

Sanctuary Care Limited

# Haven Residential Care Home

## Inspection report

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06 December 2018

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## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Haven Residential Care Home is a registered care home providing the regulated activity 'Accommodation for people who require personal care or nursing care'. Haven Residential Care Home was registered to carry out the regulated activity to 30 people. During our inspection 29 people lived at Haven Residential Home.

### What life is like for people using this service:

- There was a friendly, welcoming and homely atmosphere throughout the home. People had developed positive, trusting relationships with staff to help them feel safe. Robust systems ensured the safe management of medicines. Risk assessments were person centred and developed together with people.
- Support provided focused on people maximising choice and control over their lives. People were encouraged and supported to meet their identified goals and aspirations.
- People were supported by skilled and knowledgeable staff, who were committed to making a positive difference and impact every day to all people.
- Staff communicated well with others and we saw many positive examples of collaborative working with other professionals.
- Care was focused upon each person as an individual, with meaningful and purposeful activities based upon people's interests, goals and outcomes. People and their families felt listened to, involved, valued and empowered to change things. Technology was used extensively and individually to maintain and gain greater independence.
- The management team valued and inspired the staff. There was a clear set of values in the service and these formed the focus of shared purpose. There was shared professional admiration and respect for people, whatever their role in the service and a clear commitment to driving and improving quality.
- Leaders and managers of the home were clearly visible, fair, open and transparent and formed a sound basis for ensuring people's needs were met in an individualised and person-centred ethos.
- More information is in the full report

### Rating at last inspection:

Good. The last report was published on 12 July 2016.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### Follow up:

We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those

services rated as Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Haven Residential 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection team consisted of one adult social care inspector, one assistant adult social care inspector and one expert by experience who had experience of care homes for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

Haven Residential Care Home can accommodate up to 30 people across two separate units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia. During the day of our inspection the home 29 people received care and support.

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

## Notice of inspection

This was an unannounced inspection.

### What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also used and reviewed all other information sent to us from the provider, other stakeholders, for example, the local authority and members of the public.

We spoke with 23 people who used the service, six relatives and one health care professional.

We spoke with 13 staff, which included the registered manager.

We reviewed care records for 10 people, six medicines administration records, policies and procedures, records to the management of the service, training records and recruitment records for six staff.

# Is the service safe?

## Our findings

People continued to be safe and protected from avoidable harm. People told us that they felt safe and relatives trusted staff to support people in a safe way. People were supported by a skilled and experienced staff team who demonstrated good understanding of how to meet their needs.

Safe – this means people were protected from abuse and avoidable harm

Supporting people to stay safe from harm and abuse

- Staff continued to receive training in safeguarding and whistleblowing. Policies, procedures and guidance were in place for staff to follow regarding any safeguarding related issues. Staff demonstrated good understanding of the appropriate actions to take and knew who to inform if they witnessed or had any allegation of abuse reported to them. One member of staff told us, "I had safeguarding training. My responsibility is to ensure people are safe. I would report it to my manager or can talk to someone higher above like yourself if nothing was done after I reported it." All people who used the service and relatives consistently told they felt safe. One person told us, "I feel safe, I never had any problems."

Assessing risk, safety monitoring and management

- Risks to people who used the service continued to be managed safely and any risk to people had been assessed and was monitored in detail. Prior to moving in, people's needs, and abilities had been assessed. Risk assessments were completed in line with the identified risks. A management plan was then developed to guide staff on how to respond to the risk most appropriately. One person told us, "I am very safe here, they [staff] know what to do to keep me safe and if anything changes we have discussed this."
- We also saw that risk assessments in relation to the environment were in place. These included the use of the lifts, stairs, fire evacuation, use of fire equipment, the use of the small kitchens and the dining rooms.

Staffing levels

- There were sufficient staff deployed to meet people's needs. Staff spoken with told us that there were sufficient staff on duty to meet people's needs and support they required. One member of staff told us, "Yes, I think it's [staffing] adequate if there's too many we fall over each other. Every Monday we have students coming for work experience." Our observations during both days of this inspection found that sufficient staff were available, and we saw that people's needs were met promptly. One relative told us, "Staff are very good. Usually there are enough staff around."
- Recruitment practices continued to be safe and suitable staff were employed. We saw that appropriate recruitment checks were carried out. One person told us, "Staff are very good, they know what they are doing, and I can talk to anyone."

