

Mr & Mrs K Bhanji

The Haven Care Home

Inspection report

17 Church Road
Tovil
Maidstone
Kent
ME15 6QX

Tel: 01622686865

Website: www.havencarehome.co.uk

Date of inspection visit:

07 December 2022

13 December 2022

Date of publication:

17 March 2023

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Haven care home is a large detached residential care home providing care and support for up to 30 older people, most of who are living with dementia. At the time of our inspection there were 26 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care for or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

People were at risk of harm because of failures to adequately identify and address concerns about people's safety. The leadership of the service was ineffective; management did not have effective systems in place to maintain oversight of the service and had not identified the issues we found during inspection. The registered manager was responsive to our feedback and had started to make improvements.

Right Support:

Systems for monitoring and learning from accidents and incidents were inadequate. Accidents and incidents were inconsistently and inappropriately recorded. There were no monitoring or analysis tools in place to manage, monitor or learn from them.

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. However, the registered manager failed to notify CQC that authorisations of deprivations were in place as required by our regulations.

Staff enabled people to access specialist health and social care support in the community.

Right Care:

Staff did not understand how to protect people from poor care and abuse. The service did not work well with other agencies to protect people from abuse. Staff had training on how to recognise and report abuse. However, staff told us they were afraid of reporting potential abuse.

People could take part in activities and pursue interests that were tailored to them.

Staff did not always protect and respect people's privacy and dignity. People were not always given emotional support when needed.

Right Culture:

People are at risk of harm because they experience or are at risk of abuse.

Management failed to effectively evaluate the quality of support provided to people and to fully involve people, their families and other professionals as appropriate. The registered manager failed to complete a comprehensive audit of the quality of support provided to people.

People's quality of life had not been enhanced due to the lack of the service's culture of improvement and inclusivity.

The registered manager had not ensured risks of a closed culture within the staff team were minimised so that people received support based on transparency, respect and inclusivity.

There was a lack of visible leadership, staff were reluctant to report incidents, and management fail to act on known issues.

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

Rating at last inspection

The last rating for this service was good (published 12 April 2019)

At our last inspection we recommended that the registered manager ensures documentation relating to people's food and fluid intake are completed in full and that the registered manager assess people on an individual basis and seeks the appropriate consent to the sensor mats. At this inspection we found the provider had acted on these recommendations and improvements had been made in these areas.

Why we inspected

The inspection was prompted in part due to concerns received about the quality of care being provided to people such as alleged abuse, poor record keeping, poor staff practice, management concerns and a review of the information we held about this service.

The inspection was also prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

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.

You can see what action we have asked the provider to take at the end of this full report.

The provider acknowledged the significant shortfalls found during this inspection. They took some action following the first day of inspection to begin to address some of the shortfalls found. However, these needed to be fully embedded into the practice in the service.

The overall rating for the service has changed from Good to Inadequate 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 Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to infection control, risk to people living in the service, safeguarding, records and audits.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

The Haven Care 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

This inspection was undertaken by two inspectors on the first day of inspection and three inspectors on second day of inspection.

Service and service type

The Haven Care 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 Care Home is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 December 2022 and ended on 13 December 2022. We visited the service on both dates.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 21 November 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority and professionals who work with the service. We received feedback. We used all this information to plan our inspection.

During the inspection

We spoke with 7 members of staff including care workers, senior care workers and the registered manager. We spoke with 5 relatives and 2 people about service delivered. We reviewed a range of records. This included 19 people's care records, and 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We observed a medicines administration round and reviewed medicine records. We observed staff practices throughout our inspection and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We continued to seek clarification from the registered manager and staff to validate evidence found. We feedback our concerns to the provider, area manager and registered manager after our inspection.

