

Havilah Prospects Limited

Havilah Office

Inspection report

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14 January 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 13 and 14 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults; we needed to be sure that someone would be in.

Our last inspection was completed on 16 February 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to quality monitoring, person centred care, consent, medicines management, safeguarding adults from abuse, staff recruitment checks, staffing, complaints, good governance and statutory notifications. We checked whether the provider had followed their plan during this inspection to confirm that they now meet legal requirements.

Havilah Office provides personal care to adults and young people in their own homes in East London. At the time of the inspection there were three people using the service.

There was a registered manager in post. 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.

People were not always protected from risks to their health and wellbeing because risk assessments to guide staff were not always clear.

Medicines that were administered on an as required basis were not managed safely because corresponding care plans or protocols were not in place to guide staff.

There were enough staff to meet people's assessed needs. People felt safe and were protected from the risk of potential abuse by staff who were suitable to work in the caring profession.

Staff were trained to carry out their roles and were supported by management who used a robust supervision system.

The provider followed the latest guidance and legal developments about the Mental Capacity Act 2005. Staff used a range of communication methods to support people to express their views about their care.

People were supported to get enough to eat and drink and people had access to healthcare professionals.

Staff had developed long-standing, caring relationships with people using the service and respected people's diversity and privacy. This consistent care team provided care tailored to individuals.

The provider gave opportunities for people to feedback about the service and staff and relatives felt that the culture at the service was open and approachable. The service had made improvements in monitoring the quality of the care provided but further work was required in this area.

We have made one recommendation in relation to monitoring the service.

We found one breach of regulation to medicine management. 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. Medicines administered on an 'as required' basis were not managed safely.

People were not always protected from risks to their health.

There were enough staff to meet people's needs and protect them from abuse.

Requires Improvement ●

Is the service effective?

The service was effective. Staff received training relevant to their roles.

The provider followed the latest guidance and legal developments about the Mental Capacity Act 2005

People were supported to get enough to eat and drink and people had access to healthcare professionals.

Good ●

Is the service caring?

The service was caring. Staff had developed compassionate relationships with people.

People's privacy and dignity was respected.

Good ●

Is the service responsive?

The service was responsive. People or their relatives were formally involved in planning their own care.

Care staff provided care tailored to the individual.

Relatives felt able to raise complaints should the need arise.

Good ●

Is the service well-led?

Aspects of the service were not well led. A system of audits had been implemented but was not always effective to identify the gaps in care we found. Team meetings were not conducted.

Requires Improvement ●

A new deputy manager had been recruited and staff felt supported in their roles. Their performance was monitored by a system of spot checks.

Havilah Office

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 13 and 14 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff were often out during the day; we needed to be sure that someone would be in.

The inspection was conducted by a single inspector. Before the inspection we reviewed the information we held about the service and statutory notifications received. During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with the registered manager. We looked at three people's care records, and two staff files, as well as records relating to the management of the service. Subsequent to the inspection we made telephone calls to a person's relative. People using the service were not able to talk to us on the telephone. We also made telephone calls to two care staff.

Is the service safe?

Our findings

At our last inspection on 16 February 2015 we found a breach of the Regulations in relation to medicines. At this inspection we found that the provider had taken action to address our concerns but further improvements were needed.

Relatives told us they were happy with how medicines were managed and the provider had addressed concerns found at the last inspection. For example, staff had received refresher medicines administration training. We noted that for two people medicines were administered appropriately by staff who recorded their practice on medicine administration records. Practice and records were checked by the deputy manager during spot checks on staff performance. However, we found a new concern as we noted that paracetamol was being administered as required by staff for one person using the service but this was not included in the person's care plan or in a PRN (as needed) protocol which meant that staff were not adequately guided in order to keep the person safe.

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

At our last inspection on 16 February 2015 we found a breach of the Regulations in relation to risks. At this inspection we found that the provider had taken some action to address our concerns in all this area but further improvements were needed.