Using medicines safely

- Medicines were managed safely. Systems were in place for the ordering, administering and monitoring of medicines. Staff had received training in the administration of medicines and their competency was assessed prior to administering medicines unsupervised. Medicines were stored securely in designated medicines rooms, which were found to be locked and could only be accessed by staff authorised to do so. Records, including controlled drug records, were of a good standard and had been completed appropriately.
- We observed medicines administration during both days of this inspection and found that people received their medicines on time and staff were respectful and sought people's consent when administering medicines.
- We saw that where there had been an error in the administration of medicines, these had been found and resolved quickly to ensure people continued to receive their medicines safely.

#### Preventing and controlling infection

- We observed staff following appropriate infection control procedures. Staff had received training in how to minimise the risk of spreading infection. We observed staff using protective clothing such as latex gloves and aprons when supporting people to eat or providing personal assistance.

#### Learning lessons when things go wrong

- The service was keen to develop and improve and learn from events. There were systems in place for ongoing monitoring, review, assessing and learning from accidents and incidents. Records were kept of all accidents and incidents and these were analysed monthly by the registered manager for any trends and themes, to reduce similar accidents and incidents from occurring in the future. For example, the service completed a 'Falls Cross', which highlighted clearly the day, time and location where falls had happened. Because of this, one person was referred to the GP for further investigation and treatment was provided to minimise future falls for this person.



# Is the service effective?

## Our findings

People's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

- The service carried out robust and detailed assessment of people prior to being admitted to Haven Residential Care Home. People's personal care and social care needs were assessed on an ongoing basis, which ensured the service responded to any changing needs without delay.
- Assessments played an integral part of the person's care plan, which were found to be detailed, easy to use and provided staff with the appropriate guidance in how to respond to people's needs.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. All staff spoken with complimented the training they had received and told us that they had a comprehensive induction at the start of their employment. The induction followed the set standards of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One member of staff told us, "I had an induction training, which I found very useful. The training can be accessed online and is easy to access."
- Staff had received and had access a wide range of training. This included mandatory training as well as specialised training. This ensured staff had the appropriate skills and knowledge to support people's needs. One member of staff told us, "I get training in dementia, moving and handling. I'm ok for training, maybe I would like to go for activities training and go and learn more. I always read about it online." We asked the member of staff if they discussed this with their manager and they told us, they discussed training and development during their supervision and appraisal sessions. The staff member told us, "I have regular supervisions. I say that we like to do this training and the manager put me down to do it. I said I'd like to do my NVQ 3 training and they put me down."

Supporting people to eat and drink enough with choice in a balanced diet

- People who used the service told us, that they enjoyed mealtimes and that the meals provided were excellent. One person told us, "Food is excellent – enough and a good choice is available." Another person told us, "The food is very nice, and I get a choice. I am not a lover of food, I ask for small portions." We observed staff asking people who used the service during the morning what they wanted to eat for lunchtime. At lunchtime the two different choices were presented on a show plate and staff asked people again showing the plate to make their final choice. If people didn't like what was offered on the menu the cook prepared an alternative.
- People's nutritional and dietary needs were assessed, and meals were prepared in accordance to people's dietary needs such as being mashed or pureed.
- If people's weight fluctuated the service sought dietary advice from a dietician to ensure people who used

the service maintained a healthy weight and body mass index (BMI).

- We observed lunch time on both days and found them to be relaxed, staff spending time and sitting down with people for a chat. One member of staff told us, "Mealtimes are a social gathering, its important people enjoy the food and have fun at mealtimes."

### Healthcare support

- People's health care needs were clearly documented in their care records. If people required any specific health care support the service referred them to the district nursing team. The district nurse visited the service regularly to address skin conditions such as pressure ulcers or administer insulin. We spoke to one district nurse who told us, "I visit regularly. It's a great service, the staff is very welcoming. The manager and staff are very good. There's nothing that they can improve on it's like the best care home."

