

Simon Greaves

The Haven Rest Home

Inspection report

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06 March 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Haven Rest Home is a residential care home providing personal care to up to 17 people. The service provides support to older people who may live with dementia. At the time of our inspection there were 16 people using the service. The Haven Rest Home accommodates people in one adapted building.

People's experience of using this service and what we found

Improvements had been made to the way people's safety risks were managed and the checks senior staff undertook so they could be assured people received good care. Suggestions made by people and relatives were acted on. Staff said the senior staff were approachable and listened to their views for improving people's care further.

Senior staff understood what key events needed to be reported to CQC. The provider had not completed a Provider Information Return but gave us assurances subsequent requests would be completed without delay. Staff worked with other organisations to ensure people's health and well-being needs would be met.

People were protected from abuse. There were enough staff to meet people's safety needs and staff were safely recruited. Relatives highlighted their family members were supported by staff who knew their safety needs well. People were assisted to have the medicines they needed to remain well by staff who had been trained to do this. Systems had been put in place to reduce the likelihood of the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection

The last rating for this service was requires improvement (published 05 November 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Haven Rest Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Haven Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team at The Haven Rest Home consisted of 2 inspectors.

Service and service type

The Haven Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Haven Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 06 March 2023 and ended on 30 March 2023. We visited the location's service on 06 March 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the Well-led section of the full inspection report where we

have provided further details. We used all of this information to plan our inspection.

During the inspection

We spent time seeing how people were cared for and spoke with 2 people living at the home and 3 relatives, to find out their views about the care provided. We spoke with 5 staff who worked at the home, including the manager, senior staff and care staff. We also spoke with a member of the catering staff and the provider.

We reviewed a range of records. This included 3 people's care records, multiple medication records, and records showing what support staff had given to people so their care needs would be met. We looked at records relating to the quality, safety and management of the home. These included checks undertaken on the premises, staff competency, minutes of meetings and staff recruitment records. In addition, we looked at policies and procedures, audits undertaken by senior staff and the cleanliness of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People were at ease with the staff supporting them. One relative told us they visited their family member on different days and at different times. The relative said because of staff's approach to safety, "[Person's name] always seems happy, well cared for and clean."
- Staff understood how to recognise and respond to any signs of abuse. Staff told us they were confident the manager would support people to stay safe, should this be required and had received training to help promote people's safety.
- The manager and provider had put systems in place to escalate any concerns to other agencies to protect people, should this be required.
- Improvements had been made to the storage of temperature sensitive medicines. A programme of premises improvements had been put in place and more premises checks had been introduced, to reduce the risks to people further.

Assessing risk, safety monitoring and management

- People were positive about how staff met their safety needs and relatives told us their views on their family members safety were considered. For example, before people moved into the home, and after any incidents or accidents. This helped to ensure people's safety risks were identified and plans put in place to meet their needs.
- Staff had a good understanding of people's risks and used this knowledge to support people when caring for them. This included in relation to falls and people's risk of choking. However, we found there were some inconsistencies in the guidance within people's care plans and risk assessments. Senior staff told us they would address this without delay.
- We saw staff took time to reassure people and work with them at their pace when helping them to move around the home.
- Where guidance had been provided by other health and social care professionals this was followed, so people's safety was further promoted. This included in relation to people's skin health. We found no evidence of harm to people, however, the accuracy of recording repositioning could be further improved. Supporting people to reposition helps to reduce the risk of poor skin health. Senior staff gave us assurances this would be addressed as new systems were being introduced to facilitate this.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and where appropriate, legal authorisations were sought to deprive a person of their liberty.
- Staff encouraged and supported people to make their own decisions and choices where people wanted this.