People were protected from harm by effective risk assessments where they were in place. Specific risks had been identified for each person and the associated risk assessments provided staff with clear and detailed guidance and direction about how the person should be supported. For example, the risk of developing pressure ulcers to one person had been identified and a comprehensive plan to mitigate those risks had been put in place and cross referenced with their personal care, continence and mobility care plans and risk assessments. Staff had a good understanding of what they needed to do to minimise the associated risks. However, a risk assessment was not clear in relation to staff responsibility around percutaneous endoscopic gastrostomy (PEG) feeding to ensure that staff knew how to manage the associated potential and actual risks. Staff told us that on occasion they would be responsible for the entire process and this was not clear in the assessment. In practice, we found that staff were trained in PEG feeding and recorded their practice appropriately.

At our last inspection on 16 February 2015 we found a breach of the Regulations in relation to safeguarding adults from abuse. At this inspection we found that the provider had taken action to address our concerns.

People were protected from the risk of potential abuse. A relative told us that the service was safe and they knew who to approach if they had concerns. Staff had received training in safeguarding adults from abuse and had a good understanding of what may constitute abuse and were aware that they were to report any concerns to their line manager.

Staff were aware that they could escalate poor practice to outside agencies such as the local authority safeguarding team, the Care Quality Commission (CQC) and the police if they felt the matter was not dealt with appropriately internally. One staff member told us, "I would report it to Havilah. If they did not do anything about it I would whistle-blow and report it to the social services safeguarding and the CQC." Staff were guided by an appropriate policy about safeguarding adults from abuse.

There were enough staff to meet people's needs. The provider had used a dependency tool to assess the number of staff each person required and this was regularly reviewed. The number of staff required matched the rota we reviewed. Staff told us they were aware of the on call number for help out of ordinary working hours and that cover was always arranged for sickness or absence.

At our last inspection on 16 February 2015 we found a breach of the Regulations in relation to staff recruitment checks. At this inspection we found that the provider had taken action to address our concerns in this area. A thorough recruitment system meant people were supported by staff who were suitable for work in the caring profession. We reviewed two staff files that contained criminal record checks, proof of their right to work in the UK, and two references.

Is the service effective?

Our findings

Staff were trained to meet people's care and support needs. One relative said, "They are trained in epilepsy and PEG (percutaneous endoscopic gastrostomy) feeding which has put my mind at ease." Staff told us they were happy with the training provided and they felt confident requesting further professional development opportunities if required. Spot checks to assess staff performance were regularly conducted by the deputy manager who found staff to be "Consistent and knowledgeable about what they're doing."

Records demonstrated that staff received three monthly supervision sessions and underwent an annual appraisal. Staff reported they found these useful to help them carry out their role. One staff member said, "The supervision is good to check what I am doing and to give me feedback about my work as well."

At our last inspection on 16 February 2015 we found a breach of the Regulations in relation to consent. At this inspection we found that the provider had taken action to address our concerns.

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. The application procedures for this in domiciliary care agencies are to be made to the Court of Protection.

Where required, records we reviewed contained comprehensive mental capacity assessments in relation to decisions about people's care. We noted that where people lacked capacity to decide for themselves, the provider had involved relevant parties, such as social workers, to make decisions in their best interests.

Care staff had a good understanding of the principles of the MCA and records stated that where people had capacity to make their own decisions then they must be supported to do so even if these may not be decisions that care staff would make themselves.

People were supported to eat and drink enough which was confirmed by a relative we spoke with. Although people's nutritional needs were mostly met by their relatives we saw that care staff provided additional support where required. For example, we noted that meal times could cause someone to become distressed and display behaviour that may challenge the service. The provider had investigated the triggers of this behaviour and put an eating and drinking care plan in place to ensure minimise distress and ensure the person maintained a balanced diet.

People were supported to maintain good health. There was evidence in people's care records that the provider worked collaboratively with health and social care professionals such as GPs. Staff were aware of situations that may impact adversely on people's health and how to monitor people for signs of deterioration and care records included such guidance for staff. Staff told us they would report any

instances of people's ill health to their line manager.

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. The provider ensured that people were consistently cared for by the same staff members. For example, one member of care staff had been supporting the same person for more than seven years. A relative told us "The carers are very nice" and "[The carer] is part of the family." Spot checks of staff included a section to ask people and their relatives about staff treatment. All responses were overwhelmingly positive. A typical comment was, "[The carer] is an angel and gets on very well [with my relative] and the family."

Staff reported that they were able to spend time with people and getting to know them and told us about people's likes and dislikes. One staff member told us, "They like being out a lot. They like laughing."