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

- Haven Residential Care Home was a well-adapted and nicely decorated home. People who used the service felt comfortable with their surroundings and told us, "It's lovely here," "I like my room very much it's so spacious" and "If anything breaks, I just tell the staff and its repaired in no time."
- The home has two units, one was mostly occupied by people who had dementia care needs and one for people who required residential care needs. Each unit was clean, nicely decorated and suitable to people's needs. The registered manager told us that the provider recently redecorated the dementia unit to make it more suitable for people who used this unit. The registered manager said, "We changed the colour scheme, the carpet, the lighting and fitted memory boxes on all the doors. This helped people to get to know the environment better and find their rooms more easily." The changes in the environment ensured that people who had dementia found it easier to find their way around.
- The service had a designated member of staff who was responsible for day to day maintenances and repairs. The person also ensured that all relevant service certificates and maintenance checks were up to date. This included checks of hoist, service to the lift, gas supply and all portable appliances.
- We found fire checks and fire risk assessments were all up to date and carried out with due diligence. All people had a personal emergency evacuation plan (PEEP).

### 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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw in people's records that if people were deprived of their liberty the service had obtained appropriate authorisation from the local authority. This ensured people who used the service were not unlawfully deprived.
- Staff had received training in MCA and DoLS and were able to explain to us their responsibilities and the actions they needed to take to ensure people's liberty was not unlawfully restricted. One member of staff

told us, "If people can't make decisions on their own, we need to assess this, discuss it with their family or their advocate, but we can't stop people from doing what they want to do."

## Is the service caring?

### Our findings

The service continued to involve people and treated them with compassion, kindness, dignity and respect. People were respected and valued as individuals; and empowered as partners in their care.

Ensuring people are well treated and supported

- Haven Residential Care Home continuously ensured that people who used the service were supported to maintain relationships with their families, friends and others who were important to them. Throughout both days of our inspection we saw visitors coming and going. We observed visitors spending time with people, talking to staff and the manager. We saw people to have enjoyable relaxed conversations. One relative told us, "This is a fantastic place and I am always welcome. I feel part of the service as well as my relative. They [service] always contacts me if anything happened to keep me in the loop." Another relative told us, "Staff are very friendly and helpful. They make me welcome."
- Haven Residential Care Home demonstrated a strong, visible person-centred culture. People who used the service told us, "Staff are wonderful. All are very helpful and kind. If I ring they come in quickly. They ask if I want a shower. If they come to get me up and I want to stay in bed they come back later." One relative told us, "Staff are brilliant. I can't speak highly enough of them. They take their time to get to know the family and resident. I'm very happy with the carers and the home." Care workers told us, that they would do everything to make people comfortable and put the person and people in the centre of the care they provided.
- One care worker gave us an example of a person with advanced dementia and behaviours that challenged the service which resulted in the person not eating regularly. The care worker said, "At night, the night team was always providing comfort and reassurance and if the person wanted to remain in the lounge area with the staff. The person was always assisted as per the person's care needs and made comfortable. If the person did not eat well, this was discussed at staff handover with the night team who then provided the person with a hot meal during the night. We were leaving the meal in the person's vicinity and if the person felt like eating the person was always serving themselves but pretending that it wasn't him who was eating the food."
- Everyone we spoke with consistently commended the service they received and highlighted how kind and caring staff were. One relative told us, "Staff are very enthusiastic. They are excellent. There are enough upstairs. They are kind." One member of staff went to Camden Market in their own time and bought my relative a Camden sign as she knew mum was born in Camden." Another person told us, "I have settled in well, I am very happy here. I like reading and the library comes regularly. Staff are extremely kind. I do weekly exercises and go into the garden in the summer."
- Staff were particularly sensitive to times where people required caring and passionate support. One person said, "They are real carers here. They are so kind and will do anything you ask them. My husband lived here too, and they looked after him so well until he passed away. They were also understanding that this was a very difficult time for me and really looked after me, they couldn't have done it any better." One care staff told us, "The care team is always attending the residents' funerals – and they are always visiting them in the hospital; staying with the residents at end of life within the care home, sometimes even at hospital."

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

- Haven Residential Care Home supported people who used the service exceptionally to express their view. Staff at all levels demonstrated a good understanding of people's views, preferences, wishes and choices. People who used the service and their relatives were frequently asked for their views on their care and about the service provided on a whole. One person told us, "They [staff] always ask me about the care I receive and if I am happy or want anything changed." One relative said, "I feel fully involved in my [relative's] care, they invite me to care plan reviews, hold regular listening events and send out questionnaires."
- The registered manager told us that Haven provided person-centred care. They said if people required enlarged print due to visual impairment, that this would be provided. They also told us, that some people found it difficult to read and that they would read out the information to the person. We were told that the service provided newspapers in different languages. For example, one relative told us, "She likes her newspaper delivered – in Gaelic."
- The service welcomed the involvement of advocates and if advocacy services were not readily available, the service worked with external stakeholders to bridge the gap. We saw that the local independent advocacy service was advertised in the communal areas of the service. While none of the people had made use of the independent advocacy service, relatives told us, that they were involved in discussions about people's care needs if required. We also saw that the service liaised with local places of worship to enable people to seek outside support if they wished to. Additionally, we saw that flyers of various charities and advisory services designated to support older people was available for people to access. One person told us, "I have my son, but if he wouldn't be around, I can contact Age UK or the Citizen Advice Bureaux for advice and help."