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 good. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- Robust systems were not in place to effectively identify and prevent infection control risks. Infection control procedures and government guidance were not being followed by staff. One person was in isolation, as they had tested positive for COVID-19, in their bedroom and the door was left open with no signage. There was no allocated area for staff to don and doff their PPE to avoid and control cross contamination when leaving the area. There was no clinical waste bin to ensure staff did not take contaminated PPE through additional parts of the service.
- The registered manager was not supporting people to minimise the spread of infection. We observed that 3 people who tested positive with COVID-19 sat in the conservatory area which was adjacent to the lounge where people who were negative sat and staff also walked in between these two areas. This meant that there was the possibility of spreading COVID-19 to those who tested negative in the service.
- The registered manager and staff did not consistently use PPE effectively and safely. On the first day of our inspection, we observed two staff members wearing masks but not covering their noses and mouths. No member of staff was wearing visors, gloves or aprons when in close proximity to people who had tested positive for COVID-19. One staff member was seen to support a person who had tested positive for COVID-19 with just a mask when current guidance recommends the use of eye protection, an apron and gloves as well as a mask. This meant there were no assurances staff were using PPE safely to protect against the risks associated with COVID-19.
- The registered manager had not made sure infection outbreaks were effectively prevented or managed. All staff and people living in the service had not been tested in line with guidance when people tested positive with COVID-19. This meant there were no assurances about who was positive or negative in the service. This put people and staff at further risk of contracting COVID-19. Following the first day of the inspection, the registered manager informed CQC that they, staff and people had been tested. On our second day of inspection, all staff and people had undergone daily LFT test.
- The registered manager was not promoting safety through the layout and hygiene practices of the premises. On the first day of our inspection, there was no signage on the door of the person who tested positive for COVID-19 and was in isolation. Department of Health & Social Care guidance on infection prevention and control for adult social care stated that clear signage and instructions also help to reduce the risk of infection at work and should be provided.
- We found there were no clear records of how laundry was being kept separate for people who had tested positive for COVID-19. This meant there were no assurances that all attempts were being made to prevent the spread of infection. Following our first day of inspection, the registered manager has sent in revised laundry systems for positive cases in the service, which had been implemented.
- The provider's infection prevention and control policy relating to the safe management of COVID-19 was not up to date. The most recent policy was dated January 2022 and had not been updated with Government

Guidance on COVID 19 for adult social care services and settings issued on 11 October 2022. The provider's policy stated that separate cups, plates and cutlery will be used for COVID-19 positive people. However, this had not been followed. This meant they failed to ensure effective measures were in place to prevent the spread of infection in the service through food preparation. Following our first day of inspection feedback to the registered manager, red cups, plates and cutlery were ordered and in place for use.

- The registered manager did not adequately mitigate risk of COVID-19 in the service. There were no up to date risk assessments for staff to follow relating to the risks associated with positive COVID-19 people. The risk assessments were dated January 2022. During our visit on 7 December 2022, 4 people were confirmed to have tested positive for COVID-19 and their risk assessments were generic and had not been updated with latest government guidance on COVID-19. There were no assurances about how risks relating to these 4 people, in relation to COVID-19, were being managed.

Visiting in care homes

- Visits to The Haven Care Home were not in line with government guidelines. Following the outbreak of COVID-19 on 28 November 2022, restrictions to visiting were put in place and visits did not take place. A relative asked if they could visit their loved one. Staff informed them "No as outbreak continued and no visitors allowed until 5 days after last person tests positive." This was further confirmed in writing by the registered manager who wrote, 'No visitors through outbreak.' Government guidelines clearly stated that 'There should not normally be any restrictions to visits into or out of the care home.' And 'during an outbreak, care providers should also continue to offer visits outdoors, in visiting pods or from behind windows.'

Failure to operate effective infection, prevention and control to reduce the risk of spreading infections placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the first day of inspection, in response to the concerns raised, the registered manager was provided with appropriate support by healthcare professionals. COVID-19 risk assessments had been reviewed for the 4 positive people. An area to don and doff staff PPE and control cross contamination when leaving the area was put in place and eye protection was provided to the service. We went back to check this and found some measures had been put in place to keep people safe from immediate risk of harm.

