

Haven247 Healthcare Limited

Haven247 Healthcare Limited

Inspection report

Unit 2, Capital Industrial Estate
Crabtree Manorway South
Belvedere
DA17 6BJ

Tel: 07810597041

Website: www.haven247healthcare.com

Date of inspection visit:
25 June 2021

Date of publication:
28 July 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Haven 247 is a domiciliary care agency that provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection four people were receiving personal care.

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

People and their relatives told us people were safe and that staff treated them well. The registered manager completed risk assessments for each person using the service about their health and well-being. Staff administered people's medicines safely and protected people from the risk of infection. People were supported by effectively deployed staff and the registered manager monitored visits. The provider carried out comprehensive background checks of staff before they started work. The provider had a system in place to monitor accidents and incidents.

People's care plans reflected their current needs. People knew how to make a complaint. The registered manager knew what to do if someone required end-of life care.

Systems and processes to assess, monitor and improve the quality and safety of the service were in place. There was a clear management structure in place and staff were aware of the roles of the management team.

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 November 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led which contained those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haven 247 on our website at www.cqc.org.uk.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Haven247 Healthcare Limited

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 Care Act 2014.

Inspection team

This inspection was completed by two inspectors and one Expert by Experience. The Expert by Experience made telephone calls to people and their relatives to obtain feedback about their experience of the care provided. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 18 June 2021 and ended on 25 June 2021. We visited the office location on 25 June 2020.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included incidents the provider must tell us about, such as any safeguarding alerts that had been raised. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with two people and one relative about their experience of the care provided. We spoke with one member of staff and the registered manager. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care records, medicines management and quality assurance records

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection of the service robust recruitment procedures and checks were not always in place before staff started work. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Safe robust recruitment procedures and checks were in place. Staff recruitment records included application forms, a full employment history, employment references, the applicants' qualifications, skills and training, disclosure and barring service (DBS) checks, health declarations and proof of identification. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.
- Staff rotas showed there were enough staff to meet people's needs when required in a timely manner.
- People told us they had regular staff who visited them, who arrived on time and stayed for the length of their calls. This was monitored and managed by the providers electronic monitoring system.
- Staffing rotas were consistent and matched the number of staff on duty. One person told us, "I had to change things around to suit me. Nobody has ever really turned up that late. Maybe 5 to 10 minutes here and there."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe and that staff treated them well. One person told us, "I've had no problems, they [staff] are very good. I feel safe." A relative commented, "Yes, I would say that [my loved one] is safe. The carers on more than one occasion has had to contact emergency services for [my loved one], so they are quite good with that."
- The provider had a policy and procedures in place to protect people from the risk of abuse. Staff had completed safeguarding training and understood the different types of abuse and the signs to look out for. They were clear about their responsibilities to report any concerns to the registered manager.
- The registered manager knew how to work in cooperation with the local authority, in relation to safeguarding investigations and notifying the CQC when required.
- The registered manager told us there had been no safeguarding incidents since our last inspection. Records we saw confirmed this.

Assessing risk, safety monitoring and management

- Risks to people were assessed, documented and reviewed to ensure their needs were safely met.

- Care plans contained assessments of risk to people's health and well-being. This provided staff with up to date information about how individuals identified risks should be managed to help keep them safe. For example, supporting people with the use of equipment such as hoists and walking aids to ensure safe transfers and mobility. Risks were also safely recorded, managed and reviewed in areas such as personal care, nutrition and hydration and falls.
- Risk assessments were completed to ensure people's home environments were safe. For example, ensuring smoke alarms in place were working correctly and electrical appliances were safe to use.

Using medicines safely

- Staff managed medicines safely. A relative of a person told us, "They [staff] are supposed to check that [my loved one] has taken their medicine, [my loved one] does take it well themselves."
- The provider trained and assessed the competency of staff administering medicines. Staff told us, the registered manager assessed their competency prior to their administering medicines to people.
- Staff recorded when medicines support was provided. When staff administered medicines, records showed they were given as prescribed. Medicines records were checked by the staff to make sure they were accurate
- Staff had the information they needed about how and when to administer PRN, "as required", medicines. Protocols were in place for these medicines, which had been prescribed but people did not need routinely.
- The registered manager carried out regular medicines checks and if any areas of improvement were identified, these were discussed with staff.

