

Havilah Care Ltd

Havilah Care

Inspection report

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Havilah Care is a domiciliary care agency and supported living service. It provides personal care to people living in their own homes. At the time of our inspection six people were receiving a supported living service and one person was receiving a domiciliary care service.

Havilah Care provides support to people with a learning disability, autistic spectrum disorder, people with mental health needs, sensory impairment or a physical disability. Each person has their own house and are supported by staff 24 hours a day; seven days a week. There is a separate head office based in Milton Keynes.

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

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.

Right Support

Staff supported people to have choice, control and independence over their lives. People received care in their own homes where staff supported them to keep the premises safe, clean, well equipped, well-furnished and well-maintained. Each house reflected the person's interests and they had been supported to choose their furniture and colour schemes.

Staff supported people with their medicines in a way that achieved best possible health outcomes. Staff supported people to access health and social care support, which included a regular review of their prescribed medicines.

The service encouraged people to be involved fully in developing their care plans and making decisions about their care and support. People were supported by staff to pursue their interests and to achieve their aspirations and goals. For example, one person had become involved in sports and had been awarded a trophy from the local mayor.

Right Care

People's dignity and human rights were promoted, and people were encouraged to make decisions about their day to day routines. People received kind and compassionate care and staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs

Staff understood how to protect people from poor care and potential harm. Staff had training on how to recognise and report abuse and knew how to report any concerns. There were sufficient numbers of staff

who were appropriately skilled to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them as staff supported them consistently and knew them well. People received care that focused on their quality of life and followed best practice, with input from a range of health and social care professionals.

Staff, relatives and people worked together to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

Staff supervision, staff meetings and spot checks were held regularly and used to develop and motivate staff, review their practice or behaviours, and focus on professional development.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff team which were well embedded into practice. Staff showed us how they supported people to make decisions about their day to routines using pictures and symbols.

Relatives told us they were fully involved in their family members care and support and they spoke of the open culture, and regular contact and visits to see their family members. We saw feedback from relatives praising the management and staff team and the positive changes to their family members.

Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

Rating at last inspection

This service was registered with us on 23 July 2021 and this is the first inspection.

Why we inspected

This was a planned inspection following registration. We undertook this inspection to assess that the service is applying the principles of Right Support, Right Care, Right Culture.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Havilah Care

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides a supported living service. This means they provide care and support to people living in a supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service was small, and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 August 2022 and ended on 19 August 2022. We visited the office location on 18 August 2022.

What we did before the inspection

We reviewed information we had received about the service since their first registration. This included any notifications (events which happened in the service that the provider is required to tell us about). 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 all this information to plan our inspection.

During the inspection

We visited one person in their home and spoke with two staff who supported them. Some people were unable to talk with us and used different ways to communicate including signs, pictures, gestures, vocalisations and body language. We spoke with four relatives by telephone and we asked them about their experiences of the care provided for their family member.

We had discussions with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We received written feedback via email from four staff and two healthcare professionals.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management and governance of the service, staff training records, and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members were safe when staff supported them in their home and did not feel they were at risk of abuse or neglect. One relative told us, "The carers are very good at making [family member] feel comfortable, relaxed and safe. It gives me peace of mind too knowing they feel safe."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and there was information and guidance about safeguarding accessible to staff.
- At the time of our inspection there had not been any safeguarding incidents. However, there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- People felt safe with the way staff supported them, reducing anxieties about their health conditions and providing safe care. One relative said, "I find it reassuring knowing the carers are there to support [family member] at all times and they have the skills to support [family member] when they become distressed."
- Assessments of the risks to people's health and safety had been assessed, recorded and were regularly reviewed. Any changes were dealt with immediately and care plans were updated to reflect the changes.
- People had detailed positive behaviour support (PBS) plans to ensure staff considered the least restrictive options before limiting people's freedom. PBS plans highlighted triggers and signs of escalated behaviours while also outlining interventions staff should take. There was clear advice for staff on how to offer people support following incidents.

Staffing and recruitment

- There were sufficient staff to meet people's needs, including for one-to-one/ two-to-one or three-to-one support. Each person had a regular team of staff who knew the person well. A relative commented, "It's very important that [family member] has continuity and consistency, otherwise they become very anxious."
- Rotas showed that staffing was consistent, and each person always had the staff support they needed. Staff told us they felt staffing numbers were sufficient to meet the needs of people using the service. One said, "Staffing is very good here. I look after [name of person] and we always have the two staff we need."
- The provider had updated their application form to include a section on the Care Quality Commissions' Key lines of Enquiries (KLoES) to ensure that prospective staff understood the benchmarks of their role before they commenced employment.
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide

information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Peoples received their medicines safely and as prescribed. A relative told us, "The carers make sure [family member] gets their tablets when they need them. They know when to give them medication to stop their anxieties when its needed, but they only use it as a last resort."
- We checked three people's Medicine Administration Records (MAR) and found them to be fully completed.
- The process in place to support people to take prescribed medicines 'as and when required' (PRN) was robust. Each person had a PRN protocol that described the details needed by staff to make a judgement about how and when to administer the medication safely.

Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19. People told us staff wore gloves and aprons whilst carrying out personal care and continued to wear face masks.
- Staff understood their responsibilities for keeping people safe from the risk of infection. They had been provided with infection control training; this included the correct use of personal protective equipment (PPE).
- Policies and procedures were in place regarding infection control practices, including COVID-19, to ensure staff worked safely and in line with best practice guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an electronic system by staff. The registered manager then received an alert to notify them that there had been an accident or incident. They ensured these were investigated and action taken swiftly to address any issues and reduce the risk to people's safety.
- Themes and trends were identified through a regular reviewing process. Where needed, care plans and risk assessments were amended to reflect changes to people's health and/or safety following an incident.
- The provider had an open and transparent approach to the reporting of incidents. Records showed relevant authorities were notified when incidents occurred.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met. The assessment tool was comprehensive and considered people's culture, past experiences, physical, psychological and social needs. People were matched with staff who had the necessary skills and values to support them.
- So that each person's move to the service was a positive experience, the provider completed a transition tool which considered the specific training staff would need to support the person, support from healthcare professionals, any resources needed and a schedule for the moving day.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- People were cared for and supported by staff who had the necessary skills, training and experience. A relative said, "I think the carers are skilled in what they do; new carers learn from more experienced staff. There's no better way to learn."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. New staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects. One staff member said, "I found the training to be very helpful. I learned new things that I wasn't aware of."
- Staff felt supported in their role. They received competency checks, spot-checks and supervisions. End of year appraisals were used to identify any areas for development but also to acknowledge high-quality performance.

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

- People received the support needed to eat and drink enough, maintain a balanced diet and to lead a healthy lifestyle. A relative told us, "The carers always let [family member] choose what they want to eat."
- We spoke with two staff who were supporting one person in their own home. They showed us how the person made choices with the use of pictures and symbols. We saw this was an effective method of communication that met the person's needs.
- Care records and risk assessments took account of people's health conditions, cultural background and religious choices; providing staff with guidance to support people to eat in accordance with their individual requirements.
- If required, the registered manager sought advice and guidance from dietitians and speech and language therapists to ensure the people's dietary needs were met. We saw that two people had been referred to the

Speech and Language Therapist (SALT) team and they were working with them to provide individual support.

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

- People experienced positive outcomes regarding their health and wellbeing. Staff maintained good working relationships with a range of external organisations to support them in the provision of effective care and support such as people's GP's, occupational therapists and dieticians.
- Care plans provided a clear overview of people's health needs and the involvement of health care professionals.
- Staff supported people with attending health appointments or, where needed, help to remind them if they had an important appointment to attend.
- People's health conditions were monitored, and any significant changes were reported and acted on quickly to reduce the impact on people's health.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Staff were trained in the principles of the MCA and gave examples of how they encouraged people to be fully involved in decisions made about all aspects of their care.
- Where people were unable to direct their own care, the registered manager told us that best interest meetings were held, and we saw these recorded in people's files.
- The provider had made two applications to the Court of Protection and were waiting for these to be approved.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion. People's diverse needs were embraced and respected. A relative said, "My [family members] carers are lovely. They know how to communicate with [family member] which has made a big difference. It's helped them a lot."
- Some people had developed their own form of sign language and staff had become familiar with them, which ensured people could still communicate effectively.
- Records were person centred and included information about people's preferred name and personal preferences and other important details about their spiritual and cultural beliefs. We saw the provider was preparing for one person to start using the service and there was information about how staff would support them with visits to their place of worship.
- We saw many compliments from relatives. One read, 'In the space of three months or so [family member] has blossomed, they are coming on leaps and bounds. They were happy, focused, content and calm when they last came home for the weekend and they were communicating well. You both [registered manager and nominated individual] are in the right sector of work. The whole family, especially me cannot thank you and the team enough.'

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

- People were supported to express their views about their care where they were able. Their communication needs were assessed before they started using the service. This detailed the person's preferred way of communication to ensure information was shared effectively. A relative said, "Communication with [family member] is the key and that's what works so well. The staff are enthusiastic to make sure [family member] can understand but also to be understood."
- Staff used a variety of tools to communicate with people according to their needs. For example, in one care plan we looked at we saw that the use of visual aids to help the person make decisions were used, such as the use of pictures and symbols. They also used a Picture Exchange Communication System (PECS) with a folder and sentence strip for the person to communicate their wants and needs. (PECS uses pictures to help individuals communicate with others.)
- To support people using the service with communication and understanding there were portable schedules with pictures depicting routines for the day, activity choices and any appointments that needed to be attended.
- Staff had received bespoke training in Makaton training (a form of sign language) that had included an interactive session where staff have been able to explore professional support in areas they might find difficult. Two staff also showed us the communication tools they used for the person they were supporting. This included the use of pictures and symbols.

