Rest Haven Charitable Home Trustees

Rest Haven Charitable Home

Inspection report

15 Gussiford Lane
Exmouth
Devon
EX8 2SD

Tel: 01395272374
Website: www.rest-haven.co.uk

Date of inspection visit:
06 April 2017

Date of publication:
02 June 2017

Ratings

Overall rating for this service	Good
Is the service effective?	**Requires Improvement**

Summary of findings

Overall summary

This focused follow up inspection took place on 6 April 2017 and was unannounced.

Rest Haven Charitable Home is located in a quiet road near to the centre of the seaside town of Exmouth. It consists of a main house with an extension which provides additional bedrooms and sitting areas. Everyone living at Rest Haven had their own bedroom, some of which were en-suite. There was a main dining room and three sitting rooms. There was also a chapel where daily services were conducted and a further seating area in the large entrance hall. Externally there was a garden laid mainly to lawn, as well as off street parking.

Rest Haven is owned by a charity, which was set up in 1925. It has a board of trustees who oversee the work of the home, serving on a voluntary basis. The location is registered to provide care for up to 34 people. At the time of the inspection, 29 people were living at Rest Haven including one person who was receiving respite care. Some people had been resident for a number of years. Most people living at Rest Haven were elderly and frail; some people had physical disabilities and a small number of people living at the home had dementia.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of our inspection, the registered manager was on leave. Her deputy was therefore in charge of the home.
Previously we had carried out an unannounced comprehensive inspection of this service on 1 and 4 March 2016. At that inspection we found a breach of regulations. This was in relation to the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014 as the home was not complying with the requirements of the Mental Capacity Act (2005). The provider submitted an action plan to show the actions they would take to achieve compliance and ensure that people were receiving effective care.

At this inspection we found that the service was meeting the requirements of Regulation 11. Staff understood their responsibilities in terms of working within the requirements of the Mental Capacity Act 2005. Where people did not have capacity to make a decision, best interest decisions were recorded. Applications for Deprivation of Liberty Safeguards authorisations for people who were assessed as not being safe to go out alone had been submitted to the local authority.
The home was well maintained and suitable to meet the needs of people living there. There were several communal areas including the dining room and four lounges. Improvements had been made to the gardens. Some bedrooms had also recently benefitted from being fitted with an en-suite toilet.

We found people were cared for by staff who knew them well and were able to meet their needs. Although staff had undertaken some training, they were not all fully up to date with refresher training. Staff said they felt supported by the registered manager and her deputy. At the time of inspection, we found that

supervision and appraisal of staff had not been regularly carried out. However after the inspection, we received information which showed that staff had received supervision and were in the process of updating their training.

People were provided a varied and healthy diet. Menus offered a choice of dishes which people said were well prepared and tasty. Where people were at risk of choking or malnutrition, specialist advice was sought.

People had access to health professionals and were supported to attend appointments. Where staff had a concern about a person, they contacted relevant health professionals for advice and support.

Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Requires Improvement

The service was effective.

Staff were provided an induction when they first joined and refresher training from time to time. However not all staff were up to date with their refresher training. Staff had not always received supervision and appraisals.

Staff knew people well and were able to support them effectively.

People were supported to maintain a healthy, balanced diet with food they had chosen.

Staff understood their responsibilities in terms of legislation. Where people's liberty was restricted, staff had ensured they worked within the Mental Capacity Act 2005.

People were supported to access health services, including their GP.

Rest Haven Charitable Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focused inspection took place on 6 April 2017 was unannounced. The inspection was carried out by one Adult Social Care inspector. We carried out the inspection because at our inspection in March 2016, we found the provider was not ensuring they were working within the requirements of the Mental Capacity Act 2005. This meant they were in breach of Regulation 11 of the Health and Social Care Act (Regulated Activities), Regulations 2014.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law.

We spoke with three care staff working at the home on the day of inspection, as well as the deputy manager, an administrator and a cook. We also spoke with a trustee of the home. After the inspection we spoke on the telephone to the registered manager. They sent us updated information about training and supervisions undertaken.

At the time of this inspection, 29 people were living at Rest Haven. We met most people living in the home and spoke with seven of them about their experiences. We also met and spoke with two relatives who were visiting the home. During the inspection we spoke with one health professional.

We looked at a sample of records relating to the running of the home and to the care of people. We reviewed three care records, including risk assessments and care plans. We reviewed two staff records. We

were also shown policies and procedures and quality monitoring audits which related to the running of the service. We reviewed training and supervision records.

Requires Improvement

Is the service effective?

Our findings

People spoke positively about staff and said they felt they fully met their needs. Comments included: "Staff are wonderful", "Staff really know what I need, even before I do sometimes!" and "landed on my feet here – it's really lovely." A relative described how the home "felt good" and added "staff give time and that's what is needed." Another relative said "Mum is very happy here."

A health professional commented "This home is probably one of the best….Carers know people well, very knowledgeable."

However training records showed that some staff were not up to date with all their training. Nine care staff had either not completed or were not up to date with their safeguarding vulnerable adults training.