Preventing and controlling infection

- People were protected from infection risks. One person told us, "They [staff] always wear masks and gloves." Another person said, "Yes, they [staff] wear it all. Gloves, apron and mask."
- Staff received training on infection control and Covid 19 including the use of personal protective equipment (PPE).
- Staff understood the importance of effective hand washing and wore the appropriate PPE, including aprons, masks, gloves. They disposed of waste appropriately, to protect people and themselves from the risk of infection.
- We were assured that the provider's infection prevention and control procedures in place.

Learning lessons when things go wrong

- The provider had a system in place to respond to accidents and incidents and to reduce the likelihood of them happening again.
- Staff completed accident and incidents records and the registered manager monitored these events to identify learning and discussed these with staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

At our last inspection of the service care plans did not have people's end of life wishes and preferences documented.

At this inspection we found that where people had agreed their end of life wishes, and preferences, these were documented.

- The registered manager and staff were aware of what to do if someone required end-of life care to ensure people's end of life needs were met.
- People's end of life care wishes was discussed and recorded for staff to follow as and when required. For example, a person did not have DNAR in place, as they wished to be resuscitated.
- Care records showed that staff worked well with health professionals and palliative care teams when required to ensure people's needs and wishes were respected.

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- People's communication needs were identified and documented in their plan of care to ensure staff had relevant information on how best to support them.
- Staff understood the importance of effective communication when supporting people and the service could produce information in different formats that met people's needs, for example, easy to read or pictorial versions of the service user guide.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. A person told us, "Yes, they [staff] say if I need anything, I can let them know and I let them know what I can manage. I receive care and support when I want. They're all very good and are friendly and polite."
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.
- Staff told us, before they went to people's homes, they looked at their care plans to know how to support

them.

- Staff completed daily care records to show what support and care they provided to each person.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would do so if necessary. A person told us, "I've had no complaints." A relative said, "My key contact is [staff name], if I had any complaints then I would call them."
- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives.
- The registered manager told us there had been no complaints since their previous inspection.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider failed to ensure effective quality assurance systems were in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a clear management structure at the service. The service had a registered manager in post. One person told us, "I think the manager is the initial person that I spoke to. I do think the service is managed well."
- The registered manager was aware of their registration requirements with CQC and the legal requirement to display their CQC rating. They understood the importance of quality monitoring and continuous learning and improvement within the service.
- The quality and safety of the service was routinely monitored, and improvements were made when required.
- There were checks and audit systems in place that covered areas such as, accidents incidents, safeguarding, medicines, falls, care plans and records, staff recruitment and training records.
- The provider also used an electronic call monitoring (ECM) system to monitor care visits. The ECM alerted office staff if care staff were late for care visits or there had been a missed call. Records showed that the registered manager monitored all ECM records daily to ensure people received their care visits when required, on time and care staff stayed the agreed times.
- The provider valued and listened to the views of staff. We saw staff had regular opportunities to share their thoughts and ideas at staff meetings and supervision meetings.
- Staff described the leadership at the service as approachable and supportive. A member of staff told us, "The manager is really good, when you ask something they will explain how to do correctly."

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 was a duty of candour policy in place and the registered manager understood their responsibility to

be open and honest and share any learning with people when things went wrong.

- Staff were required to report all accidents, incidents and near miss events which were monitored by the management team.

Working in partnership with others

- The service worked effectively with other organisations and health and social care professionals to ensure people received a good standard of care.
- Records showed staff made contact and worked with health and social care professionals including district nurses, local authorities, CCG's, palliative care teams and GPs when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to ensure the service sought the views of people through regular reviews of their care, staff spot checks within the community, telephone monitoring and satisfaction surveys. A person told us, "They [staff] do everything well."
- We looked at the feedback from a survey conducted in March 2021. Results were positive with people stating they received "Very good care".