

Haven Bell Ltd

Haven Bell Care Home Hanwell House

Inspection report

Flat 6
Hanwell House, Great Western Road
London
W2 5UQ

Date of inspection visit:
25 January 2018

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27 March 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We conducted an inspection of Haven Bell Hanwell House on 25 January 2018. We previously inspected the service on 9 November 2016 and found that although we were able to carry out an inspection we did not have enough information about the experiences of a sufficient number of people using the service over a consistent period of time to give a rating to each of the five questions and provide an overall rating for the service. We found the provider was meeting the regulations inspected.

Haven Bell Hanwell House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service provides care for up to three people with mental health needs and there was one person using the service when we visited. The home is based in a residential property within an apartment block and communal areas included a lounge, dining and kitchen seating area.

There was a registered manager 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.

Accidents and incidents had been appropriately recorded and monitored and risk assessments were in place for the person who used the service and staff. Records were reviewed within six months or more frequently where the person's care needs had changed.

People were protected from abuse because staff understood how to keep them safe, including an understanding of the processes they should follow if an allegation of abuse was made. Staff had received safeguarding adults training and were able to explain the possible signs of abuse.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Documentation indicated that the person was involved in decisions about their care and how their needs were met. The person's care plan reflected their assessed needs.

Staff demonstrated an understanding of the life history and current circumstances of the person using the service and demonstrated they were able to meet their individual needs in a caring way. Staff supported the person with their social and emotional needs.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff were safe to work with vulnerable people. Appropriate systems were in place for the management of medicines so the person received their medicines safely. Medicines were stored in a safe manner.

Staff were suitably trained and received ongoing training and support. Staff received regular supervisions and appraisals and told us they felt supported. There were enough staff employed to meet the person's needs.

The person using the service was supported to maintain a balanced, nutritious diet in line with their medical requirements and in consultation with a dietitian. The person's day to day health needs were met by the staff and the service had good relationships with external healthcare professionals.

Effective systems were in place to manage any complaints that the provider may receive. Care staff told us they had a good relationship with the registered manager and felt able to discuss any issues openly.

There was a positive ethos and an open culture at the home. Staff were encouraged to contribute to the development of the service and effective auditing processes were in place. The registered manager reviewed the person's care records and daily notes on a regular basis. Records indicated that the person using the service was asked for their feedback regularly.

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 safe.

There were systems in place to address and manage risks. The risks to the person were identified and recorded, with appropriate instructions for care staff in mitigating these.

There were safer recruitment processes to ensure staff were suitable for their roles.

Procedures were in place to protect the person from abuse and care staff had a good understanding of these.

Safe medicines management procedures were followed. Medicines were administered, recorded and stored appropriately. The service followed safe infection control practices.

Is the service effective?

Good ●

The service was effective.

Staff received an induction and regular training, supervisions and appraisals of their performance. A Deprivation of Liberty authorisation was in place in line with legal requirements

Care staff had completed training in the Mental Capacity Act 2005 (MCA) and had knowledge to ensure they supported people appropriately to make their own decisions. Care was delivered in line with relevant legislation and standards.

The person was supported to maintain their nutrition in line with their medical needs and their health was monitored and responded to appropriately.

Is the service caring?

Good ●

The service was caring.

Care staff were caring and empathetic towards the person they were caring for. They demonstrated a good level of knowledge about the person's past and current social circumstances.

The person was involved in making decisions about their care and was encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

The person's needs were assessed before using the service and they were involved in planning their care and support.

The provider reduced the risk of social isolation and encouraged the person to access activities of their choosing. Care records included information about the person's involvement with activities and people important to them.

Is the service well-led?

Good ●

The service was well led.

Care staff told us the registered manager was approachable and supportive.

Quality assurance systems were in place and used to monitor the services being delivered to people.

