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Haven Care

Inspection report

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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

This inspection took place on 18 July and was announced. The provider was given 48 hours' notice because the manager of the location was off and we needed to be sure that someone would be in the office and able to assist us with the information we required for the inspection. At our previous inspection of this service on 13 February 2015 we found they were not meeting the legal requirement relating to people's cultural specific nutritional requirements, ineffective monitoring systems, staff training, supervision and appraisal. At this inspection they met these legal requirements.

Haven Care provides personal care for over 200 people ranging from older adults to younger people with disabilities in the London boroughs of Redbridge and Waltham Forest. They also provide reablement services. The reablement service is usually provided for up to six weeks and is aimed at promoting and encouraging people to function independently after they have been discharged from hospital.

The service had a registered manager application in progress. 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 told us they felt safe and were satisfied with the care provided by most staff. They told us they were treated with dignity and respect by pleasant and polite staff who respected their wishes.

Staff underwent an induction before they were able to work in people's homes and were offered training, supervision and appraisals to ensure they were able to deliver care safely. Regular staff meetings and newsletters were produced to ensure staff were kept informed of changes and given an opportunity to speak out about any concerns.

There were robust recruitment policies and procedures in place to ensure that only staff that had undergone the necessary checks were employed.

People told us they were supported to take their medicine safely when it was in their care plan to do so. Where people needed support with meals, this was completed according to their personal or religious preferences.

Staff were aware of the mental capacity act and how they applied it in practice to ensure the person's voice was heard. They were aware of the policies and guidelines in place to safeguard people from harm avoidable harm.

Care plans were person centred and reflected people's current needs. There were risk assessments in place for the environment and for people and staff were aware of the steps to take to mitigate any identified risk.

Staff told us there was an open culture where they could raise concerns. There were systems in place to monitor the quality of care delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us that they felt safe and that staff always left their home secure. Staff were able to explain how they would recognise and report different types of abuse.

Medicines were managed safely.

There were robust recruitment systems in place to ensure that suitable staff were employed. Short term absences were covered by regular staff.

Is the service effective?

Good

The service was effective. People told us that most staff knew what they were doing and said they had witnessed new staff being trained by experienced staff on the job.

Staff attended induction before they began to work and were given feedback during regular supervision, spot checks and annual appraisals. Staff had attended training relating to the Mental Capacity Act and were able to discuss how this applied in their daily role.

People were supported to maintain a balanced diet. Where complex nutritional support needs were identified advice and support from dietitians and speech and language therapists was followed.

Is the service caring?

Good

The service was caring. People told us staff were pleasant and polite and treated them with dignity and respect.

Staff had attended training on equality and diversity and were able to explain how their catered for people's cultural and religious preferences.

Information about the service was accessible in the form of service user guides and newsletters.

Is the service responsive?

Good

The service was responsive. Care plans reflected people's current needs and included people's preferences.

There was a complaints process in place which was known by staff and highlighted in people's handbooks and newsletters. People said they were able to let the office know of any concerns and these were responded

Is the service well-led?

Good

The service was well-led. People said the service was well-led with the exception of minor communication delays at times. There were systems in place to monitor the quality of care delivered.

Staff told us there was an open and honest culture were mistakes were seen as an opportunity to learn and improve the quality of care delivered.
Records were stored securely, up to date and reflected people's needs.

Haven Care

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 18 July 2016 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in the office and able to assist us with the information we required for the inspection. It was undertaken by one inspector and an expert by experience made calls to people who used the service.

Before the inspection we reviewed information we held about the service and the provider. This included details of statutory notifications, safeguarding concerns, previous inspection reports and the registration details of the service. We also contacted the local authority and the local Healthwatch in order to get their perspective of the quality of care provided.

During the inspection we visited one person's home with their consent. We observed how staff interacted with this person and their relatives. We spoke with 15 people who used the service over the telephone, nine relatives, a manager, a monitoring officer, six care staff, the director the managing director, the general manager and the recruitment coordinator. We looked at eight people's care records including, medicine administration records, nine staff files and records relating to the management of the service.

After the inspection we spoke with health and social care professionals. We spoke with two relatives who contacted us to discuss their concerns about visit times.

Good

Is the service safe?