## Respecting and promoting people's privacy, dignity and independence

- Dignity and respect were fully embedded in the treatment of care people who used the service received. Care workers told us that they had received dignity and respect training and provided us practice examples of how they ensured people's dignity, privacy and respect were maintained. One care worker summarised this by telling us, "Dignity, we do respect what people tell us at all times, we always communicate with them [people] in a respectful manner, address people the way they want to be addressed. When giving personal care, we ensure the door is closed. Don't expose them. Some residents prefer same sex carer." One relative told us, "The staff could not be any better, they show the utmost respect for my mother. For example, one time I started talking with [staff members name] about something personal regarding my mum. [Name] asked me to come to the office so nobody could overhear what we were talking about."
- People's cultural and religious needs were met and maintained. For example, people were supported to access their chosen places of worship and were provided meals and diets which were known to them and reflected their cultural identity. For example, the service provided dishes during specific religious festivals for people to taste and eat. Close links with several different religious places of worship and religious leaders ensured that people were able to access their chosen place of worship or if they were unable to do so the religious leader visited the home to meet with the person and practice their religion. People spoken with confirmed this."
- The service supported people to maintain as well as gain more independence. People told us, "They [staff] always ask me to do things for myself, look at me, I am 103 and still walk on my own," "They [staff] never do things for me I can do alone" and "They help me for the things I need help."

## Is the service responsive?

### Our findings

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

#### Personalised care

- People who used the service spoke highly about the care and service provided. One person summarised what all people and relatives told us, "It's like living in a super hotel. I feel like being on holiday – they do everything for you, no shopping, no cooking. There is something different to do every day and if I don't like it I can always go back to my room to watch my TV. In the summer I sit out a lot. I have been on a coach but can't remember where I went. The place has been freshly decorated with all new furniture. They always ask me about my care and it feels like they read my mind, they do things without me asking them to do things."
- One visiting professional told us that Haven Residential Care Home provided person-centred care and achieved remarkable health outcomes for people with chronic conditions, such as diabetes. The professional said, "I've never had any concerns and they always ring and keep us informed if anything changes. People are extremely well cared for and fully involved in their care." A member of staff gave us demonstrating the excellent collaborative work with external professionals to provide person centred care was the work the service had carried out with one person with diabetes. The blood sugar levels of the person fluctuated frequently and at times to dangerous levels. The service worked closely with the GP surgery and other health care professionals including the person and the next of kin. Together they managed to stabilise the person's blood sugar levels by devising an action plan including person-centred diet which the person. Everyone signed up to work together and achieved the best possible outcome for this person, which also included specialised diabetes training provided by the diabetes nurse specialist.
- Haven Residential Care Home recognised to be fully inclusive and had a practical guide for people from the LGBT+ community displayed throughout the home. This guide offered practical advice on providing the kind of service in which older lesbian, gay, bisexual or transgender (LGBT+) people can feel safe to be themselves. This was despite currently nobody from the LGBT+ community used the service. The service recognised that people's religious, cultural and ethnic needs were met appropriately. People who used the service advised us that they had access to their chosen places of worship and cultural appropriate meals were provided and offered. One person told us, "The local synagogue sent children in and the rabbi visits. My son takes me to the local catholic church, but if I asked the staff I know they would do it." The person further told us that she was aware that other people go to the church weekly and local ministers visit. Another person said, "It's perfect here, I have all my needs met. I am catholic and go regularly to church with a member of staff." One relative told us, "We don't eat pork and they make sure that alternatives are on the menu."
- Haven Residential Care Home were creative and reflected people's personal interests, histories and religious background. To enable people to follow their spiritual interests. The registered manager contacted a variety of places of worship to visit the home. One of such invite resulted in the Rabbi from the local synagogue visiting the service during the day of our inspection to light the candles and celebrate Chanukah. We saw that this celebration was attended by Jewish and non-Jewish people who used the service. The service went to purchase traditional food in a local Jewish delicatessen to ensure the whole celebration was authentic and culturally appropriate. We observed people who used the service enjoying the visit and

celebration conducted by the Rabbi. One person told us, "This was wonderful. It reminded me so much of what I used to do with my family. They even bought Potato Latkes and Challah bread."