Systems and processes to safeguard people from the risk of abuse

- People were not protected from potential abuse. The lack of management oversight to robustly monitor and investigate incidents of abuse placed people at risk of harm. Prior to this inspection, we received concerns from a whistle-blower that people were being shouted at and abused. During the inspection, care records showed staff had identified marks on 3 people's bodies and another person had a facial bruise recorded in October 2022. These were not investigated. We fed this back to the registered manager who told us they were not aware of these incidents as staff had not reported these. We raised a safeguarding about the facial bruise to the local authority.
- The provider's safeguarding policy stated that 'Will make a referral to the adult safeguarding teams as appropriate.' However, this had not been complied with by the registered manager regarding the incidents above.
- Staff had received safeguarding training, however they did not understand their responsibilities to raise concerns, and near misses, and to report them internally, where appropriate. Through speaking with staff, they did not feel confident to raise concerns with the registered manager. This prevented members of staff

reporting potential safeguarding incidents to the registered manager. A member of staff told us that there were lots of unexplained bruises on people, but that nothing was ever done. One member of staff said, "I'm going to be in so much trouble, I'm really anxious and scared." This meant that lack of reporting to the registered manager had not enabled the registered manager to keep people safe from potential ongoing risk of abuse.

Failure to safeguard people from the risk of abuse was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always assessed and recorded appropriately. This put people at risk of harm.
- Risk assessments were not always in place for people at risk of falls and not consistently assessed. For example, an initial assessment for one person was recorded as medium risk of falls. The person had experienced two falls since moving into the service in November 2022. However, the electronic care plan had assessed them low risk of falls, which contradicted the initial assessment. We fed back our findings to the registered manager at the end of our inspection. The registered manager admitted not having detailed risk assessments in place for this person. The registered manager told us this would be put in place.
- Where risks had been identified in care plans, we found an inconsistent approach to risk assessment records. Some people were living with advanced dementia. Care plans had details of periods of heightened distress for one person. The risk assessments had not been updated or created to reduce the risk of reoccurrence following an episode of shouting at staff. This meant appropriate action had not always been taken in response to risks. However, this was updated on the second day of our inspection.
- Another person also had an episode of shouting at staff. However, there was no record or detailed risk assessment on how to manage this risk. This meant that this person was at risk of harm without robust risk mitigation. The registered manager confirmed with inspectors after the inspection that this risk assessment had been updated.
- When accidents and incidents occurred, the provider failed to implement measures to help prevent a recurrence. Our review of care records showed that 4 people had marks on their bodies. Body maps completed by staff confirmed these. We spoke with the registered manager who was unaware of when these incidents occurred. There were no actions taken to prevent a recurrence.

The provider failed to ensure people were protected from avoidable harm, placed people at increased risk of harm and did not implement measures effectively to mitigate risks. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments for managing epilepsy and Parkinson's were detailed.

Staffing and recruitment

- The registered provider had carried out sufficient checks to explore staff members employment history to ensure they were suitable to work with people who needed support.
- Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records of checks were kept in staff files. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community.

Using medicines safely

- Medicines were managed safely and effectively.
- Suitably trained staff followed the arrangements in place to ensure people received their prescribed medicines. Staff competency was checked once a year.
- Covert medicine administration policy and procedure were in place. 'Covert' is the term used when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. All processes of covert administration of medicines were followed by management and staff.
- Medicines administration records were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed.
- Medicines were stored safely. PRN (as required) protocols were in place and staff followed them.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager had not worked closely with some healthcare professionals. The registered manager had not contacted the local health protection agency for support with the outbreak of COVID-19 in the service. This was further confirmed in the multi-agency meeting held immediately after first day of our inspection. The registered manager informed us that they did not know they had to notify the local health protection team.
- People were supported to access healthcare services when they needed them. For example, people regularly saw the GP and district nurses. People attended appointments with their healthcare specialists and consultants when required.
- People received support to maintain their oral hygiene. For example, care plans gave clear direction and guidance for staff, so they knew if people's oral healthcare needs may need quick attention from the dentist. Appropriate guidance for staff to follow was in place.