Our findings

People told us they felt safe and that staff left their home secure and always announced when they arrived. One person said, "Definitely I know I can trust [staff], [staff] is very honest. If [they do] any shopping [they show] me the change before putting it into my purse. [Staff] is very good."
Another person said, "They leave my alarm button with me before they leave, so I can get help if I need." Relatives also confirmed that they were on the whole happy with the care provided with the exception of a few late visits.

People, staff and relatives told us there were enough staff to meet people's needs. Their only complaint was sometimes they got new staff who they had to tell their preferences in order to save staff reading through the care plans. However, the management explained that sometimes people's regular staff were away or could not attend their normal visits and then they would have to send another staff to ensure the visit was not missed. We viewed missed visit reports and found that although some visits were late due to last minute cancellations, there were very few occasions where visits had been missed. Appropriate actions had been taken to ensure that repeat missed and late visits were mitigated. The service had an ongoing recruitment plan to ensure that there were always enough staff to meet the needs of new people and to cover for sickness and any other absences.

Recruitment practices were safe as necessary checks were carried out, so only people deemed suitable were working with people in the service. These checks included work history, references, proof of identity, criminal records checks and right to work in the UK. Occupational health assessments were also made to ensure staff were able to perform their duties safely.

People were safeguarded because the service responded appropriately to allegations of abuse. There had been some safeguarding concerns at the service. The service had referred them to the local authority, the police where appropriate and to the Care Quality Commission (CQC). Staff received regular training on how to safeguard people as part of their induction and annual training. We saw evidence of this in the records we reviewed and found that staff were aware of the different types of abuse and how to report

People told us that they were supported to take their medicine when it was in their care plan to do so. One person said, "Yes, they [staff] give me my tablets with my breakfast." Another person said, "They [staff] remind me to take my medicine." Medicines were managed safely by staff that had been assessed as competent. We reviewed medicine administration charts and found no gaps or discrepancies. Staff demonstrated knowledge of the procedure to follow should people refuse medicine or should they arrive and find no medicine. They were aware of the safe storage principles and the need to give certain medicine with food.

There were procedures in place to deal with foreseeable emergencies and reduce avoidable harm. Staff were aware of the policy to follow should a person not reply when they called. Similarly staff said they would wait with a person until an ambulance came if they found them needing medical attention.

Staff were aware of when to fill in accident and incident forms and told us these were reviewed and any learning passed on to staff at meetings and via text messages. Accident and incident reports were reviewed by the manager and appropriate referrals were made where support from other professionals was identified. We saw that risks to the home environment were assessed annually and reassessed as and when people's conditions changed or deteriorated. Risks included, falls, mobility, moving and handling, chocking and behaviours that challenged. Staff were aware of the steps to take to mitigate each identified risk.

The service followed clear staff disciplinary procedures when it identified staff were responsible for unsafe practice. When allegations against staff were made they were removed from the workplace to protect people, and themselves from further allegations. Investigations were completed and disciplinary action taken where necessary to reduce the risk of the same negative practices being repeated and to protect people from harm.

Good

Is the service effective?

Our findings

People told us they were supported by staff who knew how to meet their needs. One person said, "Yes, they know how to support me, most of them have been in their jobs a long time.
Another person said, "Some are always better than others of course. I can't say any of them have failed to meet my needs." A third person said, "They are on the whole very good. Those who don't know me ask as I am particular about my tea." Relatives confirmed that they were happy with most staff who were consistent but sometimes were not happy with weekend staff as they were sometimes different staff coming.

At our previous inspection we identified shortfalls in the care skills of some of the staff, especially on the care of people with communication difficulties. During this inspection we saw evidence that staff had attended relevant training and that staff were matched to people according to their skills and capabilities. We saw evidence that staff had completed an induction program and received mandatory training. Staff could explain how they would deal with communication difficulties, people living with dementia and behaviours that challenged. Additional training was provided for specific needs such as management of epilepsy and catheters where required.

At our previous inspection staff told us that they had received at least one supervision in the last year and that they were not aware of any regular staff meetings. We saw some supervision records for staff but these were not completed at regular intervals. During this inspection we found appraisals had been completed and regular supervisions and spot-checks were in place to ensure staff were given feedback and had individual personal development plans. There was a new system introduced to recognise staff by having a staff on the month in recognition for the quality of care delivered.