- The provider encouraged and welcomed the use of advocates. Information was included in the service user guide about how to access an advocate. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and they received dignified care. A staff member commented, "I treat the people I support how I would want to be supported, with respect, dignity, patience and politeness."
- Respecting people's privacy and dignity was important to staff. One commented, "We always make sure we treat [person] with dignity. We pull the curtains and make sure we cover them up when we help them with personal care."
- People were fully supported to maintain and develop their own 'circle of support', identifying people who supported their independence, to build social networks and have community involvement.
- Staff supported people to learn new skills and gain more independence. Care plans contained information about people's goals and achievements and when goals were reached staff celebrated their achievements.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs their diverse needs and cultures and their personal relationships.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care that met their needs and took into account their cultural and religious diversity. A relative told us, "It's person-centred care right through to the little details. It's a fabulous service."
- People's care was planned with them and their relatives and they were fully involved in developing their care and support plans. The assessment and care planning process ensured their identified needs could be met. Care plans provided clear guidance for staff to follow which included information about people's likes, dislikes, lifestyle and interests.
- Staff understood the need to promote choice and individuality of everyone using the service. The ethos of care embedded the seven Reach Standards This is a set of standards that underpins supported living and include things like 'I choose who I live with' and 'I choose where I live.'
- A health professional involved in the care of people using the service commented, "Havilah staff ensure the right to family life for the people we place with them is maintained."

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. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their assessment and their care plans fully described the level of support required. For example, the best way for staff to present information and any communication tools they may need to communicate effectively
- Relatives told us staff communicated well and effectively with their family member. For instance, some people were not able to vocalise and communicated by using sign language which was understood by the staff who supported them. One person had made up their own signs to communicate and staff we spoke with understood these. This enabled people to express their wishes without restrictions.
- The provider had made information available in a varied range of formats including easy read, pictorial, using symbols and photographs.

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

- People were fully supported to follow their interests and take part in social activities. A relative told us, "The staff think outside of the box to find new and interesting activities." The provider has also supported people to access museums, join local tennis groups, swimming pools and running tracks as part of their weekly routine. All these activities have enabled people to have a routine and enjoy a quality of life.
- We saw one person who had been encouraged by staff to take part in sports. This was successful and the person won a trophy which was presented to them by the local mayor at a sports event.
- Staff were constantly looking for new experiences and activities for people to participate in. One staff member commented, "I enjoy finding different and fun things to do and making the day fun." We saw one staff member had brought in their keyboard and played music to the person they were supporting, which was obviously enjoyed by them.
- People were supported to spend time regularly with people who were important to them. This included visits to their family homes as well as relatives visiting the service. One relative said, "I enjoy visiting [family member] at their house. I never thought I would see that day."

Improving care quality in response to complaints or concerns; End of life care and support

- People knew how to make a complaint and felt complaints would be acted on. A relative said, "I would definitely feel comfortable making a complaint, but I have never needed to." Another commented, "I have never needed to make a complaint, but if I needed to, I have the number of the manager."
- A complaints policy was available for people to access which could be made available in a different format if people required it. There had not been any formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal; verbal and written would be dealt with appropriately.
- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us they could support someone at the end of their life with support from other health professionals and with specific training for staff.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were happy with the quality of care they received. Relatives said their family members liked their care staff and told us staff had a positive effect on their lives. A relative said, "The staff are absolutely brilliant. They have changed [family members] life, and ours."
- Staff spoke positively about the support provided by the registered manager and the nominated individual. A staff member told us, "[Management team] are very supportive. They are always ready to come and help if we need it and are always at the end of the phone to help us and give us advice."
- A relative confirmed there was always management support available when needed. They commented, "It is well managed and the [management team] are contactable to talk to if I have any questions or queries. Communication is very good, and they do listen."
- A health professional involved in the care of people using the service commented, "It's an amazing service and the senior leadership have a great understanding of the client's needs and are very much person-centred."
- The provider was aware of and respected diversity of the staff team. They had worked hard to ensure they could meet their religious needs by being flexible with the rota systems. This enabled staff to meet their religious obligations such as going to church, mosque or for those staff fasting and needing to work shorter shifts.

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

- People were supported by staff and a management team who had a clear understanding of their roles. The registered manager understood their regulatory responsibilities, including, ensuring the Care Quality Commission (CQC) were notified of any incidents that could affect the health and safety of people cared for.
- The quality of service provided to people was regularly monitored. Quality checks and audits had been carried out on care records and action plans were put into place when areas needed to be addressed.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and training programme in place.
- Spot checks were regularly undertaken of staff during care calls to check their practice and offer advice or guidance where needed.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon.

- The provider understood their responsibility under the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care: Working in partnership with others

- Regular team meetings were held. Policy changes, regulations, COVID-19, quality of care and discussing positive outcomes were just some of the subjects discussed with all levels of staff. Staff were encouraged to speak up in these meetings and to give their opinions.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems. There was a social media platform used to communicate with staff so they could receive information in a timely manner and there was a mobile phone for each house so staff could be contacted swiftly.
- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they ensured information from audits, complaints, feedback, care plan reviews and accidents and incidents would be used to inform changes and improvements to the quality of care people received.
- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up to date with any changes.
- The provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.