- People who used the service had a wide range of person centred, stimulating activities offered. The service had two activities coordinators employed. People told us that staff come on their day off to undertake social activity with them. The service had excellent links with the local community this includes local choirs who come and sing in care homes and a number of local secondary and primary schools. The service had organised different in-house social clubs, which were also attended by external people. For example, Wednesday evenings people meet for a social activity, which included playing opera and discussions about current affairs. Volunteers visited the service to do social activities with people. Staff frequently discussed and updated activities with people to ensure they reflected their personal interest. Everybody spoke highly of the activities offered and provided. One person told us, "The staff are very friendly. I have made lots of friends. I like all the activities, whatever turns up." One relative told us, "She does bingo. Loves the singing and exercises. Staff always encourage her to come out or sit with her to do quizzes, puzzles or read for her." One care staff told us, when we asked them about activities: "It is our duty to make people happy. We do parties, and BBQs. When we do summer parties in the garden and other outdoor activities, we volunteer to come, even during our days off, because we enjoy this."

- The service constantly maintained and looked for new ways of involving and engaging the local and wider community. For example, the registered manager told us that some people who used the service enjoyed playing and watching golf, because of this the registered manager wrote to numerous local golf courses asking them if people who used the service could visit them and play or watch a game of golf. The registered manager told us that so far none of clubs had replied. People who used the service were regularly visited by local schools. Pupils meet and spent time with people and share experiences. People told us that they enjoyed the visits and said that they played quizzes and puzzles. One person told us, "I really enjoy the youngsters, they can learn from me and I can learn from them. I talk to them about my life and they taught me what I can do with my mobile." One member of the care team told us, "I'm really excited about this job, I like to do activities with residents. They like it when the children come. 50 children from the synagogue came to sing."

- The service worked closely with a local volunteering organisation and we saw very positive feedback, which the service had received for the work they had done with this organisation over the past year. The letter stated, "I would like to thank you again for your support with [name] this 2018 year. We had roughly 2200 young people successfully graduate the programme in North West London, working with 189 partners. We could not have achieved this without your ongoing support. Following incredibly positive feedback from the summer (yet again) you have been rated a STAR partner and we would be thrilled to continue to partner with you in 2019."

- The registered manager told us, that the provider developed and designed a new digital care planning system called 'Kradle'. Kradle made use of information technology such as tablets and smart phones for the planning, recording and reviewing of care plans. Staff told us that Kradle had a major impact on the additional quality time they were able to spend with people, instead of completing the necessary paperwork. One member of staff told us, "Kradle has revolutionised the way we work, we spend less time doing paperwork, which allows us to spend more time and sit down with people."

- We viewed care plans and care records for 10 people and found them all to be of an exceptional high standard, with great detail and information relating to people's holistic needs. These included people's history, their backgrounds, their sexual orientation, their care and support needs, their abilities and skills as well as their aspirations for the future. We discussed the Accessible Information Standard [AIS] with the registered manager and director. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. The registered manager explained that the service provided person-centred care and therefore aimed to meet people's individual needs. We saw

where people required additional help information was provided in accessible format. This included documents in larger print or in different languages if required. One person told us, "I find it difficult to read. Staff always take time to read for me. At time they have the letters re-written in large print. I find this very helpful."

- Kradle is compliant with the principles of the Accessible Information Standards. Care plans can be provided in alternative formats such as hard copies if people felt more comfortable with this or can be made available in larger prints. Staff told us, "Not everyone likes to look at a screen, so we just print out their care plan and if people find it hard to see, we just use bigger writing, it's so easy." People who used the service and relatives told us that they were involved and contributed to the care plans. One relative told us, "They [staff] always talk to me about my mum's care plans. We sit down together and discuss any changes and they record anything immediately using the I-phone."