At our last inspection people's nutritional needs, including those relating to culture and religion, were not always managed or accommodated. During this inspection people told us they were supported to eat a balanced diet that suited their religious and cultural preferences. They tried to match people and staff appropriately so that they were able to For people, with swallowing difficulties, we saw care was taken to ensure fluids were thickened properly and that those on soft diets were given extra time to eat at their own pace when it was in their support plan to do so. The service was effective. People were supported to maintain a balanced diet. Where complex nutritional support needs were identified advice and support from dietitians and speech and language therapists was followed.

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.

Staff understood the Mental Capacity Act 2005 (MCA) and had attended training. They were aware that people's capacity to consent to care or treatment was assessed and recorded where necessary. People told us that staff always sought their consent before delivering care. One person said, "yes they do ask what I

want before they start." Staff knew the need to involve advocates where people had been assessed as having no capacity. They knew that capacity could be variable depending on the decision. Best interest's decisions were made when people were assessed to lack capacity to make certain decisions.

Good

Is the service caring?

Our findings

People told us staff were polite and caring. One person said, "Staff are respectful and do ask and respond to my mood appropriately." Another said, "We have a good chat and a laugh and that's how I like it." Relatives told us that they were mostly satisfied with regular staff who had built a good rapport with people.

At our previous inspection people were happy with the staff but not with how the allocations and rota were managed. They wanted more continuity of staff. During this visit, people confirmed they were getting regular staff most of the times and that staff were changed if people were not happy. One person said, "I get regular staff and that makes me feel better about the service." Another person said, "Yes, having regular staff has been the best thing so far." A third person said, "Yes, I'm delighted I have the same carer most of the time. [They] will come at the time I ask her to if I need to change it. [They] will do anything I ask her. No complaints."

People were involved in making decisions about their care when it occurred. People kept their care plans in their home and were aware of the number of hours they were to receive weekly. One relative said, "Yes, they come four times a day as agreed and stay for the agreed time." One person told us, "They [staff] come as scheduled give or take a few minutes and I can adjust timings if I need to go out." People told us they guided staff daily when they came to ensure the care was delivered according to their preference.

At our previous inspection some people told us that some staff, especially at weekends, "always seemed to be in a rush". This did not always make people feel relaxed during care delivery. During this inspection people told us they had regular staff most times including weekends. One person said, "I get the same [staff] most times and a different set at weekends." People told us that care at weekend had improved with the exception of Sundays and bank holidays where staff sometimes ran late due to public transport but always rang to inform people.

People were encouraged to be as independent as they wanted to be. Staff told us how they encouraged people to do as much as they could for themselves such as choosing clothes and washing their face. One person said, "I am independent and I don't need them to help me with some things and they respect that." Another person told us, "They encourage me to do what I can." The service offered a reablement program which was more to support people become more independent usually after a hospital admission or an operation. One person told us, "They [staff] helped me when I came out of hospital. Now I don't need much help but have kept them coming once or twice a week for a few bits and pieces."

People told us their privacy and dignity was respected. One person said, "Yes, [staff don't] come into the toilet when I'm using it. [Staff have] to undress and wash me so I am not embarrassed." Staff told us they had attended training on equality and diversity and were aware of the need to respect people's privacy and dignity. They gave examples of how they took into account people's cultural, religious and personal preferences when delivering care and told us that same gender staff were provided for personal care where it was people's preference.

Good

Is the service responsive?

Our findings

People told us they were cared for by staff who understood and were responsive to their needs. One person said, "I have had my carer for almost two years. They are very good and listen." Another person said, "I have no concerns. They are quite flexible and offering the help I need." A third person told us, "Yes, at the beginning [staff] used to come three times a day, I asked to change it so that I can have three quarters of an hour in the morning and one hour at night. So they changed it now."

At our last inspection people told us they had no major concerns except time keeping and communication complaints. During this visit people told us any issues were quickly resolved. The complaints policy was in the "service user guide" and was also sent out within the client's regular newsletter. We reviewed complaints made since November 2015 and found these were responded to and investigated with the 28 day period outlined in the services complaints policy. Where possible complaints had been resolved amicably. We noted staff were aware of how to deal with complaints. We also saw a folder with compliments from relatives and people commending specific staff for their conduct during care delivery.