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

At the last inspection in March 2019, we recommended that the registered manager ensures documentation relating to people's food and fluid intake are completed in full.

At this inspection, improvement had been made. Documentations relating to people's food and fluid intake were completed in full.

- At our last inspection, one person's food journals did not record when fortified drinks or snacks had been offered or given and there was no apparent overview or analysis by the registered manager.
- During this inspection, we found that staff had completed food and fluid journals in full. For example, in one person's care records (Eating, drinking and weight support plan), there was a good amount of food and drink listed based on required weight gain from the Speech and Language Therapist (SALT) recommendation. The 'Eating, drinking and weight support plan' documented fortified foods and how staff had supported the person to gain weight from 52.8 Kilos to 62.4 kilos in 8 months.
- People were offered drinks frequently to stay hydrated.
- People told us they enjoyed the food; people were able to choose their food from an option of two meals. Staff and kitchen staff told us people would be offered another option if they did not like either of the meals on offer. One person said, "Lunch is good, I love it." People appeared content and happy with their lunch.

Some people had their lunch in their rooms as it was their preference.

Ensuring consent to care and treatment in line with law and guidance

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection in March 2019, we recommended that the registered manager assess people on an individual basis and seeks the appropriate consent to the use of sensor mats.

At this inspection, we found the provider had made improvements. We found the service was working within the principles of the MCA. The registered manager had assessed people on an individual basis and sought consent to the use of sensor mats.

- When people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant authorising body. Some people in the service were subject to DoLS authorisation, some of which had been granted and others applied for. The registered manager kept a record to track the progress of DoLS applications.
- Consent to care and treatment while living at The Haven Care Home was discussed with people. The MCA process was followed when necessary. For example, one person required covert administration of medicine. Covert administration is when medicines are administered in a disguised format. Medicines could be hidden in food, drink or given through a feeding tube without the knowledge or consent of the person receiving them. This means the person does not know they are taking a medicine. The MCA process, which included best interest meetings were held with relatives and healthcare professionals before this was put in place.
- Staff had received training in the MCA and DoLS and told us about how they applied this to their day to day practices. They were aware of the need to gain consent and we observed that staff obtained consent from people before providing care and support throughout the day of our inspection. People were supported in the least restrictive way.

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

- The registered manager undertook an initial assessment with people before they moved into the service. This helped make sure staff were able to meet people's needs.
- Some relatives felt they had not been fully involved. A relative told us they were not fully involved in the assessment process to make sure the registered manager had all the information they needed. This meant that the care being delivered had not been personalised to the individual in meeting their needs.
- Care plans did not always contain important information about people's life histories. Staff spoken with displayed knowledge of people who had lived in the service a long time but were unable to tell us much about newer people that moved into the service. The registered manager told us they had been in contact

with relatives about people's histories, likes and dislikes before developing care plans.

- Malnutrition Universal Screening Tools (MUST) and Waterlow were used to ensure people at risk of losing weight were being monitored. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. The Waterlow assessment tool is used to assess risk of a person developing a pressure ulcer. However, we found that one person's MUST had not been consistently used to ensure that their needs were met as stated. The assessment contained limited information, which could put the person at risk.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.

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

- The décor of the service was very tired and needed updating. The building was old and in need of some repairs, such as ceiling tiles in the upstairs corridor, however, this was in process of being fixed. The registered manager confirmed this to inspectors.
- People who lived in the service had dementia and were able to personalise their bedrooms with personal touches such as framed photographs.
- There were no written signs on doors or any other distinguishing features to support people to move around. All doors were similar colour regardless of what was behind them, such as bathroom, bedroom or cupboard. Dementia friendly signage had not been used to support people's independence. The registered manager had mentioned that extensive improvements were planned for the updating of the home to also include signage.
- Important fixtures such as the bathroom door and toilet that we saw were all similar in colour and could make it difficult for people to navigate. Best practice guidance on dementia friendly environment advised what will assist a person with dementia to use bathroom facilities. Toilet seats, handrails and towels should all be easy to identify. This meant that without proper adaptations, it might be difficult to meet people's needs and promote their independence. We saw from care plans that some people living in the home were a considerable way into their dementia journey and it is probable they would benefit from these changes, if made as part of the imminent planned work at the home.

