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:
09 November 2016

Date of publication:
08 February 2017

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

We conducted an inspection of Haven Bell Care Home-Hanwell House on 9 November 2016. The service is a care home for up to three people with mental health conditions. There was one person using the service when we visited. This meant 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.

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.

Medicines were administered safely. Staff had completed medicines administration training within the last year and were clear about their responsibilities.

Information in risk assessments and support plans contained clear guidance. Records were reviewed within six months or more frequently where the person's care needs had changed.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005.

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.

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.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role.

Care workers were provided with appropriate training to help them carry out their duties. Care workers received regular supervision and appraisals of their performance. There were enough staff employed to meet the person's needs.

The person using the service was supported to maintain a balanced, nutritious diet. They were supported effectively with their health needs and supported to access a range of community and hospital based healthcare professionals where needed.

Staff told us they felt able to speak with the registered manager and provided feedback on the service. There was a suitable complaints policy and procedure in place and we saw complaints were dealt with in line with this policy.

The organisation had adequate systems in place to monitor the quality of the service. 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?

Inspected but not rated

The service was safe. Medicines were administered appropriately and records accurately reflected the amount administered.

The risks to the person using the service were identified and appropriate action was taken to manage these and keep the person safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet the person's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Inspected but not rated

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005. Care staff were aware of their responsibilities under the MCA 2005 and a Deprivation of Liberty authorisation was in place in line with legal requirements.

Staff received an induction and regular supervision and appraisals of their performance. Care workers received ongoing training and the care worker we spoke with demonstrated a good knowledge of the mandatory topics required to perform their role.

Is the service caring?

Inspected but not rated

The service was caring. Staff demonstrated a caring attitude and empathy towards the person they were caring for.

Staff demonstrated they knew the person well.

Is the service responsive?

Inspected but not rated

The service was responsive. The person using the service was encouraged to be active and maintain their independence as far as possible.

Records indicated that the person using the service was listened to and their complaints were taken seriously.

The person's needs were assessed before they began using the service and care was planned in response to these.

Is the service well-led?

Inspected but not rated

The service was well-led.

The registered manager confirmed she checked care records, Medicines Administration Records and daily notes formally every four weeks and did ad hoc spot checks every week.

The registered manager had a demonstrably close relationship with the person using the service and assisted with the provision of care in addition to her other duties.

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.

The inspection took place on 9 November 2016 and was conducted by a single inspector. The inspection was unannounced.

Prior to the inspection we reviewed the information we held about the service. We were unable to speak to the person using the service, but observed their interactions with care staff and the registered manager. We spoke with one care worker after our visit over the telephone. We spoke with the registered manager and another senior staff member in the organisation during our inspection of the service. We also spoke with one relative and one healthcare professional after our inspection. We also looked at the person's care records, three staff records and records related to the management of the service.

Inspected but not rated

Is the service safe?

Our findings

A person's relative told us they felt their family member was safe using the service. They told us "[My family member] is safe there. I have not seen anything to suggest otherwise." The provider had a safeguarding adult's policy and procedure in place. Care staff told us they had received training in safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place.

Staff received emergency training as part of their initial induction and this covered what to do in the event of an accident, incident or medical emergency. The care worker told us what they considered to be the biggest risks to the person they were caring for and they demonstrated an understanding of how to respond to these risks. This included precautionary measures to avoid incidents from occurring and how to respond if an accident did occur. The care worker told us they would contact the emergency services in the event of an accident or incident or take other appropriate action, which could be informing the person's GP and the registered manager.

We looked at the support plans and risk assessments for the person using the service. We saw that a detailed initial needs assessment had been conducted by the registered manager and this identified risks to the person's safety and details about the type and amount of care that the person required. This information was then used to produce a detailed care plan and risk assessments around the person's health and social care needs. Risk assessments were present for specific and 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. All documentation contained details about the nature of support required, explanations of any health conditions and the best outcomes or goals for the person. We also saw evidence of specific guidance for care staff which were derived from the provider's handling of specific situations which had arisen in the course of caring for the person. Care staff demonstrated that they were aware of the content of this guidance. This ensured that care staff were learning from their daily experiences and constantly updating their knowledge of how best to manage specific situations which had arisen.

There was a core group of permanent staff who were scheduled to care for the person. The care worker we spoke with was the person's main care worker and they demonstrated a detailed and thorough understanding of the person's needs and the risks associated with caring for them.

We spoke with the registered manager about how she assessed staffing levels. She explained that the initial needs assessment was used to consider the amount of support the person required and this was conducted in consultation with the referring social worker. As a result the registered manager determined how many care workers were needed to assist the person and for how long.

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.

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for the named individual by the local pharmacy. Medicines were stored safely for the person in a locked cupboard in a separate room within the flat. 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 the care worker confirmed they had completed medicines administration training within the last year. When we spoke with the care worker, they were knowledgeable about how to correctly store and administer medicines.

Inspected but not rated

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. 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.

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Care workers had received training in the MCA and we saw records of this. We saw that a valid DoLS authorisation was in place for the person using the service to ensure that any restrictions were lawful and in their best interests.