Staff supported people to express their views and involved them in day-to-day decisions about their daily lives and support. Care records gave detailed guidance about how to communicate with people who could not express themselves using words in detailed communication and emotional wellbeing assessments, emphasising involving the person at every stage of providing their care. Staff discussed how they followed these communication methods. For example, showing people different choices of toys or clothes and how they understood people's decisions based on verbal cues and facial expressions.

People's diversity was respected and their background and religion was captured in their care records. Although most people's cultural needs were met by their family, staff spoke respectfully of people's different backgrounds. The provider matched people with staff of the same gender and prepared culturally appropriate meals where required.

People's privacy and dignity was respected. A relative told us, "Yes, they are very respectful." Care records emphasised the importance of promoting dignity and included steps about how to do so. Staff explained that they would always talk to people about what they were doing when providing personal care and would keep curtains closed to respect people's privacy.

Is the service responsive?

Our findings

At our last inspection on 16 February 2015 we found a breach of the Regulations in relation to person centred care. At this inspection we found that the provider had taken action to address our concerns.

People's care and support needs were written in care plans to ensure staff had appropriate information available to meet people's needs.

People were involved in planning their own care. Involvement in care planning can help some people to feel more in control of their care arrangements and it can also help staff to understand an individual's priorities. Care records were written from the first person perspective and contained details of their likes and dislikes and life history. People or their relatives had signed them to evidence their involvement and relatives told us they were involved in planning their family member's care. We noted there was a system in place to regularly review documents periodically or when someone's needs changed. Staff reported that they found the plans useful and used them to refresh their memory when required or something had changed.

The service was responsive to people's changing needs. For example, staff were aware of how to support people when their behaviour may challenge the service. Care plans contained information on how to support people if something occurred that triggered a change in their mood. The provider had investigated what caused someone to display certain behaviours and had put a plan in place. This meant staff could identify that the situation was causing distress and what to do to rectify it or prevent it from happening in the first place.

Staff supported people to maintain their interests and hobbies. For example, assisting people to shop in the community or taking long walks. Staff explained how they would take their cues from the people they supported about what they wanted to do.

The provider gave opportunities for people to feedback about the service. We noted that home visits were conducted on a regular basis. Relatives indicated that they felt able to raise concerns and had confidence they would be dealt with. The deputy manager confirmed that relatives were aware of how to make a complaint at a recent spot check. However, we noted there had been no formal complaints in the last 12 months.

Is the service well-led?

Our findings

At our last inspection on 16 February 2015 we found a breach of the Regulations in relation to quality monitoring and good governance. At this inspection we found that the provider had taken some action to address our concerns.

The provider had employed a deputy manager to provide day-to-day support to the care staff team. A staff member said the deputy "knows what [they are] doing and [they are] very competent." All policies and procedures relating to the running of the service had been reviewed and rewritten to provide relevant guidance for staff to follow. Care documentation had been reviewed and replaced to provide a more complete representation of people's care needs and the provider had obtained consent to carry out the tasks. Gaps in training had been assessed and staff had attended courses to increase their knowledge in order to meet people's care needs. The provider had established a system of audits to monitor the quality of the service, such as medicine audits, care plan audits and relatives surveys. However, these did not pick up all the errors we found, such as issues relating to medicines administered on an as required basis. This is an area that would benefit from further improvement.

Staff performance was monitored via a robust supervision programme and spot checks at people's homes. One member of staff told us, "They do spot checks. They come unannounced and don't tell us they will be coming. They are once a month." We reviewed the records and found that feedback and recommendations were given to staff to improve the care provided. One staff member said, "[The deputy manager is] good because sometimes if [they] see us doing a mistake say come to the office to sort it out."

People were protected from harm because there was an open culture at the service. Staff had a good understanding about their roles and responsibilities and felt supported by the registered manager and deputy manager. People's relatives and staff reported that they felt they could approach the management team with any issues or ideas. A staff member told us, "I love Havilah. The manager is very good. I am free to talk to them if I have any problems." Staff felt supported by the management team. One said, "They monitor us as well and call us all the time to make sure we are OK." However, team meetings were not held to facilitate the discussion of best practice and new ideas.

We recommend that the service seek support and guidance from a reputable source about developing a robust audit system.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users as medicines were not managed safely (Regulation 12(1)(2)(g))</p>