Haven Bell Care Home Hanwell House

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 took place on 25 January 2018 and was announced. We provided 24 hours' notice of this inspection as we wanted to be sure someone was in when we visited. The inspection was carried out by a single inspector.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the CQC as well as the previous inspection report. A notification is information about important events which the service is required to send us by law.

We were unable to speak with the person using the service when we visited as they were out. Due to their specific needs, it was not possible for us to speak with them over the telephone after our inspection. We spoke with one family member, two care workers and the registered manager of the service. We looked at the person's care records, three staff records and records related to the management of the service.

Is the service safe?

Our findings

The person's relative told us they felt their family member was safe using the service. They told us "[My family member] is safe with the staff."

The person was supported to manage risks to their safety as these were appropriately assessed and recorded. Risk assessments were in place for the person who used the service which described potential risks and the safeguards in place to keep them as safe as possible. Risk assessments covered a range of areas related both to the person's physical and mental health needs. These were personalised and were regularly reviewed. Risk assessments were present for specific, individual risks related to the person's health conditions and to specific risks they had encountered through the experience of being cared for at home and in the community. Where care staff had encountered a new risk in the course of caring for the person, a new risk assessment was devised to ensure care staff were aware of how best to manage this and how best to learn from the experience. This ensured that care staff were regularly updating their knowledge of how to maintain the person's safety.

The provider learnt from incidents that occurred to improve the service provided to the person. Systems were in place for monitoring incidents and accidents occurring. Staff recorded any incidents taking place and notified the registered manager who took actions as necessary. Care staff gave specific examples of incidents that had occurred in the course of providing care for the person and explained how they had dealt with this in line with training, guidance and the instructions within risk assessments. This meant that lessons were learnt and appropriate actions were taken to help keep the person safe.

Care staff knew what to do in the event of an accident, incident or medical emergency as they had received appropriate training. Care staff were aware of all current risks relating to the person and were aware of how they were required to respond to these. The registered manager explained that potential emergency scenarios were discussed with care staff on a regular basis so they were aware of what to do. Care staff told us they felt confident they would react appropriately in an emergency situation and demonstrated they had learned from their training, discussions with other staff and knowledge of the person. One care worker told us in the event of a specific incident "We have an emergency protocol in place", they added "If something else happens we would contact the emergency services".

Care staff followed safe practices for administering, recording and storing medicines. Medicines were delivered on a monthly basis for the person by the local pharmacy in 28 day blister packs. Medicines were stored safely in a locked cupboard. We saw examples of completed medicine administration records (MARs) for the person which had been completed within the month of our inspection. We saw that staff had fully completed these. We saw copies of monthly checks that were conducted of medicines. This included a physical count of medicines as well as other matters including the amount in stock and expiry dates of medicines. The checks we saw did not identify any issues.

Records indicated and care workers confirmed they had completed medicines administration training within the last year. When we spoke with care workers, they were knowledgeable about how to correctly

store and administer medicines. Care staff followed good practice and used guidelines to support people with their PRN medicines and this included the use of PRN protocols. A PRN protocol explains how people should receive their medicines that were to be taken only when needed, such as pain killers.

Care staff told us and records confirmed they had received training in how to safeguard people from abuse and knew the actions they should take if they thought the person was at risk of harm. They were able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Care staff were clear on the requirement to report any concerns. One care worker told us, "I don't have any concerns about [the person]. If I had any concerns, I would report these." The provider had a safeguarding adult's policy and procedure in place and care workers were aware of this.

The provider ensured there were sufficient numbers of suitable staff in place to support the person to stay safe and meet their needs. The registered manager explained how she assessed staffing levels. She explained that she regularly assessed the person's needs and ensured enough care staff were scheduled to care for the person in accordance with this. The registered manager explained that currently two care staff were required to care for the person at any time and that she was also on call at any time to deal with any emergencies.

The service used safe staff recruitment procedures. Appropriate checks were carried out by the provider which ensured that people were supported by suitable staff. We looked at the recruitment records for three staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms detailing their employment history.

