

Mrs Rowena Gibson

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Inspection report

The Haven
Hackthorpe
Penrith
Cumbria
CA10 2HT

Date of inspection visit:
09 January 2020

Date of publication:
27 January 2020

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Haven is a small care home providing accommodation and personal care for up to three people with a learning disability. At the time of our inspection there were two people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The registered manager had safeguarding procedures to protect people from the risk of abuse or unsafe care. They had received recent training on it and knew what action to take. Risk assessment identified anticipated levels of risk and helped protect the health and welfare of people who used the service. People were being supported to take their own medicines, with prompting, from a monitored dose system. The provider had policies and procedures in place for recruitment. The home was a clean and hygienic place to live.

The registered manager had the experience and skills to meet people's needs and provide good outcomes for their wellbeing and a good quality of life. People were supported to have good nutrition and hydration in line with their personal choice and their healthcare needs. The service worked with other agencies and professionals to support people's health and well-being. The domestic building was decorated and adapted to provide a homely environment and meet people's needs. People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was homely, relaxed and a sociable, caring family environment for people where their privacy was respected and they were treated as individuals which helped protect their dignity. Their independence was promoted, their choices and preferences respected and their friendships maintained.

Care plans had been developed with people and, where appropriate, their relatives and these were reviewed. People were supported in their own social activities in the local community and their communication needs were assessed and understood by the registered manager. A complaint procedure was in place and people and their relatives were given the opportunity to give regular feedback on the service.

The registered manager used quality assurance systems that were proportionate to the small size of the service to monitor performance. They sought feedback and involvement from the people in the home and

their families. They showed understanding of the importance of openness and working with families, other agencies and healthcare professionals to make sure people had the best care. We have made a recommendation about recording complex or behavioural conditions over time.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 January 2019). There were two 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

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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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

The inspection team consisted of one inspector.

Service and service type

The Haven is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. They were also the registered provider and this means that they 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 very small service and we needed to be sure that the registered manager would be available to support the inspection. Because the service is small and people are often out we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Our planning considered information we held about the service and included information about events and incidents the provider must notify us about. We asked commissioners, the local authority and social care professionals who worked with the service for their experiences.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we reviewed records relevant to the running and monitoring of the service and training and development. We looked at the care records, risk assessments, new policies and procedures, maintenance records and medicines management.

We spoke with the two people who had used the service to ask about their experiences. We spoke with the registered manager who was present throughout the inspection. We observed interactions between the registered manager and people who used the service.

After the inspection

We continued to seek clarification from the manager to corroborate what we found. We spoke with staff at day services people attended for more feedback. We contacted family members of people who lived at The Haven who were happy to speak with us about their experiences of the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the registered manager review how often they took safeguarding training and liaise with the local authority to update this. The registered manager had made these improvements.

- People were protected from avoidable harm and abuse. The provider had effective safeguarding systems and policies and procedures in line with the local authority guidance.
- The registered manager understood their responsibility to protect people from the risk of abuse and had done recent safeguarding training relevant to their role.
- We received positive feedback from people who used the service. They told us they felt safe in their home, were happy and said, "I have a nice home." They told us who they would tell outside their home and inside it, if someone was "unkind" to them.

Assessing risk, safety monitoring and management

- The registered manager assessed risks to people's health and safety. Risk assessment identified and anticipated levels of risk such as, falls, mobility, using transport, understanding fire and evacuation procedures and their environment.
- The fire officer had inspected the premises and advised on risk assessment and additional smoke alarms. Their recommendations had been addressed as required. Fire drills took place and checks had been undertaken of the fire extinguishers both visually and under service contract.
- People had personalised emergency evacuation plans. These ensure there is enough information about each person's mobility and communication needs to be safely evacuated from the building in the event of an emergency.

Staffing and recruitment

- The provider had policies and procedures for recruitment.
- The registered manager and her husband provided the care in the home and so there was no staff turnover. The registered manager had contingency plans in place to provide cover should they be called away.

Using medicines safely

- The registered manager had policies and procedures with guidance on medicine management. Medicines were being managed in accordance with current guidance and regulations, including having a lock for the medication cupboard.

- The registered manager did a risk assessment with people for the management of their medicines and care plans contained information on the support people needed to take them safely. People were being supported to take their own medicines with prompting from a monitored dose system.