#### End of life care and support

- The service offered end of life care. Staff had completed end of life training and the registered manager told us they were considering completing an accredited end of life training programme. The registered manager told us that not many people living at the home needed end of life care and support, and it was a difficult subject for many people and their families to talk about. Where possible they tried to encourage people to think in advance of their wishes. In one advanced care plan we saw that the deputy manager had spoken with the person's relative to plan in case their health deteriorated. The care plan clearly reflected the persons wishes down to the detail of what music to play in their room towards the end of the person's life. The service regularly liaised with the palliative care team and stored anticipatory medicines in case they were required. One feedback card summarised the excellent work the service did in supporting people and their families towards the end of their life. "Many thanks to all the staff for looking after [name] during her final months. We really appreciated the compassion and kindness given to her. Special thanks to [carer 1] and [carer 2] working with us to meet her final wishes, planning and attending her funeral. Not only will we miss mum, but [managers name], staff and other patients and families who made us welcome on our regular visits."

- Staff told us that they would work closely with families and that they also made sure that people do not get left on their own for long periods of time. One member of staff told us, "After attending a training with St. Luke's Hospice for End of Life Care and receiving feedback from Harrow Rapid Response Team. We have contacted the surgery and kindly asked them to review/renew the DNACPR forms for the residents – as they were printed black and white making them nil in the care home/inadmissible in the hospital. The DNACPR forms have been renewed on the official red forms upon explaining to the surgery clinician what feedback was provided by the other specialists."

- The service ensured that they respected peoples end of life wishes by engaging with various professionals to make peoples life as comfortable as possible. One member of the care team gave us an example of a person deteriorating and the GP asking the family to transfer the person to the hospital. However, the person wished to remain in the home. In response to this the care team together with the GP, family and manager reviewed the person's care plan on the same day arranging for the person to remain at the home, while receiving support from outside professionals to make this possible.

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The service did not receive any formal complaints in the past twelve months, however people told us that they had no problem of talking to any staff or the registered manager and were confident that any complaints or concerns they raised would be addressed and dealt with. One person told us, "I complained about needing to buy glasses of the right size and they immediately went to the shop and got me one."

- Staff were clear of their roles of responsibilities and knew what to do if they received a complaint. One



care staff told us, "Inform the manager, yes of course, if you don't get them you can't learn if you are making a mistake. You must put the service user and family's mind at ease that we are doing the right thing."

- The service had an informative website which provided information about the service, their story, values and mission statement, staff and upcoming events.

# Is the service well-led?

## Our findings

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

During this inspection we found the registered manager was an inspiring leader supporting a strong leadership team. The service worked to best practice in dementia care based on support from the provider as well as the knowledge from the registered manager's own professional development. The service was consistently looking to improve and promote engagement with the local community.

Leadership and management.

- People who used the service, relatives, staff and visiting professionals spoke highly about the support and leadership of the registered manager. The registered manager had a calm and confident manner, was well informed about each person in the home. Care staff were passionate and ensured that people received the best standards of care possible. Staff told us that the registered manager was approachable and listened to any concerns and suggestions they made to improve the quality of care. They told us that the registered manager's door was always open, and that the managers were visible in the service. This was also confirmed by people we spoke with. One person who used the service told us, "[Manager's name] is very approachable and will try to sort things out straight away. It's well managed." Another person told us, "Manager is excellent, he listens and shows interest. I do like him. For example, I asked for plants and they bought them and are caring for them."
- Staff were motivated and were proud to work at Haven Residential Care Home. During both days of our inspection we observed staff interacting with people, spending time with them and heard a lot of laughter and witnessed people smiling when they saw staff coming. We observed staff greeting people when they arrived for their shift and telling people that they were going home when they left. Staff told us that Haven Residential Care Home was home from home. One care staff told us, "I love working here, because it's like coming to my other house every day." This was also reflected in the many comments we received where people told us that staff come in to parties even if they are not at work.
- Staff had clear understanding of their roles and responsibilities. Staff described with enthusiasm how the registered manager led the service and that he was an integral part of the team who knew every individual extremely well and was fully involved in their care. The registered manager told us they would not hesitate to undertake any aspect of the work expected from a member of the staff. The service operated a 24-hour on-call system which offered help and advice if a senior member of staff was not on site.

Provider plans and promotes person-centred, high-quality care and support.