Systems were in place to ensure infection control at the service. The registered manager explained that the entire home was cleaned thoroughly on a daily basis and she confirmed that care staff completed a daily checklist of cleaning tasks that were supposed to be completed to ensure they were done. We saw cleaning guidelines were also in place which detailed how cleaning tasks were supposed to be conducted. This included the use of a colour coded system for cleaning equipment which minimised the risk of cross contamination as a result of accidental usage of equipment in the wrong area of the home.

We saw all areas were clean, there was no clutter and the home was odour free. Staff understood their responsibilities regarding infection control and provided hygienic care. When we spoke with care workers they demonstrated a good level of knowledge on good infection control practices. One care worker told us, "We do our cleaning day and night and constantly use anti-bacterial wipes throughout the day".

Is the service effective?

Our findings

The person using the service received support from staff who told us they had the managerial support and training they needed to provide good care for them. One care worker said, "We get the training and support we need." The registered manager told us and care workers confirmed they completed training as part of their induction as well as ongoing training. Records confirmed that staff had completed mandatory training in various topics as part of their induction prior to starting work. These topics included safeguarding adults, infection control and medicines administration. Care staff had also undertaken specific training relevant to the person's specific health conditions and demonstrated a good level of knowledge of what these were and how the person's needs should be met. The registered manager gave us an example of a specific training session care workers had recently attended. She explained that this training was to do with the management of a specific health condition and that there were no official training courses for care workers. She therefore arranged for a nurse from the person's hospital to deliver this training in person.

Records showed new staff underwent an induction programme in line with national training standards. This included initial training and a period of shadowing before working under supervision as part of the team. Thereafter, if care workers were comfortable, they could work more independently. New care workers were expected to follow the requirements of an induction checklist that was signed off by the registered manager before they started working with people. This included completion of online modules required for completion of the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere to.

Care workers told us they felt well supported and had received regular supervisions and an appraisal of their competence to carry out their work. The registered manager told us and care workers confirmed they received supervision every two months and records supported this. Care workers told us they found supervision sessions to be useful to their work and development. One care worker told us "These are very useful. You can take time out and discuss things".

The registered manager told us that annual appraisals would be conducted for care workers to assess their performance once they had worked at the service for one year. Records demonstrated these were taking place and care workers told us they found these useful to their roles.

Peoples' rights were protected in line with the Mental Capacity Act 2005 (MCA) as the provider met the requirements of the Act. The 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. 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 Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the MCA. Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. The person using the service was subject to continual supervision of their movements, so a valid DoLS authorisation was also in place to ensure any restrictions were lawful and in their best interests. We spoke with the registered manager about the restrictions placed on the person and they explained that all decisions were taken in consultation with healthcare professionals, the person's social worker and the person's family members. The registered manager explained that they were in the process of reapplying for a further DoLS due to the imminent expiry of the current DoLS authorisation.

The person using the service was given in depth assistance with their nutritional needs. There was information in the person's care plan detailing their specific nutritional needs and what support they needed. The person had a specific health condition which meant they were required to follow a very specific diet that had been devised in consultation with a dietitian. The consequences of not following this diet had serious potential repercussions for the person's health, therefore all foods required initial research to ensure they were safe for the person to eat. We saw evidence of instructions from the dietitian and care plans were devised for care workers to follow these. The person's food and drink was closely monitored and recorded to ensure compliance with medical instructions. We spoke with care workers about their understanding of the person's nutritional needs. They demonstrated a detailed understanding of what the person was able to eat as well as the consequences of them consuming something that contravened their diet. Care workers told us they would contact the registered manager if they were unsure about a specific item of food. One care worker told us "We have been given leaflets and instructions about how to maintain [the person's] diet".

The registered manager explained that the person enjoyed eating in restaurants, but this required initial research to ensure food was safe and there were suitable options for the person. The registered manager explained that due to the person's condition, there were certain foods that the person used to enjoy, that they could no longer eat. She explained that she had researched foods that the person could enjoy within the remit of their diet and they provided us with examples of this.