Preventing and controlling infection

- People were protected against the risk of infection. The registered manager had a policy on the control of infections, hand hygiene and the use of person protective equipment [gloves and aprons].
- The home was clean and tidy throughout, including people's rooms, communal areas, the kitchen and bathrooms. People who used the service helped with this, tidying their rooms and helping in the kitchen. When needed the registered manager had arrangements for domestic assistance.

Learning lessons when things go wrong

- The registered manager was keen to develop the service and learn from events. During the inspection they showed us how they intended to make changes to formalise some processes. This was so they could better document and demonstrate any changes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the registered manager did not have recent relevant training in areas that would benefit people who used the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had undertaken training and personal development to update their knowledge and awareness of best practice and changes in legislation. This included the areas highlighted at the last inspection. The registered manager understood and applied the principles and values of 'Registering the Right Support'.
- The registered manager used the internet for updating herself and gathering information and guidance on current best practice and for reference. For example, control of substances hazardous to health regulations, preventing falls, positive risk taking, infection control and food hygiene. The registered manager used relevant National Institute for Health and Care Excellence guidance to support their practices.
- Because this was such a small home the registered manager discussed clinical and support issues with health and social care professionals. For example, the GP, social worker and the day centre to give support. This helped them in reflection on their own practice and use the professional advice and guidance to make changes.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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.

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

We checked whether the service was working within the principles of the MCA

- The registered manager was working within the principles of the MCA. People and their relatives had been involved, consulted with and had agreed with, the level of care and support provided. There were no DoLS in place at the time of inspection.
- People told us they made their own day to day decisions such as places they wanted to go, people they wished to see, their meals and leisure activities and where they wanted to spend time.
- The registered manager referred to NICE guidance and practice guidelines on decision making and consent to support their practice. We saw they had sought advice from social care professionals when the need arose. Care records showed where issues had been discussed with the individual.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager supported people to have a balanced diet and assessed their nutritional needs and any risks to be aware of.
- People's individual dietary preferences were taken into consideration and people's wishes known. People told us they liked the food and went food shopping with the registered manager. We were told, "I like my food, we go out shopping "and "[Registered manager] knows what I like to eat"

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked with other agencies to provide consistent care including annual health.
- People's care plans showed they had access to health care professionals and community services and were supported to attend their usual appointments with dentists and chiropodists and at the hospital.

Adapting service, design, decoration to meet people's needs

- This domestic building was decorated and adapted to provide a homely environment and meet people's needs. It was a comfortable place to live where people were supported and encouraged to move about freely. People chose their own décor and how their rooms were organised.
- People had their own lounge as well as using the conservatory and main lounge. The family dining room was big enough for everyone to eat together or people could eat in their own lounge or rooms as they chose. There were attractive and well-kept gardens spaces to the front and rear. There was a hot tub for people to use if they wanted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question had remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, consideration and empathy. They told us they were happy living at The Haven and liked their home and the people they lived with. The registered manager expressed warmth and affection about the people they supported and a great understanding of them and their lives so far.
- The registered manager had created a relaxed, supportive and sociable atmosphere for the people in very much a family environment. Social care professionals we contacted gave positive feedback. They told us they found the people living there to be "Happy, safe and well cared for" and they had "Never had cause to be concerned about their care." A relative commented "[Relative] is the happiest they have ever been. It's just a pity there are not more lovely caring homes like this."
- The registered manager had put policies and procedures on supporting equality and diversity. These covered the definition of the protected characteristics. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager held meetings with people who used the service and recorded each person's individual response.
- People were able to communicate with us verbally and told us they made their own choices and were asked about what they wanted and how they wanted to spend their time. Care plans contained information about their lifestyle choices. They told us they decided what they did and talked about what they wanted with the registered manager anytime they wanted. They were relaxed and at ease with the registered manager and the other people in the house. This was their home in the true sense of the word.
- People were often supported to express their views by their families, but advocacy services were available if needed or in an emergency. [Advocacy services help people to access information and services, explore choices and options and promote their rights].

Respecting and promoting people's privacy, dignity and independence

- The registered manager supported and encouraged people to maintain independence. Care plans said if people needed help and support with different tasks and activities. For example, if a person needed prompting with medicines.
- We saw people were supported to be as independent as they could be and to take on daily tasks that helped them maintain life skills and have more control over their daily life. For example, attending social events, clubs, take holidays, go shopping, bake and keeping their rooms tidy and as they wanted them. We noted people's bedrooms were very personal spaces where they could relax and spend time alone if they

wished to.

