that they felt comfortable with the staff. One person told us, "The staff here are pretty good." Staff spoke with affection about the people they supported and clearly had strong relationships with them. One member of staff told us, "We are like a little family here, there's only a few of us."

People's histories, likes and dislikes were recorded in their care plans to ensure staff had an understanding of these. Care plans contained detailed information about people's individual preferences for support, for example one person's night time support plan specified exactly how they preferred their bedding and pillows to be arranged to ensure their comfort. Staff we spoke with had a good knowledge of people's preferences and many staff had worked at the service for a number of years and had built up a in depth understanding of what was important to people living there.

People's diverse needs were recognised and catered for. One person came from a different culture to other people using the service, they told us with excitement about how staff supported them to cook food which met their cultural preferences. They told us, "I just crave the taste you know and it's so good to have". Staff we spoke with understood the importance of this and also talked about other ways in which they had provided culturally appropriate support to this person.

People were supported to be as independent as possible. People told us that they were supported to maintain their independence and felt that they were in control of their lives. One person told us, "The good thing about here is that they make you feel more independent, I've been in other places and you can't do things for yourself, it's not like that here." Another person spoke with pride about how they made their own meals with the support of staff. Support plans promoted people's independence and staff we spoke with had a good knowledge of people's level of independence and encouraged this throughout our visit.

People were involved in decisions about their day to day support. People told us that they could spend their

time how they wanted to and made choices about how they led their lives. One person told us, "You can come and go as you please here, there are no restrictions on you." Another person told us, "We get a good choice of food, there is lots of variety and they will go out of their way to cook something for you or you can ask for a sandwich or snack if you want." We saw one person preferred to spend time alone in their room and this was respected. Other people chose to spend time in a room known as the 'snug' whilst others spent time outside and in the lounge.

People had access to an advocate if they wished to use one. The manager told us that no one was currently using an advocate to support them with decision making, but added that an advocate had previously attended a meeting with people using the service to explain about their role and how they could support them. There was information displayed in the service so that people knew how to contact an advocate if they wished to. Advocates are trained professionals who support, enable and empower people to speak up.

People's right to privacy was respected. People we spoke with told us they could have privacy in their bedroom if they wished and people were able to choose to lock their bedroom doors. One person told us "It's very important to me that I can lock my bedroom door." Staff understood how to respect people's right to privacy and we observed that this was put into practice for the duration of our visit. We observed staff knocking on bedroom doors and waiting for an answer prior to entering and discreetly prompting people to close the door when using the bathroom.

## Is the service responsive?

### Our findings

People were involved in planning their own care and support. Each person had a succinct support plan which gave staff a clear oversight of their individual needs and preferences. The support plan included information about what was important to people and also the person's level of independence and areas where support from staff was required.

Care plans were up to date and had been reviewed monthly. Staff we spoke with told us that they found care plans easy to use and they were given time to read and contribute to them. Staff had a good knowledge of people's support needs and preferences and used this to inform support. Records showed that the manager held support plan reviews with people who used the service to discuss their care and support and changes they wished to make.

People were offered the opportunity to plan and take part in social activities and people we spoke with told us that they were able to choose how they spent their time. One person we spoke with told us, "I do what I want to do, I do my own thing." Another person told us, "Yeah there is stuff going on, cards, bingo and movies." Most people using the service were very independent and chose to spend a lot of their time out in the community. Staff we spoke with talked about their role in encouraging and motivating people to socialise with others and lead an active life. One member of staff told us, "They (people using the service) will sit in their room's all day unless you encourage them out, then they enjoy it." During our visit we saw people socialising with each other, watching TV, listening to music and going out to visit friends. We saw records of meetings where activities were discussed, however most people chose not to take part in any organised activity.

People were supported to maintain relationships with friends and family and people's friends and relations were welcome to visit Haven Lodge. During our visit we saw that people's friends were welcomed into the home and people spent time together in communal areas and were also enabled to have privacy when they wished to. The staff team had a good knowledge of who was important in each person's life and supported people to maintain relationships with family members. Close relationships had developed between people using the service and we saw warm, friendly 'banter' between people. One person told us how much they valued the company of the other people using the service saying "I used to live on my own and that can be lonely, its good here because there is always someone around."

People were supported to avoid social isolation and were encouraged to maintain connections with people in the local community. We saw that one person enjoyed spending time in the outside area of the service and was greeted warmly by neighbours and other members of the local community. Another person told us about the importance of friendships they had in the local community and in the church.

There were systems and processes in place to deal with and address complaints. People we spoke with told us they did not currently have any complaints or concerns but would feel comfortable telling the staff or manager if they did. One person told us, "I talk to [manager] – they would sort it out." Another person told us "I would speak to [staff member], I trust them." Staff we spoke with knew how to respond to complaints if

they arose and were aware of their responsibility to report concerns to the manager. Staff told us they were confident that the manager would act upon complaints appropriately. One member of staff told us, "If there is ever a problem we all go straight to [manager] and they deal with it straight away." There was a complaints procedure on display in the service informing people how they should make a complaint. The manager told us that they had not had any complaints since our last inspection so we were unable to assess how effectively complaints would be managed.