The service worked in partnership with external health care agencies to ensure the person had the health and treatment they needed. Care records contained detailed information about the person's health needs, including up to date explanations of the signs and symptoms of the person's conditions. Healthcare appointments were recorded and attended. On the day of our inspection, the person was attending a healthcare appointment. Due to the person's specific health condition, they were required to attend regular hospital appointments. The registered manager explained that these appointments were imperative for the person to maintain their health and it was also essential that these were attended on time. We spoke with care workers about the person's hospital appointments and they demonstrated that they were aware of the importance of these as well as the need to attend on time. Care workers knew the telephone numbers of healthcare professionals involved in the person's care and told us they could contact them if necessary.

The service assessed the person's needs and choices so that care and support was delivered in line with relevant legislation and standards to achieve effective outcomes. Care was delivered in accordance with internal policies and procedures in a number of areas, including medicines management, the Mental Capacity Act 2005 and safeguarding vulnerable adults. Policies identified the procedures to be followed and relevant legislation and standards that required adherence in order to do so. The registered manager explained that care staff received up to date training in a number of areas to ensure they were compliant with up to date guidance. They told us if training was not available in a required area, they would arrange for healthcare professionals to deliver this personally. Care workers told us they were confident they worked in

accordance with up to date guidance and legislation. One care worker told us "I have a lot of caring experience, so I have a good idea of how things should be done legally."

Is the service caring?

Our findings

The person's relative gave good feedback about the care workers. They told us, "They're kind and caring." The relative told us their family member was treated kindly and they had a good relationship with care staff.

The registered manager and care staff had a detailed knowledge about the person's life history and they spoke with compassion about the circumstances that had led to the person requiring care. Care records included details about the person's family relationships as well as some of the experiences the person had faced which caused an impact on their wellbeing. The registered manager and care staff gave examples of some of these experiences and demonstrated an understanding of the psychological impact these had caused the person. The registered manager and care workers also had an in-depth understanding of the person's current circumstances and family relationships and explained how they supported the person to benefit from these. The registered manager and care staff had an established relationship with people important to the person and supported the person to maintain meaningful contact. This included weekly visits and regular telephone conversations.

The registered manager and care workers demonstrated an in-depth knowledge of the person's emotional needs and how best to manage these. Care staff explained the triggers that could potentially exacerbate the person's mood and lead to behaviours that were challenging and they explained how they worked to avoid and manage these. Care records included details of how best to manage the person's emotional needs and we saw these included updated examples for care workers.

The person was supported to maintain their independent living skills as far as possible. Care workers explained that although the person required a high level of supervision, they worked to ensure the person could do as much for themselves as they were able. One care worker told us "We give [the person] choices and encourage [them] to do as much for themselves as possible. This includes what to wear, what to eat (within [the person's] diet) and where [the person] wants to go".

Care staff respected the person's privacy and ensured their dignity was maintained. Care staff told us they were careful to protect people's dignity by making sure all personal care took place in private. They explained that although the person was the only person using the service, there were frequent visitors to the home which required care staff to be mindful about whether the person's dignity was being maintained. The registered manager also explained that there were some occasions where the person had exhibited behaviours that challenged publicly which had risked the person's dignity. She explained what action care staff were required to take in these circumstances and care workers were about to demonstrate that they had responded to these situations appropriately in the past.

The person's personal records and information were stored securely and kept confidential. This showed that the person's right to privacy was respected.

As far as possible, the service supported the person to express their views and be actively involved in making decisions about their care and support. Records showed that the person was encouraged to be involved in

their own care and where relevant, their comments were recorded.

We found the person had support to address their cultural needs. Care records included details about the person's cultural identity and the service took action to support the person to meet their cultural needs where possible. For example, the registered manager explained that planning and research was being undertaken to assist the person to visit their place of birth in accordance with their requests.