People told us that they were involved in planning their care and had access to information in their "service user guide" and newsletter. They said they could explain and take responsibility for what happened each day. For people who could not express themselves verbally staff told us they paid attention to their body language and showed them via actions, different food or dress choices. People had consistent staff and this helped them receive consistent care by staff who listened to them and delivered care according to their personal preference. One person said, "Staff are good at doing what I want." Another said, "They are very good and know what I want. I don't have to explain everything."

People's support needs were assessed by monitoring officers when they began to use the service. Care plans were developed after an assessment visit which involved people, their relatives and social services. We reviewed care plans and found they addressed specific needs and expected outcomes. They included the individual's view of how they wanted care delivered, preferred names physical, social and emotional needs. Care plans reflected how people preferred to be supported. In addition, a brief summary titled 'my support plan at a glance' was available to give staff a brief overview of people's support needs. We saw evidence that care plans were updated and reviewed as and when people's condition changed or annually in most cases. People confirmed that regular reviews took place with one person saying, "They come to my house, they look through the book and they ask me some questions."

People told us that their family or friends were involved in their care if they wished. We saw examples of people who had relatives contributing to the plan and suggesting better ways of using the time allocated for care. For example, instances where people did not want a bath on the day of the visit could spend their time doing something else with staff after alternative personal care has been delivered. We saw an example of a person who had opted to be taken out for a walk once a week in the time that would have ordinarily allocated for a bath opting for a wash instead.

The service worked well with other professionals such as district nurses, GPs and pharmacists in order to

deliver care. We saw that referrals had been made where appropriate and that care packages had been reviewed as and when people's condition had improved or deteriorated. These included instances where people's needs had either increased or decreased and ensured people were reassessed and care packages adjusted accordingly.

Good

Is the service well-led?

Our findings

People and staff told us the manager and monitoring officers were visible and approachable. One person said, "Yes, I speak to the one in charge at the office often and they listen." Another person said, "I say what I want and the management try their best to resolve any issues." A third person said, "Yes, I suppose so, because it is a great help to me and it allows me stay in my own house and be independent." At the time of our inspection there was no registered manager in place since April 2016. However, the current acting manager was in the process to register with the Care Quality Commission.

People and staff told us the service's communication had improved although people still said they mainly communicated with their staff rather than the office. There was now a newsletter for people to stay informed of any changes and to remind them of contact details and ways to make compliments and complaints. In addition satisfaction surveys were now completed at least once year. We reviewed surveys completed between May and July 2016 and found that action had been taken where people had requested specific changes to their care package or visit times.

At our last inspection people told us that time keeping was an ongoing problem. During this inspection people said time keeping had improved and that they were getting their visits close enough to their time with the exception of four relatives who still reported missed visits and new staff who were unfamiliar with people. We spoke to the manger about these and they confirmed that that they have put measures in place to address them. One person said, "Yes, they are very regular, give or take a few minutes. It's not a problem." Another person said, "They ring if they are running late which is fine by me as it gives me a chance to plan my day." There was a new electronic system in place which was used to monitor visits in real time. In addition some people had moved to electronic daily log sheets. This enabled staff in the office to monitor any concerns in real time thereby getting appropriate assistance to people and staff.

At our previous inspection some staff felt the provider listened to any issues they raised but did not always take appropriate action. Other staff said opportunities to give feedback were limited. During this visit we found that there were regular staff meetings, monthly newsletters, regular supervision and annual appraisals in place. Staff told us their supervision and the newsletters were useful as they kept them up to date with any changes. Some staff were happy with the changes such as the electronic completion of daily records in real time. This also meant that staff at the office could quickly act on some of the issues raised within the daily records within hours rather than waiting for staff to report getting help such as referrals.

Staff understood their responsibilities and there was a clear leadership structure in place. Monitoring officers assessed and took on new packages as well as carrying out spot checks to ensure care was delivered in a way that effectively met people's needs. Monitoring officers completed assessments at the beginning of care packages and reviewed them when changes occurred. There were plans in place to divide staff into five smaller zones with team leaders so that it would be easier to get to visits and cover absences.