## Is the service well-led?

### Our findings

During our previous inspection we found that the registered provider had failed to implement an appropriate governance and risk management framework which resulted in us finding risks to the health and safety of people using the service. We took action against the provider and issued a Warning Notice to ensure that improvements were made in this area. In this inspection we found that the provider had made some improvements in this area but further improvements were required.

Since our last inspection the provider and manager had developed a range of new checks and audits however these were still not effective in identifying issues and areas for improvement. This ongoing lack of effective systems resulted in issues relating to the safety of the environment of the home not being identified or addressed.

Although new infection control audits had been implemented by the provider and manager these were basic and still did not provide a robust assessment of measures in place to prevent and control the risk of infection. This resulted in us finding multiple infection control risks which had not been identified by the manager's or provider's very recent infection control audits and consequently no action had been taken to improve infection control practices. A new food hygiene audit had also been put in place but again this was very basic and did not cover key areas of good food hygiene practice. This audit had been carried out weekly by the manager but did not identify the issues we found related to the unsafe storage of food.

Cleaning schedules showed that rooms were cleaned on a weekly basis, sometimes more frequently, however during our inspection we found that rooms were not cleaned to an acceptable standard. New cleaning audits implemented by the manager and provider had not identified this issue and therefore no action had been taken to rectify this. For example we saw one bedroom which had been recorded as having being cleaned at least weekly and 'blitzed' two weeks prior to our inspection. However we found the bedroom to be in an unhygienic condition with a strong odour and heavily stained bedding. The cleaning audits conducted by the manager had not picked up on this issue. We discussed this with the manager who informed us that, "We don't look at things in as much detail as you do."

The health and safety issues we identified related to risks resulting from poorly maintained, unsafe furniture and equipment in people's rooms were not covered by any of the audits. Consequently these potential hazards had not been identified nor acted upon.

In addition to this we saw that a new care plan audit had been implemented by the provider. This showed that all care plans had recently been audited by the provider, however no actions were noted on the audit and it did not pick up the issues we found related to the application of the Mental Capacity Act (2005).

The new audits that had been developed by provider and manager were not detailed and were not based upon current good practice standards. Consequently the audits were not effective in identifying issues. We spoke with the manager about how they kept up to date with good practice and they told us that they used the internet and also relied on feedback and suggestions from local authority audits and CQC inspections.

This was not an effective way of keeping up to date with good practice and also meant that the manager and provider were not always aware of new developments in adult social care such as the Care Certificate, the Duty of Candour and the correct application of the Mental Capacity Act (2005).

We reviewed the policies held by the service and found that a number of the policies were very basic and did not always contain an adequate level of information to promote high quality care. For example we found that the whistle blowing policy did not contain contact details of external agencies, such as CQC, which meant that staff may not know who to share information with should they have concerns.

This was an ongoing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our May 2016 inspection we found that sensitive personal information about people using the service and staff was not stored securely and this was a breach of people's right to confidentiality. We told the provider they must make improvements in this area. During this inspection we found that the required improvements had been made. Staff files had been moved to a lockable filing cabinet and information about people using the service was no longer accessible to other people and visitors and was stored securely in the manager's office.

Haven Lodge had a friendly and welcoming atmosphere. People who lived in the service appeared to feel comfortable in the presence of staff and we saw friendly banter between them and staff. People told us that they were happy living at Haven Lodge. One person told us "Yeah it's good here." Another person said, "I like it here, staff are always there for us." The manager spoke about the service with pride and told us, "We are a family here."

People were provided with opportunities to provide feedback about the service at monthly meetings held for people using the service. Records of the most recent meeting showed that meetings focused on satisfaction with food, quality of support from staff and activities. The manager told us that they also conducted an annual survey for people living at the service. We saw copies of surveys with actions noted on them based upon people's feedback. One person had suggested changes to the smoking room in a recent survey. We spoke with this person and they told us that the provider had spoken to them about making changes in this area, however these changes had not yet been implemented.

Staff were provided with opportunities to get involved in the running of the service. The manager told us that staff gave feedback informally on a day to day basis but were also given the opportunity to share their views and ideas in regular staff meetings. We saw records of staff meetings which showed that these were used to provide information and feedback to the staff team and to discuss changes in peoples support needs. Staff felt that there was an open culture within the service and told us that they felt confident in making suggestions for improvements to the service.

People we spoke with all knew who the manager was and said that they felt comfortable talking to them if they were concerned about anything. People felt assured that if they raised anything with the manager it would be acted upon and resolved. One person said, "[manager] always listens to me, I feel comfortable speaking to them." Staff also said the provider and manager were open and approachable and felt supported by them. One member of staff said "we know that [manager] is there for us, all the staff know that they can go to [manager]." Another member of staff told us, "I like working here and I feel motivated by the support that I get [from provider and manager]." Staff told us they thought they would be supported to raise any concerns about the quality of care should they need to do so. One member of staff told us "If I thought something was going on I'd say something. At the end of the day we are here for them (people who use the

service) to make sure nothing goes wrong."

The manager was aware of the requirement to notify CQC of significant events and we checked our records which showed that we had received appropriate notifications. A notification is information about important events which the provider is required to send us by law.

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  People were not protected from risks associated with the environment.  Regulation 12 (1) (2) (a) (b) (d) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective systems were not in place to assess, monitor and improve the quality of the service.  Regulation 17 (1) (2) (a) (b) (f)