Is the service responsive?

Our findings

The registered manager ensured the person was involved in developing their care, support and treatment. They explained that considerable liaison had been conducted with existing healthcare professionals already involved in the person's care when the person moved into the service as well as their family members. Thereafter, the person had regular meetings with the registered manager and a multi-disciplinary team every four to six weeks and the person's views were prioritised during these. For example, some discussions were based upon how the provider and healthcare professionals could work together to meet some of the person's specific requests in relation to their care. Care records included a written record of the person's views about their care needs. We saw care staff kept daily records of the care provided and these were available for all people involved in the person's care to see.

Care records were personalised and described how the person preferred to be supported. Assessments covered areas including people's physical and mental health and routines. Care records also included details of the person's views in relation to their likes and dislikes, and other preferences regarding how they wanted their care to be delivered. The person's risk assessments and care records had been updated at least every six months.

The person was supported to access the community and pursue recreational interests. The person's care records included information about their involvement in activities. This included examples of both indoor and outdoor activities such as visiting the local shops and cooking. The registered manager and care workers gave detailed examples of pastimes that the person enjoyed. They explained that they ensured that the person took part in these on a daily basis as they felt these benefitted the person's general wellbeing and ensured they were in a good mood. One care worker told us the person "loves to go out, so we make sure [the person] goes out every day".

Care workers also ensured the person saw their relatives on a weekly basis. Care workers were well acquainted with the person's relatives and were proactive in communicating and liaising with them to arrange regular contact in accordance with the person's wishes. Considerable efforts were also made to ensure the person had annual holidays. In the summer of 2017, the person had visited Bournemouth. The person's relative told us she had enjoyed this very much. The registered manager told us she was making efforts to arrange a trip to the person's home village.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The registered manager explained that the provider's complaints procedure was provided to parties who wished to submit a complaint and we saw these were responded to in line with the procedure. The complaints procedure included details of the time within which complaints were to be responded to and included details of the procedure followed. The registered manager explained that she analysed any complaints and discussed these with the owner of the organisation to ensure all required improvements were made to try and prevent future complaints of a similar nature. We spoke with a family member and they told us they knew who to complain to if necessary.

Is the service well-led?

Our findings

The service promoted a positive and transparent culture for staff. Care staff spoke highly of the registered manager. They told us the registered manager took their views seriously and provided them with ongoing support. Their comments included "She is very supportive" and "She listens to us and really involves us in things."

There was a clear leadership structure in the service and staff understood what they were accountable for. Care staff demonstrated they were aware of their roles and responsibilities in relation to the person using the service and their position within the organisation in general. They told us their job description was made clear to them when they first applied to work for the provider. The provider had clear policies and procedures for staff to follow. Staff understood the key policies for the service and the registered manager discussed changes in policies within team meetings. Team meetings took place every two months and care staff told us they found these useful to their roles. One care worker commented, "It's a good chance for us all to get together and talk about things."

The registered manager operated effective quality assurance systems to monitor the quality and running of the service. These included six monthly audits of all care records, annual comprehensive fire safety audits, an annual infection control audit and an audit of staff records. The registered manager also conducted monthly checks of medicines and MAR charts. The checks we saw were detailed and did not identify any issues.

Accurate and meaningful records were maintained in the service about people's care. These allowed the registered manager to monitor that the person had received the care they needed and also to identify changes in their needs. Records completed by care staff were detailed and reported on all aspects of people's wellbeing. Staff completed charts, such as food and fluid charts, MAR charts and the completion of daily notes. Records were completed consistently and accurately. The registered manager ensured that other records for the purpose of running the service were maintained. This included staff training and recruitment records, health and safety records and audits.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

The provider worked with members of the multidisciplinary team in providing care to the person. This included the mental healthcare professionals including people's mental health nurses and their consultants and social workers. Where issues were identified, improvement plans were put in place.