

Haven Home Support Ltd

# Haven Home Support LTD

## 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

This inspection was carried out on 1, 2, and 6 June 2017 and was announced. This was the service's first inspection since registering with the Care Quality Commission in August 2015.

Haven Home Support Ltd provides personal care and support for people living in their own homes. At the time of the inspection 18 people were being supported by the service.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People told us they felt safe and confirmed their individual risks were assessed and reviewed regularly. The service had a robust recruitment process in place and pre-employment checks were completed before staff commenced their employment at the service. There were sufficient skilled staff available to meet people's needs. People were supported to take their medicines safely by staff who had received training on how to administer medicines safely.

People were supported by staff who had received appropriate training and support from the management team. People's consent was sought before care was provided and the staff and management were familiar with the principles of the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. People were supported to access a range of healthcare professionals such as their GP, or to attend opticians, dental or hospital appointments.

People told us the staff and management of the service were excellent and said they were kind caring and compassionate and that they were treated with dignity and respect. People were involved in planning development and review of their care. People's personal and private information was stored securely and protected to ensure their confidentiality was maintained.

People received personalised care that met their needs. These were kept under regular review to ensure when people's needs changes the service was able to respond accordingly. Staff were provided with detailed information to help ensure they were able to provide effective and responsive care to people. Where appropriate people were supported to pursue hobbies and interests. Staff encouraged and supported people to participate in social events to reduce the risk of social isolation.

People were aware of how to raise a concern if they had any. However no complaints had been made. We saw that the service had received numerous letters and thank-you cards and many compliments from people who used the service and their relatives.

People were asked for their feedback about the service they received and there were systems and processes

in place to monitor the overall quality and safety of the service. The registered manager and staff were continually looking at ways to improve the service. People knew who the registered manager was and told us they felt the service was well run. People, their relatives and staff were very positive about the all aspects of the service and in particular the registered manager and the ethos of the service.

## 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.

People were kept safe by staff who had been trained to identify potential abuse, and knew how to report any concerns.

Risks to people's safety and welfare were assessed and managed effectively to help keep people safe.

People were supported by sufficient numbers of staff who had been recruited following a robust process.

People's medicines were administered safely by staff who had received training.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were supported by the management team.

People's consent was obtained before care was provided.

People were supported to eat and drink sufficient amounts to maintain their health.

People were supported to access health professionals when required.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring and compassionate.

People were treated with dignity and respect.

People and their relatives were involved in planning and review of their care.

People's confidential records were stored securely.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People's preferences were taken into account and staff received detailed information to help them respond in a timely way when people's needs changed.

People were supported to pursue hobbies and interests and were involved in social events organised by the service.

There had been no complaints. However were aware of how to raise a concern if they needed to.

### Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who was open and transparent and managed the service effectively.

There were systems in place to monitor the quality of the service and these were kept under review to continually improve the service.

People, their relatives and staff told us the service was well managed and they had clear roles and responsibilities.

People and staff were positive about the management team.

# Haven Home Support LTD

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and carried out by two inspectors. We gave the provider 48 hours' notice to ensure that they would be available to facilitate our inspection.

We reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local commissioning team. We reviewed information submitted on the Providers Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people and three relatives of people who used the service. We received feedback from eight staff members, the registered manager, the quality and compliance manager and the care team managers. We viewed three care plans, two staff recruitment files, training records and other information relating to the overall management of the service.

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt that they were cared for safely and had no concerns about the care and support they received. One person told us "I have always felt safe from the first day I met [Name] I just knew that they knew what they were doing, they are so reliable and careful and nothing is ever rushed." Another person told us, "They are always on time, always courteous and never in a rush. We know who is coming and when. If they are running a bit late anything over 15 minutes the staff calls us to let us know so we are not worried."

Risks to people's health, well-being or safety were assessed. The assessments were detailed and where they identified potential risks to people's safety, measures were put in place to mitigate and reduce the risks. These were kept under regular review to take account of people's changing needs. Risk assessments were in place for people for things like moving and handling, medicines and skin integrity. These measures helped ensure that people were kept safe as far as possible.

People were protected from abuse and avoidable harm because staff who supported them had been trained and knew how to report any concerns. They demonstrated they were knowledgeable about the risks and signs of potential abuse. Staff were able to tell us the process they would follow to report any concerns both within the organisation and externally if required. Information and guidance about how to report concerns, together with relevant contact numbers, were displayed on the notice board in the office and were accessible to care staff when they visited the office. The provider told us that they had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Safe and effective recruitment practices were followed to make sure that all staff were suitable to work in this type of service. Pre-employment checks were completed for all staff. One staff member told us, "I filled out an application form and was required to fully complete all sections. I was invited for an interview, provided two forms of photo ID for DBS, utility bill, two references, and details of car insurance." We saw that these checks included exploring any gaps in employment history, taking up a minimum of two satisfactory references and criminal record bureau checks for all staff.