- People who used the service had confidence in the managers. A quality assurance survey was carried out in 2018 and had overwhelming positive feedback in relation to being treated with dignity and respect. People who used the service were happy with the staff, with the communication and information within the home and people were satisfied with their living environment. This was also reflected in the compliments the service had received over the past years. Comments made by people who used the service and relatives

included, "Once again we have to thank you for the kindness and caring attitude you have shown to [name]" and "Haven is a fantastic home you couldn't wish for more."

- People, relatives and staff consistently offered positive feedback about the good quality of support and care at Haven Residential Care Home. Effective quality assurance systems ensured the quality of service provision was constantly assessed and ongoing improvements were made. People said they felt encouraged to speak out and fill in surveys. Relatives said that they had approached the managers about various matters and they felt as though they were listened to. We looked at meeting minutes which showed clear evidence that people's thoughts and ideas were acted upon. One relative told us, "I suggested a hand wash basin for the kitchen and CCTV to the front door, it's now fitted."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service constantly looked at ways in how to improve the outcomes for people who used the service for those who had dementia. Haven Residential Care Home was part of a research project led by the Dementia Research Centre of the University College London (UCL). Staff spoken with told us the research was looking at transitions between services and the challenges people living with dementia settling in to new services experience. The staff told us that the service and people who used the service had greatly benefitted from taking part in this study and the learning from it. For example, since taking part in this study new admissions had settled into their new environment much easier. This was due to pairing people with similar interests. This enabled greater interaction between people, by undertaking activities of shared interest. It also meant that people with dementia were less isolated.
- The management team consisted of the registered manager, deputy manager and three senior team leaders, with additional support from the area manager. The management team was fully aware of what was happening at the service and when we asked them questions they were able to provide us with a satisfactory response, which demonstrated an in-depth knowledge in all areas of the service.
- Since our last inspection the provider developed and implemented an effective computerised care planning system. Two staff had been trained as champions and were the driving force in the implementation of the system at Haven Residential Care Homes as well as other London services managed by Sanctuary. The two 'Kradle' champions, were responsible for providing ongoing support and training in the use of the computerised care planning system to ensure the system was reviewed continuously and staff used the system as it was intended to.
- The registered manager continued to maintain the service to the best possible standards, with the involvement from people who used the service, relatives and staff. The registered manager told us, that the service was looking to purchase further IT equipment and equipment to assist people to maintain their independence. One senior member of staff told us, that he was discussing with other team members and one person to purchase a specific equipment to help the person to maintain their independence.
- We saw that the service was making use of assistive technology. For example. the use of a smart TV, which enabled people who used the service to access a wider choice of TV programmes and shows, larger print which enables people with visual impairments to read and access documents, talking books to enable people to continue to read their preferred literature, a theme room with sensory lights and sounds, key boards with larger tiles so they were easier to use for people and a calendar clock.
- The service had an effective quality assurance assessment and monitoring system. This consisted of internal and external quality assurance audits. We saw evidence that any shortfalls or improvements needed were cascaded down to the whole staff team and improvements were made to ensure the service continuously improved the quality of care provided to people who used the service.

Engaging and involving people using the service, the public and staff.

- The service frequently sought the views of people who used the service, relatives, staff and outside professionals. Staff and managers consulted with people about their care and about the service. There was a strong emphasis on empowering people who used the service and staff to voice their opinions and the management team responded to suggestions and comments put forward. One relative told us, "I went to the residents meeting yesterday and spoke about the lighting. We arrived today and saw that three more lamps were bought. We are over the moon. The service is exceptional, we have peace of mind. We are impressed with the manager." Similarly, to care staff of people who used the service and relatives told us that their voice was heard, and suggested improvements were made. One care staff told us, "We have regular meetings where we discuss the service and individual residents, any suggestion we make to improve the service are listened to and improvements are made very quickly. For example, I recently asked for more help for one of the residents. The team leader reviewed the care plan immediately and the additional member of staff is now in place. We do everything in our power for the residents."
- External professionals also believed that Haven Residential Care Home provided a good service. We received feedback from one outside professional as well as feedback from the local authority commissioning team. Both were positive about the treatment and care, the service and the management at Haven Residential Home.
- Most of the staff at Haven Residential Care Home had worked there for several years and people who used the service and staff knew each other very well. People who used the service and relatives were constantly encouraged to contribute and comment on the care and the service provided. This had led to several improvements. For example, a video security system had been installed for added security. This enabled people and staff to see who they were letting into the home.