

Lifeways Community Care Limited

The Haven

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Haven is a residential care home providing personal care to up to 5 people. People were living with complex care needs relating to autism and learning disabilities. At the time of our inspection, there were 4 people using the service. One of the 4 people lived in an annex to the building, but they also had access to the main building when they wanted.

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:

The model of care took people's individual needs and risks into account. Communal areas were used to ensure people had space and some people enjoyed spending time in their rooms. There were plans to refurbish a small garden summerhouse to create additional space for people to spend their time.

People were not able to tell us they felt safe living at the Haven, but we observed people to be relaxed in the company of staff. Safeguarding concerns had been responded to promptly. The number of incidents had reduced significantly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Additional work was being carried out to reassess people's capacity to understand and make choices and decisions. Staff told us and we observed that people were making more choices about what they did during the day.

Right Care:

There were enough staff to meet people's needs and wishes. Emphasis had been placed on ensuring that staff had the skills, knowledge, and experience to meet people's needs. A lack of staff who could drive had an impact on the number and quality of activities that were provided. However, the manager was in the process of recruiting more staff who were also drivers. Staff had plans to introduce people to new activities and two people had recently started swimming on a regular basis.

People received their medicines safely. The frequency of medicines given on an as required basis had reduced significantly.

Right Culture:

Audits were comprehensive and effective in identifying shortfalls which were then promptly addressed. The home had identified some improvements needed in relation to developing some areas of record keeping

and work was underway to address this.

A new manager had started in post and staff spoke positively of the culture and ethos that had been created. Improvements made in relation to how people were communicated with had led to a reduction in incidents. People had been involved in choosing new bedding, in making choices about the food they ate and the activities they wanted to take part in. People's relatives felt that there was good communication, and they were kept informed of any changes to people's wellbeing. Equally they told us they felt comfortable contacting the service if they had any concerns.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 June 2022) and there were breaches of regulation. We served the provider a Warning Notice under Section 29 of the Health and Social Care Act 2008. The notice required the provider to become compliant with a breach relating to governance.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Haven on our website at www.cqc.org.uk.

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 responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

The Haven

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector.

Service and service type

The Haven is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Haven is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was no registered manager in post. A new manager had been in post for 5 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because some of the

people using it sometimes find visitors to the service stressful and they needed time to prepare.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we held about the service and the service provider. We looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spent time observing how staff interacted with people to help us understand the experience of people living at the service. We spoke with the manager, the area manager and 3 staff members. We looked at a range of records relating to health and safety, and the management of the home. We spoke with 2 people's relatives and received correspondence from 1 person's relatives. We looked at 3 people's care plans, audits, training data, 2 staff recruitment records, quality assurance records and meeting minutes. We have continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider had not ensured care and treatment was provided in a safe way. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people's safety had been assessed and managed. As a result of consistency and clear guidelines, restrictive interventions (restraint) had not been needed for several months. Records were kept of all incidents. If a debrief was needed following an incident, this had been carried out. It had also not been necessary to give medicine to help people cope with their emotions for a number of months.
- Staff were clear about how people should be supported. A staff member told us, "When I started working here restraint was just accepted. Now we support people differently, we speak with people calmly and we don't need to restrain."
- A staff member told us of a particular gesture that 1 person used as an indicator that they were upset. They told us, "We will remove ourselves from the situation and give them time to calm. We go back later to check if they are ok."
- People at the Haven lived in a safe environment because the service had good systems to carry out regular health and safety checks including electrical appliances safety. Water temperatures were monitored regularly. Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan.

Staffing and recruitment

At our last inspection there was a failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of this area of regulation 18.

- There were enough staff on duty to meet people's needs and there were on call procedures for staff to gain advice and support if needed outside of office hours, and at weekends. Staff had been appointed to fill most of the vacant posts and some staff were due to start in post subject to recruitment checks. Vacant hours were covered using regular agency workers.

- People's relatives commented on the high staff turnover over the past year. However, it was noted that all staff appointed since the new manager started in post were still working at the service. Some changes had been made to night shift hours which meant there was time for a detailed handover between shifts.
- Staff had received training appropriate to their roles and to ensure they could meet the specific needs of the people living at The Haven. This included training in epilepsy and positive behavioural support. An agency worker confirmed that they had carried out additional training at the request of the provider to ensure they could meet people's specialist needs.
- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history. 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

At our last two inspections the provider had not ensured the safe management of all medicines. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. Medicine checks were carried out by a team leader on a weekly basis and the manager also carried out a monthly audit. Where shortfalls were identified, actions were taken to address matters promptly.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief or anxiety. There were protocols that described when they should be used. Some of the wording was unclear but staff were very clear how they knew which medicines should be given and when. This had little impact for people as the medicines had not been administered.
- There were safe procedures to ensure medicines were correctly ordered, stored, and given appropriately. There was information to guide staff on how each person liked to receive their medicines. Staff had received training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.