Staff support: induction, training, skills and experience

- Staff had not received appropriate training on COVID-19 practices including donning and doffing. This was reflected in staff non-adherence to safe practice around COVID-19. This meant that staff had not been supported to keep their professional practice and knowledge updated in line with best practice.
- Although staff had completed safeguarding adult training, staff failed to follow training received. They failed to report incidents that might be a safeguarding issue for proper investigation. This meant that staff had not used their training, skills and knowledge to meet people's needs.
- Staff received training in other areas that appeared to be effective. For example, we saw staff using safe moving and handling protocol whilst supporting people. We also saw staff use positive behaviour techniques to support a person who was anxious.
- Records showed staff had completed NVQ (National Vocational Qualification) in health and social care at various levels. The NVQ is a work-based qualification that recognises the skills and knowledge a person needs to do a job.
- Staff undertook mandatory training and refresher training in topics and subjects relevant to their roles. New staff had undertaken the provider's induction which included relevant topics considered mandatory. The in-house induction included shadowing of experienced staff. The in-house induction also included assessments of course work and observations to ensure staff meet the necessary standards to work safely

unsupervised.

- Staff were regularly supervised. However, staff told us they were not free to discuss concerns with the registered manager. We fed back to both the registered manager and provider. They assured us they will investigate accordingly in order to rectify this. Staff had an annual appraisal with a member of the management team.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and to be treated with dignity had not been fully respected. For example, we observed doors to people's bedrooms wide open and some staff walked in without knocking. This showed people's privacy was not protected. The registered manager was made aware of this during feedback and confirmed they would look into this.
- Staff comments were inconsistent, some were positive, however some were negative. Some staff told us people were not treated with respect and compassion or given emotional support when needed. For example, members of staff told us, "Some staff speak to people in a disgusting way." And "One person can be very challenging, so most of the time they don't get the care required." Although we observed that people were treated kindly on the whole during our inspection and our observations did not confirm these comments.
- Staff were seen to encourage independence throughout the day continually asking people to make decisions about their needs. For example, one person got involved with making, hanging decorations, organised pens and items on shelves in the lounge. Staff thanked the person for their help, and they responded, "No problem, all part of the job."
- Staff gave people their full attention during conversations and spoke with people in a considerate and respectful way. Staff listened attentively to what people had to say.
- Independence was respected and promoted by staff. People were encouraged to mobilise independently around the service with or without mobility aids. For example, one person was supported by staff to use their walking aid with limited assistance from staff.
- A relative said, "I cannot fault the home at all. Staff have been great." Another said, "On the whole staff are very kind, friendly and attentive."

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

- Staff were polite and respectful when they approached people.
- Staff spoken with told us they always make an effort to get to know people. This allowed staff to respond to people's diverse needs. For example, we saw staff choose different approaches to different people when they supported them. We could see from people's responses staff knew their preferred support.
- The interactions between people and staff were positive, caring and inclusive during our inspection. There was mutual respect and equality. Staff spoke kindly and laughed with people throughout the day, which showed they knew people they were supporting well. Everyone appeared relaxed and happy. For example, we heard a member of staff said to one person in a jovial manner, "I don't know what I'd do without you." and the person gave them a smile.