People, told us that there were enough staff available to meet people's needs. One person told us, "I have a small team of 'regulars' so I have got to know most of them, if one of them goes on holiday I still have a carer [staff] that I know and have met before. [name of?] always introduces them, never send 'strangers'. That does help me to feel safe."

There were appropriate and suitable arrangements in place for the safe administration of medicines and staff had received training as well as had their competencies regularly checked to ensure they followed good and safe practices. There was a medication policy and procedure in place and all staff were required to familiarise themselves with the content before they administered people`s medicines.

## Is the service effective?

### Our findings

Newly employed staff confirmed they had induction training and then shadowed more experienced staff members until they were confident working unsupervised. They had their competency checked and were observed in the work place by a senior member of staff or field care supervisor to check they were competent in their role. The provider told us that care staff spent the first day of their induction in the office so that they had an understanding of how the service was operating, the aims and objectives. They also learned what was expected of them and the ethos of the service.

Staff members told us they felt really well supported by their managers. They told us that they had team meetings, individual supervisions and regular 'spot checks' when the care team supervisor observed their work practice in people's homes. One staff member told us "I feel the training I have received at this company has been the best I ever had." Training included moving and handling, safe administration of medicines, dementia and food and hydration. Another staff member told us, "I am well supported by my manager I can come to the office anytime I need to discuss anything and we discuss my training and clients, and anything I want to talk about." Staff told us they could do specialist training relevant to people they supported to help them better understand people's conditions and they were encouraged and supported to develop their skills.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "I always assume people can make decisions and support them to do so." Another staff member told us, "I always say 'shall we do your shower now' or 'do you want breakfast first' or 'what do you want to wear today', those sorts of decisions which are important and enable people to retain control of their lives and also remain as independent as possible."

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. We checked whether the service was working within the principles of the MCA and found that they were.

People were assisted where appropriate to eat and drink sufficient amount to maintain their health and well-being. For example where people were at risk of dehydration staff encouraged them to drink plenty. One staff member told us "I always offer a drink before I leave and leave one for later as well." Staff told us if they had any concerns about people's weight, for example, if they had lost or gained significant amounts they reported this to their manager so that they could follow up by referring people either to their GP or for more specialist support.

People were supported to maintain their health and staff were knowledgeable about the health needs of the people they supported. The provider told us, "It depends on people's individual circumstances, sometimes family will make arrangements to attend appointments or for people to see their GP or sometimes we will



do it for them." Staff told us that they also supported people with things like dental, opticians and chiropodist appointments when required. We saw that medical and healthcare appointments were recorded in people`s care folders.

## Is the service caring?

### Our findings

People and their relatives were very positive about all aspects of the service they received. One person's relative told us, "They are absolutely brilliant. They are always on time, always courteous and never in a rush. They are caring and kind. The carers are lovely with [person]. They take their time and are caring and very chatty. [Person] is happy with the care." Another person told us, "The care is wonderful. Staff turns up on time – there are no problems. Staff are kind and caring, they give me the support I need." We were told by another person, "They always ask [relative] if they need anything else done before they go, sometimes they go over and above what is expected and often stay on longer than they should."

Staff feedback demonstrated that they were caring and compassionate about the people they supported. One staff member told us, "One person comes into the office to have a cuppa with us, they look forward to that and it prevents social isolation, the care worker has achieved so much with this person who previously would not accept any support." Another staff member told us, "I have never had a time restriction put on me with any of our customers because our company is completely person centred and people's needs and wishes always come first."

People's dignity was respected and their privacy maintained and staff were respectful of people's home environment. One staff member said, "We are working in people's homes and I never forget that, we are the visitors and what they say goes." Relatives told us that they felt staff respected people's dignity at all times. One relative said, "They are very respectful and supportive. They leave [person] in the toilet for privacy." Another relative told us, "They close the door, they knock and wait to be invited in, all that sort of things. It's respectful."

Staff had developed caring relationships with people and demonstrated they knew people's routines and preferences well. People told us they were offered choices and these were respected which helped people to feel they still retained their independence. For example people were able to say which task they want support with and what order, so for example one person told us "they ask me if I want my personal care first then a cup of tea, or maybe another day, they may want breakfast first. It's their choice".