Staffing and recruitment

- There were enough staff to care for people and meet their safety needs. We saw people's requests for assistance and comfort were promptly responded to.
- Relatives were positive about the staffing levels and approach taken by staff when supporting their family members. One relative said, "Staff are kind and there seems to be enough of them." Another relative highlighted the turnover of staff was low, and this meant their family member's needs were understood and responded to.
- Staff told us there were busy periods, and described how they worked effectively as a team, so people's needs continued to be promptly met.
- Staff were recruited safely. Checks had been completed before staff started their employment at the home. These included taking up references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff to have the medicines they needed to remain well. People's medicines were safely received, securely stored and disposed of and administration recorded.
- Staff were not allowed to administer people's medicines until they had been trained to do this, and their competency had been checked. The manager planned to develop their staff competency checks, so they could be further assured staff remained competent to administer people's medicines.
- There was no evidence of harm to people, however, we found some risks to people could be further reduced and elements of the administration of medicines further enhanced. This included providing staff with clear guidance to support safe administration of medicinal patches, to ensure they remained in place and was rotated safely. This is important because patches are prone to falling off, and rotation minimises the risk of skin sensitivities and the skin thinning which can cause the body to absorb the medication at a quicker rate. Senior staff took immediate action to address this during the inspection.
- Senior staff regularly checked people had received their medicines as prescribed, so they could be assured people continued to receive their medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed. We found the likelihood of the spread of infection could be further reduced through replacement of some items of equipment. This had been identified by staff prior to the inspection and had been ordered.

- We were assured that the provider's infection prevention and control policy was up to date.
- People and relatives told us there were no restrictions on visiting hours.

Learning lessons when things go wrong

- Staff knew what action to take if any incidents or accidents occurred. These were recorded and reported to senior staff for investigation.
- The manager and provider reviewed incidents and accidents and communicated any learning to staff. This included through meetings at the start and end of each shift, so senior staff could be assured people would have the care they needed as their needs changed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been improvements in the systems used by senior staff to ensure people received safe, quality care. This included in the way areas for development were identified and improvements driven through. This helped to ensure people received care in a safely maintained home, with appropriately secured equipment.
- The manager had introduced checks on a wide range of key elements of people's care. These included recorded daily walk around audits, checks on equipment used to promote people's skin health, infection control, care plan checks and medication audits. These helped senior staff to identify any improvement required and to address these.
- The provider planned to review how they checked people were supported to regularly move and reposition. This was so senior staff could be further assured people received the care they needed to promote their skin health.
- Staff told us they felt supported to provide good care and to understand how they were expected to care for people. For example, through regular meetings at the start and end of each shift, staff training and advice provided by the senior staff.
- The provider checked the quality and safety of the care provided to people by visiting The Haven Rest Home.
- The provider knew they were required to be honest and open, in the event of something going wrong with people's care. They understood what key events needed to be communicated to the Care Quality Commission, (CQC), and other organisations. However, the provider had not returned a requested Provider Information Return to CQC. The provider gave us their assurances any future Provider Information Returns would be returned without delay.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The way the home was managed encouraged people to ask for assistance they wanted. Staff took time to involve people in decisions about their care, to share a joke with them and were interested in their well-being.
- People, relatives and staff told us the provider and senior staff were visible within the home. One relative said because of the way the home was run, "It's a nice small home with lots of personalised care. [Provider's name and staff] are dedicated to what they do. [Family member's name] seems to be happy, and we are listened to."

- Staff said The Haven Rest Home was a good place to work, because the culture at the home was focused on the needs of the people they cared for and they felt supported to do this.
- The manager told us, "We want the best for people. We and all the staff treat [people] like our own."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We saw people were encouraged and comfortable to make suggestions for developing their individual day to day care further.
- Relatives told us senior staff had a positive approach to suggestions they made to improve their family member's care and the way the home was run. For example, a relative said they had suggested relatives' meetings were reintroduced. Senior staff told us this was being actively considered.
- Another relative explained they had made a suggestion for improving their family member's care. The relative told us this was managed well. The relative said, "It was dealt with quickly, straight away and they now do extra checks. [Staff] listened and took action, management [kept in touch]; they wanted to follow the correct procedures."
- Staff gave us examples of suggestions they had made to improve people's care and safety further. These included the maintenance and purchase of equipment, and suggestions for improving how information communicated to staff at the start and end of each shift. Staff told us their suggestions had been listened to.
- Staff worked with other health and social care professionals, including district nurses, advance nurse practitioners, speech and language therapists, people's GPs and physiotherapists, so their health needs would be met.
- The manager told us they had recently started to re-engage with local community and church groups, so people would benefit from improved wellbeing.

Continuous learning and improving care

- People benefited from living in a home where staff reflected on their practice and considered if this could be improved further. For example, staff told us they were given feedback on areas which could be developed further during spot checks on the care they provided to people. One staff member explained about the manager's daily walk around audit and told us, "They [senior staff] will tell us if we have not done anything correctly." This helped to ensure people's care continued to improve.
- The manager and senior staff reviewed key events in the home, such as falls, to consider if further assistance could be given to people so they would remain safe.