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

- People were supported to express their views. People were asked what drinks they would like or what they would like to wear. People were observed wearing clothes of their choice that reflected their individuality and preference.
- People that had recently moved to the home did not always have information about their preferences in their care records. It was clear that staff knew relevant information for people who had recently moved into the home. However, this had not always been transferred to the care records. If the person was being supported by a permanent member of staff the impact would be low, however, if a new member of staff or agency worker was to support the person these details would not be known. Staff spoken with told us they engaged people in conversations and got to know them on a daily basis.
- Staff understood the importance of respecting people's individual rights and choices. People could choose to take part in resident's meeting where they could raise issues and make suggestions. Suggestions raised such as having additional activities had been fulfilled.
- We observed one person who believed they worked at the service. Staff were seen to encourage the person to get involved with making and hanging decorations as well as organise pens and items on shelves in the lounge. Staff thanked the person for their help, and they responded, "No problem, all part of the job." This demonstrated involvement of the person in day to day activities.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People and relatives had not always been involved with initial care planning to ensure people received care in line with their preferences. One relative said, "Our family were not asked any questions by the home about Dad to inform admission – no requests for details of likes/dislikes, interests, routines etc."
- The registered manager did not always document care in person-centred way. Some people's care records did not reflect their individual preferences. Some areas of the care plan were thoughtfully completed while some areas lacked personal details in their care plan. For example, there was a tab listed as 'About', this contained what is important to the individual. The tab below stated no preferences. Another tab stated what others like and admire about [person]. This also stated no preferences. This meant new members of staff or agency staff would struggle to identify how to support someone in line with their preferences.
- Words used in care plans were not always person centred. People sometimes were referred to in a negative manner in their care plans. For example, we saw in a mobility care plan some stated, 'When not cooperating'. Text such as 'staff are to be firm with him' However, when we spoke with members of staff, they explained that they were aware of the terminology used and it meant to speak more clearly to the person. Again, this may not be clear to new members of staff or agency staff.

End of life care and support

- The service was not supporting anyone who was at the end of their life when we inspected.
- Staff had received end of life and palliative care training. This would enable staff in meeting people's care and support needs.
- Some people had DNACPRs (do not attempt resuscitation) in place which had been discussed and agreed with them, their relatives and consultants.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care records, which meant that staff were able to support people in their preferred manner. For example, staff used communication and picture cards to communicate with people.

- The complaints policy in place was also available to people in different formats such as large print and pictorial format.

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

- Relatives spoken with gave us mixed comments about maintaining social relationships with their loved ones. A relative said, "It is really important to [Relative] that they are close to the Maidstone area and has multiple family visits each week, which are so important to them." However, a second relative said, "Didn't get informed of the COVID-19 outbreak, which was a bit disappointing, only found out when rang to arrange a visit." A third relative also said, "We rang and asked how [person] was and [staff member] replied, "She's fine, if she wasn't, we'd have rung you." We are worried about how [person] is coping without her regular visitors as very sociable lady who relies on lots of visits from family and friends. I asked if I could speak with [person] on the phone and told no – no explanation, just no." This demonstrated that the service had not always enabled people to maintain relationships with people who matter to them.
- During our inspection, we found that people could participate in group or one to one activities according to their preference. People took part in singing activity during our inspection. Activities were arranged in the communal lounge or in people's rooms.
- Records of activities carried out included painting, games, puzzles, hairdresser, dancing and music. People told us they took part in a variety of group activities including craft and book reading.

Improving care quality in response to complaints or concerns

- No formal complaints had been received since our last inspection.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints process was displayed on the notice board, so all people and relatives were aware of how to complain if they needed to. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