Senior staff from the office visited people regularly to check that people were satisfied with the care and support they received and to discuss their care needs. People were involved in the care planning process and their needs and preferences were discussed before they started using the service, then in regular updates. One person said, "Before my care started [staff] came to visit me and took all my details we discussed everything. They asked all about what I needed help with and what I could do myself." The person went on to say, "They still come by every so often to make sure everything is still working well, so yes I am fully involved."

We saw that people's care plans were personalised and provided staff with detailed information on how to support people as they wished. They were reviewed and had been signed by people to confirm their agreement. We saw care plans were reviewed regularly so that they were kept up to date. People told us they had a copy of their care records in their home and staff completed a 'dairy entry' when

they visited. At the end of each month these were returned to the office for safe storage. This ensured people`s confidential records were kept securely.

## Is the service responsive?

### Our findings

People who used the service received care and support based on their individual needs. Staff had access to information about people's preferences and wishes and they were regularly reviewed. Staff told us that if they observed any changes or people's needs changed staff reported these to the office to enable the manager to make the required changes. We found that the service was flexible and responsive to people's needs.

For example for a person who had very complex needs and who was reluctant to accept support, the registered manager changed the staff members several times until the person 'clicked' with one of them. The registered manager told us, "They [person] have made great progress and really achieved things we never thought would be possible. The registered manager told us, "We now do personal care and provide the person with a much improved quality of life." This was confirmed by the person's family members.

The registered manager told us they undertook frequent reviews of people's care in the first few weeks of the service commencing so they could adapt the service to be personalised and reflective of people's expectations and wishes.

People's care plans contained detailed information which assisted staff to meet people's individual needs in a flexible way. Where possible people had been involved in discussions about their care and support and were also involved in discussions when their needs changed. For example where a person's mobility changed and they required a piece of equipment to help support them a member of the management team made a referral to an occupational therapist to ensure the person was assessed for the right equipment.

The provider told us that when a person was unwell and had to go to hospital staff waited with them until the ambulance arrived and then accompanied them to hospital. The registered manager rearranged the staff member's visits to enable this to happen. This demonstrated a flexible approach to the delivery of care when people's needs changed.

There was a complaints policy and procedure in place. However no complaints had been received. The registered manager told us they encouraged people to raise concerns if there was any aspect of the service that they were not happy with. They told us they viewed complaints positively and used them to make improvements.

People who used the service told us that they would be confident to raise any concerns with the registered manager or any staff member and they were confident that staff and the registered manager would address them. We saw that compliments were also recorded and the registered manager had received many thank-you cards and letters from people and relatives.

Feedback was welcomed and people felt that their views would be taken into account and acted upon. For example when a person told the registered manager they did not have much in common with a staff member the staff member was changed. The registered manager told us they tried to match people and staff so they had some mutual interest. This approach demonstrated that people's views were taken into account and acted upon.

## Is the service well-led?

### Our findings

We received positive feedback from people, their relatives and staff about how the service was run. People told us the service was 'well managed' and staff and relatives alike all knew the history of how and why the provider opened a care agency and the way in which Haven home support operated. There were systems in place to monitor the quality of the service. We saw that audits had been completed to identify where improvements were needed and these were used to generate action plans to make the improvements.

The registered manager was also the provider and was clearly passionate about the care they provided. We saw that there were many quality monitoring processes in place to ensure the quality was maintained. For example people told us they were visited regularly by a member of the office staff and asked if they were happy with the service. Records were well maintained and we saw that there were consistent systems and processes in place including staff recruitment which the provider told us were a key element of their service. They said, "The care staff are out there promoting our service they have to be the right people."

The provider told us and staff confirmed that there were regular staff and office meetings to talk about any concerns or ideas that staff may have had. Staff we spoke with confirmed they had attended meetings and all the staff told us they were valued, motivated and felt that Haven home support was one of the best services they had ever worked for. For example one staff member said, "We are never under pressure to take on additional work, we agree our availability, we get paid travel time, we have the time to sit and speak with people. We really do provide a personalised service."

The registered manager told us how they worked in partnership with other professionals, visited people in hospital, spent time with people over the festive periods and provided additional visits if it was needed to ensure the people in their care were properly cared for.

The registered manager was in the process of completing a survey at the time of our inspection to give people an opportunity to give 'formal' feedback and ensure they had a voice. We saw that people were also contacted by phone to check whether they were happy with the service. There was an out of hour's service operated at the service for people to ensure that changes that occurred would be dealt with by the on call staff. This was managed by office staff on a rota basis so anyone contacting the on call service would speak to a person they knew and could assist them in a timely way.

The registered manager was open and transparent and operated in an open and inclusive way. Staff told us, "We all work well as a team, for the good of the people we care for. We all share the same passion and I think that's why it works so well. The [Registered manager] includes consults and values us; we are a small service and operate like one big family."