We spoke with one care worker about their understanding of the issues surrounding consent and the MCA. The care worker explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs people could demonstrate if they lacked capacity and told us they would report this to their manager. They also gave us specific examples relating to the person using the service which demonstrated that they could apply their theoretical knowledge correctly. This helped to ensure that the person was not being unlawfully deprived of their liberty and only the least restrictive measures were in place.

The care worker told us they felt well supported and had received regular supervisions and appraisals of their competence to carry out their work. The registered manager told us and the care worker confirmed that they received supervision every two months and records supported this.

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. However, the care workers working for the provider had not yet been working at the service for a year and therefore no appraisals had taken place at the time of our inspection.

The registered manager told us and the care worker confirmed that they completed training as part of their induction as well as some 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 health conditions and demonstrated and knowledge of what these were and how the person's needs should be met.

Records showed that the person using the service was encouraged to eat a healthy and balanced diet. The person's care record included information about their dietary requirements and the care worker was knowledgeable about this. Care workers cooked the person's meals and daily records demonstrated this. Records detailed the person's nutritional needs and allergies. Care workers demonstrated a good

knowledge of this area of the person's life.

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. When questioned, the care worker demonstrated they understood the person's health needs.

Inspected but not rated

Is the service caring?

Our findings

Our discussions with the registered manager and care workers showed they had a good knowledge and understanding of the person they were supporting. The care worker gave details about the personal preferences of the person they were supporting as well as details of their personal history and people important to them. They were well acquainted with people's habits and daily routines. The person's care records contained many examples of specific feedback from the person in relation to all areas of their life including their preferred diet and their views about their health needs. This ensured the person was always consulted and their views were prioritised.

The care worker demonstrated an understanding of the person's emotional state and moods and how they could sensitively deal with this. The person's care record also included details about this area including practical guidance of how care workers could help the person to improve their mood and manage behaviour that was challenging.

The care worker explained how they promoted the person's privacy and dignity and gave many practical examples of how they did this. The care worker told us, "I am very mindful of [the person's] dignity. When I give care I always make sure [they] get the privacy they need." The person's care record also included examples of how best to manage the person's dignity in circumstances where their behaviour challenged. The care worker also gave us examples of how they did this.

Care records demonstrated that the person's cultural and religious needs were considered when they first began using the service. The person was consulted on an ongoing basis in relation to whether they required further support to meet their cultural needs.

Inspected but not rated

Is the service responsive?

Our findings

The care worker told us they offered the person choices as a means of promoting their independence and gave us examples of how they did this on a daily basis. The care worker told us "I always encourage [the person] to be independent and [the person] can now do more for themselves than before. I never get in the way of [the person] helping themselves."

The person's needs were assessed before they began using the service and care was planned in response to these. Assessments included those in relation to their physical health needs and conditions as well as their dietary requirements.

Records indicated that the person had been involved in the formulation of their care plan and that their views were prioritised in the provision of their care. Care records provided information about how the person's needs and preferences should be met. We saw details of the person's preferred routine and their preferred activities.

Care records included a written record of regular discussions with the person using the service 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.

The person's care record showed details of their involvement in activities. As part of the initial needs assessment, the registered manager spoke with the person about activities they were already involved with so they could continue to encourage these. Care records included a section on the person's recreational pursuits and this included specific advice for care workers in promoting these. The care worker was knowledgeable about what the person enjoyed doing and told us how they encouraged this. We saw evidence of regular trips that were planned with the person as well as the intricate planning involved in meeting the person's recreational needs by overcoming the challenges as a result of their complex needs.

The provider had a complaints policy which outlined how formal complaints were to be dealt with. The registered manager told us how she handled complaints and we saw records to demonstrate this. The care worker confirmed they discussed people's care needs with the registered manager and would approach her immediately if there were any concerns.

Inspected but not rated

Is the service well-led?

Our findings

The organisation had good systems in place to monitor the quality of the service. The registered manager confirmed that she reviewed medicines administration record (MAR) charts, care records and daily notes formally every four weeks and informally every week. We observed the registered manager with the person using the service and their interaction demonstrated that they knew the person well.

The care worker confirmed they maintained a good relationship with the registered manager and felt comfortable raising concerns with her. The care worker said, "She is very supportive."

The provider had a clear process for dealing with accidents and incidents. Forms were available which included a space to fill in what had occurred, and what could be done to prevent a reoccurrence. Forms included further actions which were to be carried out following an incident. The registered manager was able to demonstrate how she had overcome some of the challenges in meeting the person's needs and how she and care workers had learned from their experiences as well as past incidents which had occurred. The care worker was knowledgeable about the particular challenges and previous incidents which had occurred in the course of caring for the person and how best to handle these.

The registered manager told us that any safeguarding concerns or complaints would be discussed in a similar way so that all staff could discuss and learn from these and improve the level of care provided. The registered manager told us she would check every concern individually and devise an action plan as well as monitor for trends. We saw a record of complaints and saw these were being dealt with appropriately.

The service had team meetings every month and we saw minutes of these. The care worker told us they found these meetings useful and felt comfortable speaking in them.