Following the inspection, the manager confirmed in writing that the PRN protocols had been reviewed and updated to ensure greater clarity.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At our last inspection the provider had failed to ensure care and treatment was provided with appropriate consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 11.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. One person had conditions related to their DoLS authorisation and these were being met.
- People were assumed to have mental capacity to make their own decisions. Where there was reason to believe they lacked mental capacity, an assessment had been carried out. Some people had been assessed as needing support in making decisions in some areas. The manager had identified several additional areas where decision making needed to be clarified. They confirmed best interest meetings/discussions would be carried out.
- The use of video cameras to observe people at night and through the day if they were not supported on a one to one was under review for three people. The manager was liaising with other professionals and people's relatives to ensure the least restrictive measure was being taken. Since the last inspection plastic crockery and cutlery had been removed. One person still used a plastic beaker, and this had been assessed as needed.

Systems and processes to safeguard people from the risk of abuse

- People were not able to tell us if they felt safe. We observed people to be relaxed and content in their surroundings.
- A person's relative told us, "[Person] is definitely safe. We know he is happy. If he were not, we would be on the phone to sort it. When we take him out, he enjoys it, but he is always happy to return, and he points to the Haven and calls it home. He is very settled." Another relative said, "Yes he is safe, there are always staff for him and he is getting to know them." A third said, "Generally [Person] is being cared for in a safe way."
- We asked a staff member about the reporting procedures for abuse, and they gave a very clear response. All staff had received safeguarding training and knew how to recognise signs of abuse.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with the current government guidance.

Learning lessons when things go wrong

- Monitoring was in place to ensure that where possible lessons were learned to prevent incidents reoccurring. Records were kept of all incidents. It was evident that staff were recording what had happened and why they thought it had happened.
- If a more serious incident occurred, a debrief was held with staff. It was recognised that for some people it was very important that staff followed their routine in the way they wanted it done. If routines were not followed this could affect their whole day and lead to incidents occurring. Routines had been reviewed and updated to ensure all staff were clear and new or agency staff were made aware of the routines. This had

reduced the number of incidents that occurred.

Is the service responsive?

Our findings

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

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

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

At the last inspection the provider had not ensured that people received person-centred care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, although improvements had been made in relation to person centred care, further time is needed to ensure that the progress made is maintained and developed further.

- People received care and support in line with their assessed needs and in a way that suited them and their wishes. Care plans had been reviewed and updated. People's routines were clearly described so that new staff would be able to support people in a way that met their needs and wishes. However, daily records that described how people's needs were met were not always person centred. The manager had identified that further work was needed in relation to the quality of the records to demonstrate that people received person centred care and work had been started to address this.
- Staff knew people well and there was clear guidance to ensure that agency staff were informed of people's needs. Staff had the skills and knowledge to support people with their individual needs.
- An agency worker told us, "When I started working here, I was scared of people because of the stories I had been told. [The manager] showed us how to communicate in a calm way and how to include people in decision making. For example, we say - are you ready to stand up or are you good to have a shower now- People responded well to this. We still have challenges, but they have reduced."
- New ways of working were being explored with people in line with their needs. For example, in relation to haircuts, some went to a local barber and a staff member supported a person with their haircut. A person's relative cut their son's hair. A person who previously required PRN medicine in advance of certain aspects of personal care, no longer required this.

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

- The number and frequency of activities outside of the home was impacted by a lack of staff who were able to drive. At the time of inspection, the manager and 1 part time staff member were drivers. This had an impact on the number and frequency of activities outside of the home. This was particularly relevant for 1 person but the home tried to operate flexibly to use taxis and use amenities within walking distance. The manager confirmed that staff who had recently been appointed, subject to satisfactory recruitment checks, were all drivers so this should improve the situation.