Staff said they were working to get their training up to date. For example, one member of staff said they had recently refreshed their safeguarding vulnerable adults training. Staff said they were supported to undertake the training and skills they needed to meet people's needs. One member of staff commented "We do a mixture of computer training and practicals. Last week we did manual handling training".

The deputy manager said they were aware that some staff were not up to date with their training and were taking steps to address this with those staff.

Staff were expected to undertake induction training when they started working at the home. This included training about the vision and values of the home, as well as safeguarding, fire safety awareness and health and safety training. The deputy manager said the induction was aligned to the nationally recognised Care Certificate. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction. However, all the recent care staff appointments had already completed a nationally recognised qualification and had worked in care before. These staff had completed an induction to introduce them to the home and people using the service.

Staff were also supported to undertake nationally recognised qualifications in care and additional training, where a need was identified. All care staff had completed a course in dementia awareness, and some staff had also completed training in diabetes care and end of life care.

The deputy manager said that supervision of staff was supposed to be carried out every two months. However records showed that some staff had not received supervision since November 2016.

After the inspection, the registered manager said they were aware that supervision had not being carried out in line with the home's policy. They also said they, and the deputy manager, had now completed supervision for all the staff and had also booked supervision dates with staff in two months' time.

Staff said they felt supported by the registered manager and her deputy. Staff described how both of them were very visible in the home and were always available to support them if they had a concern. Comments

included: "Good manager and deputy who support staff well." During the inspection, we observed staff asking the deputy manager questions and receiving advice about what to do.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met

At the last inspection, we found people's capacity to make certain decisions had not always been assessed and documented. At this inspection, people had been assessed to see if they were able to make specific decisions. There was evidence that these assessments had been recorded. For example, one person's care record held information about how they had capacity to choose what to wear and get dressed themselves. However, it also described how the person would not necessarily understand what time of day it was and therefore at night, they would need to be reminded to change into nightclothes.

The home had applied for DoLS authorisations for six people living at Rest Haven. At the time of inspection, none of these authorisations had been approved, although the DoLS team had acknowledged receipt of them.

The registered manager, her deputy and another senior care worker had undertaken training in MCA and DoLS run by the local authority. The majority of staff had completed an online training course about MCA.

At this inspection, we found staff had an understanding of the Mental Capacity (MCA) 2005. Staff were able to describe how to support people who lacked the capacity to make a decision. For example, one member of staff explained how a person would not be safe if they went out alone, but was able to make decisions about what to eat and what activities they wanted to do.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

There was good communication between staff. For example, when new staff came on duty, they were given a detailed summary of each person, what they had done, any issues they had as well as what the plans for them were. This included any appointments or visits that were expected. Staff coming on duty took notes of what was being said and asked questions about the information being given.

People's dietary needs and preferences were documented and known by the cook. The home's cook kept a record of people's needs, likes and dislikes. For example, one person had decided they wished to follow an organic diet which the home was catering for.

Staff were aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly

recorded. During the inspection we observed lunch. People were offered a choice of a sausage casserole, chicken, cheese salad or a jacket potato. This was followed by a sponge pudding and custard. One person said they would prefer to have banana. They were given this having been asked if they would like it with custard which they confirmed.

People said they liked the food and were able to make choices about what they had to eat. People were offered second helpings of the lunch, which some people chose to have.

Menus were discussed at resident meetings and changes to the menu were then made. The cook said they also observed what food was being left on plates after a meal and would make suggestions for alternatives. For example, she described how people had appeared not to be eating the quiche. She had therefore suggested an alternative of poached salmon, which had been very popular.

People were referred appropriately to the dietician and speech and language therapists (SALT) if staff had concerns about their wellbeing. For example, some people had been identified as at risk of choking and therefore advice had been sought about how food should be prepared for them. The deputy described how one person who was at risk of choking had wanted to have sandwiches, so they were working with the SALT to find ways to meet the person's needs.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy.

People's care records showed relevant health and social care professionals were involved with people's care. For example, the deputy manager had a telephone discussion with a person's GP to clarify about a cream being applied to an area of sore skin. The GP said the person should have a follow up appointment in two weeks. This information was then added to their care record. Care plans were in place to meet people's needs in these areas and were regularly reviewed. A health professional commented "They always involve us if they have any concerns. We come in twice a week, but they phone us at other times if they have a query."

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals

Some adaptations to the environment of the home had been made to meet the needs of people who lived there. Corridor areas were kept clear so people could move around the home more easily. A lift provided access to the bedrooms on the second floor and a stair lift had been fitted which enabled people with limited mobility to go up and downstairs to some other bedrooms. The home was light and well-maintained. There was a large dining room with tables and chairs well-spaced to allow easy access. There were four lounges which people could use for different activities. One of the lounges was used to provide a daily service for people who wished to attend. Some bedrooms had been improved with en-suite toilet facilities. There were spaces for people to use, both indoor and outdoor. This included a back garden which had been landscaped to provide easier access for people to a large patio area. At the front of the home there was a summer house which had been constructed in a garden area to provide another outdoor space which people could use.