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 improved to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans had been developed with people and, where appropriate, their relatives. These had been reviewed by the registered manager to improve and update changes in what people needed to live the lives they wanted. A daily log recorded information on people's daily activities, any visits with professionals or specific behaviours or changes in mood.
- Professionals gave positive feedback on the person focused care and the close and trusting relationships between people and the registered manager. One spoke of the registered manager's "commitment" to the people they supported and "They really do live as part of a family."
- The registered manager communicated with families, involving them in the care and support so they were included in people's lives and care. Family members we spoke with confirmed this and told us they were listened to and their opinions valued.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported in doing their own social activities in the local community, at the day centre, social clubs or with friends and relatives. There was an annual holiday for everyone living in the home which people told us they very much enjoyed. The home had its own transport for trips out at the weekends for meals, boat and train trips and to visit the theatre.
- People were encouraged to maintain strong relationships with their families and people who used the service had spent time at Christmas with their relatives. During their holiday people had been able to meet with relatives who lived some distance away and spend time with them as well as on separate visits. One person still visited a place they had worked to keep in touch with people they knew there.

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 and preferences were assessed and they were supported to communicate in the way they preferred and found easiest.
- Large print and pictorial aids could be provided to help people with information in daily life. For example, charts to support hygiene and tooth brushing.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure and a process for recording them. There had not been any complaints made.
- People said they knew they could complain if they were unhappy but also said they would just talk to the registered manager, day services or their relatives if they were unhappy.

End of life care and support

- No one was receiving end of life support at the service. The manager was aware of the services available to help if someone needed support with loss or bereavement. There were basic procedures on what to do if someone should pass away.

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 remained the same. This meant the service, whilst making improvements to how they recorded changes had not fully embedded the improvements to be consistent. The home management and the culture they created did however promote high-quality, person- focused care.

At our last inspection the registered manager had not documented information in sufficient detail for it to be shared effectively with other health and social care professionals should the need arise and had not regularly reviewed care plans and monitored changes. Policies and procedures were not up to date to reflect best practice. 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 registered manager was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager used quality assurance systems that were proportionate to the small size of the service to check people's safety, health, well-being and happiness. They used external guidance to support them to assess and meet people's needs. Care plans were updated when changes happened and had a full review every six months.
- Documentation of conditions and needs had been reviewed and care plan content had improved on these. We received feedback from other agencies that some records were not being kept in enough detail to support reviews and changing needs. We discussed with the registered manager the importance of sustaining and extending, over the long term, their improvements with recording changes in people's needs. This was to allow for consistent monitoring and review.

We recommend the registered manager continues to seek support and guidance from reputable sources on how best to record and monitor changes affecting people; specifically more complex or behavioural change occurring over time.

- Policies were in place for all relevant areas of care, these had been reviewed to make sure they were in line with current best practice and legislation. External guidance had been sought to help the registered manager update their processes.

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

- The home had a positive, person-centred culture that was open and inclusive. The registered manager understood the importance of sharing information about people's health and social needs to appropriate

professionals and to keep families informed. This understanding indicated the principles behind a duty of candour were applied in the service.

- The registered manager clearly knew and understood the needs of the people living at The Haven in detail and as individuals with their own likes, dislikes and personalities. We received positive comments about the service from relatives, including "[Relative] has a very good quality of life, well cared for and everything is well managed."
- External professionals involved with people's daily activities were positive about the management of the home. We were told the registered manager provided "Good person-centred care" and also "We have a good, open relationship with them, they are open and speak with us directly about any matters affecting [people]."

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

- The registered manager involved people and their families in a meaningful way.
- Monthly meetings people had with the registered manager allowed them to discuss anything that was bothering them and talk through any issues. It's also allowed them to tell the registered manager what they wanted to do or what they needed any extra help with. In such a small home this simplified way of gathering quality assurance information was easy to record and act upon quickly. Family members confirmed were also asked for their views about how the service was performing.

Working in partnership with others; Continuous learning and improving care

- The registered manager worked with health and social care professionals to make sure people had their health and social care needs met. Records showed the involvement of district nurses, GP's, chiropodists, dentists and hospital consultants.
- The registered manager was aware of the need to continue to update their knowledge to keep abreast of good practice. They were aware they needed to maintain this over the long term and remain up to date with good recording practices.
- External professionals, who came into daily contact with the people who lived in the home, told us the registered manager discussed practice matters with them if the need arose.