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 good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider and registered manager did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. Comprehensive audits of care plans, records and risk assessments were not undertaken. This meant that there was a lack of adequate oversight of quality and safety of the services provided.
- The provider had failed to implement an effective system to learn from adverse incidents and improve care. Due to the absence of accident records, there was no evidence of identifying and learning from themes and trends of incidents or falls to reduce recurrence. This meant that opportunities to identify themes and trends and take action to reduce risk had been missed.
- Records relating to the care and support of people were ineffective. For example, we found incomplete care related records such as risk assessments and 'events records' which was the daily care records. We fed back to the registered manager after our inspection and they told us that they were in the process of updating all care records. This meant that the registered manager failed to maintain records that were necessary such as care plan, incidents and accidents records and risk assessments.
- The approach to quality record keeping was not always consistent and staff were not always given the required record of care to follow. This could compromise quality of care. Important, relevant and specific records to help staff deliver personalised and responsive support to people were not always present in care plans. For example, for 2 people there was not always detailed and relevant information to tell staff why one person may express feelings or an emotional reaction or ideas about how to distract or engage positively with them. We spoke with members of staff who told us they engaged the person to get to know them and respond to their needs. The care plan was updated on the second day of our inspection with required information for staff to follow. However, this needs to be embedded into the service provision.
- We looked at the survey carried out in April 2022 in order to check if comments and suggestions made had been implemented. We found that important sections of records relating to the survey were missing. The registered manager was not aware of this until we showed them. They informed us that this will be investigated. This meant that lack of these survey records had not enabled improvement based on feedback received.
- The registered manager failed to follow The Haven Care Home policies. The provider's quality assurance policy states that care plans would detail people's needs and preferences and this would be created before their care, it also states that incidents would be fully investigated and measures put in place to prevent reoccurrence. This had not been followed. We found during our inspection that care plans were not person centred and incidents had not been investigated, lessons learnt and disseminated to staff.

- The registered manager had not kept up to date with best practice guidance in relation to COVID-19 to inform improvements to the service. For example, the provider had not implemented the latest government guidance on COVID-19 for staff to comply with on first day of our inspection. However, this had been implemented on the second day of our inspection.

The provider and registered manager had failed to have effective systems in place and assess, monitor and improve the quality of the service and failed to maintain securely an accurate, complete and contemporaneous record in respect of each person. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Registered persons are required to notify CQC about events and incidents such as abuse and serious injuries. The registered manager did not understand their role and responsibilities, had failed to inform CQC of incidents and had not met their regulatory requirements. For example, we found unexplained bruising detailed in 4 people's care records and no investigation had been completed into these incidents. These had not been reported or notified appropriately.

The provider had failed to notify CQC of significant concerns or incidents. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

- Following the first day of our inspection, the registered manager started to make changes to the service to improve systems and records.
- It is a legal requirement the latest Care Quality Commission (CQC) inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

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

- Staff felt they were unable to speak out in the service or approach the registered manager. A member of staff told us they had complained once about poor care in the service and it was made clear that they needed to keep quiet. Another staff member said, "It's not good here. The managers, the seniors, the carers, that's why I'm leaving." Another staff member said, "I just do as I'm told."
- The registered manager and staff included people in the day to day running of the service. An example of this was seen in the residents' meeting where food/menu were discussed. People told us that they were happy in the service.
- The registered manager's understanding of their responsibilities under duty of candour was inconsistent, there had been some incidents which were reportable under the duty of candour that had not been reported. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology. This had not always happened, however, the registered manager showed some knowledge in this area following our inspection.

Continuous learning and improving care; Working in partnership with others

- There was a lack of learning at the service. The registered manager failed to identify the concerns we found. There was no learning from incidents in the service and no feedback to staff on how to improve on shortfalls found. This meant that the registered manager was unable to identify issues and concerns, which should have been remedied in order to keep people safe.

- Prior to our inspection some health and social care professionals had feedback they could not always gain clear information requested. This had been the same experience of a scheduled call with CQC where the result was 'further assurances needed.'

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

- People and their relatives were provided with opportunities to provide feedback to the registered manager on the quality of care provided. However, the management had not been able to respond adequately to comments made because they were unavailable. Areas of written comments in the April survey carried out were missing.
- However, in service user surveys dated November 2022, 13 people participated and responded. Comments made about increased activities had been actioned in care plans. Some people said they would like more of scrabble, bingo, music and cards. We saw photographic evidence that these had been implemented. One relative said, 'The place needs redecorating.' There was ongoing redecoration of the service during our inspection.
- Some relatives we spoke with had provided negative feedback, however other relatives wrote in the home's survey feedback that they were happy with the care provided. One relative said, "I am very happy with the way my sister is looked after, she is always looking nice." Another said, "The staff seem diligent, caring and supportive to the residents beyond what I assume is the limit of duty." However, during our inspection, we found people had not been treated with respect and compassion or given emotional support when needed.