- In the interim staff supported people to use local buses and taxis for activities and appointments. One person could not use buses or taxis. We saw pictorial evidence of swimming trips, picnics, shopping, and walks. On the day of inspection, a person was taken on a trip to the Sealife centre and had lunch out. Another person was supported with baking and enjoyed time on the trampoline in the garden. A new swing had been ordered and was delivered on the day of inspection.
- The staff team were getting to know people and what they liked, families had also been consulted with for ideas and new activities were gradually being introduced to see how people reacted and to assess what they would like to do on a regular basis. As a result, two people had started to attend swimming regularly and planned day trips were arranged weekly. A staff member told us, "We've had a fresh start and we are now assessing people and doing taster activities. We have just started supporting 2 people in the car together. They have been out for a meal and swimming, and this was very successful."
- At the Haven, there was a sensory room that was due to be revamped. Two people enjoyed spending time there. A staff room had been refurbished to create a new arts and crafts area for a person who did not choose to spend time in the main lounge. Staff said this was working well.
- Following our inspection, it was confirmed that 2 new staff who were drivers had started in post and another staff member/driver was due to start a week later. The number and frequency of outings had already increased, and people had opportunities to go out daily.

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.

- Staff knew people and how they communicated. Each person's communication needs had been assessed and recorded. Whilst some people could respond yes or no, others could make simple choices using pictures, and one person was able to write their choices. We saw that staff were quick to pick up on people's communication needs and offer support accordingly.
- A staff member told us, people have their routines, and we follow them, "If a new staff member doesn't follow the routine for [Person], it's all messed up and he can't handle it." This person had specific wishes in relation to how they should be greeted in the morning. All staff were clear about this and the importance of this for the person.
- Records showed people had been consulted with about the purchase of a swing and a pool for the garden. There were photos of the items. People were able to give their choice, one person had signed their name and another, although in agreement, had chosen not to sign. The swing had been purchased and the pool was to be bought when the weather improved.

Improving care quality in response to complaints or concerns

- There were systems to ensure anyone wanting to raise a concern could do so. Staff were able to tell us how they knew when people were unhappy or upset through how they expressed their emotions. For example, some people using vocalisations or touch in a particular way to communicate displeasure.
- People's relatives told us they would feel comfortable raising concerns if they had any. A relative told us, "I would have no qualms in contacting the Haven if I had concerns. I'd be straight on the phone."
- There was a complaints procedure, and this was available in an easy read format that was displayed.

End of life care and support

- People living at the Haven were not able to express their wishes in relation to end of life care.
- The manager told us that if anyone needed end of life care in the future, this would be fully assessed with people's relatives and professionals involved in their care. In the interim staff had completed assessments based on people's known likes/dislikes and, where appropriate, relatives had been consulted for their views.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

At our last inspection there was a failure to ensure good governance was maintained so that systems were assessed, monitored, and used to improve the quality and safety of the services provided. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvement was needed to ensure that the progress made is sustained and embedded into everyday practice.

- A new manager was appointed in November 2022. They submitted their application for registration with Care Quality Commission, and this is currently being processed. They told us they had received a good induction to the service and were happy with the support they received in managing the service.
- Following the last inspection, a detailed action plan was drawn up and this was reviewed at regular intervals to monitor progress. The manager told us weekly meetings were held with senior management to discuss progress and support was provided where needed to address outstanding actions.
- Updates were made to the overall action plan, and this showed that whilst there was close monitoring not all areas had yet been fully met. In some cases, although areas were met, time was still needed to ensure progress made was sustained and embedded into general practice. One staff meeting had been held, but minutes of the previous meeting could not be located.
- Daily records were not very detailed. Whilst the records stated what people had done, they did not demonstrate that people had made choices, that they enjoyed what they had been doing and that progress with goals was recorded. It was noted that this issue had been picked up through regular monitoring and had been highlighted at the last staff meeting. The manager was aware that further work was required, and the daily records booklet was being revamped to ensure this information was more easily captured.
- Whilst body maps were kept if anyone had an unexplained bruise, it was not evident that the reasons for the bruising had always been assessed and that the matter had been referred to the local authority.
- The manager told us staff were assessed in terms of competency to give medicines. The forms seen were not dated. Only one form was completed but the manager told us each staff member would be assessed on a number of occasions before they were signed as competent.

Following our inspection, a new format was introduced to capture the choices offered to people in relation to food, drink, and activities. The area manager sent us a copy of the second set of staff meeting minutes.

- We asked the manager about staff morale. They told us this had been low, due to staff turnover, however, all staff employed since the manager had started working at the service had been retained and the use of agency had therefore reduced significantly. This enabled greater consistency and a result of that was a significant reduction in incidents.
- Staff were very positive about working at the service. All spoke about the positive impact the new manager had on the service. An agency staff member said, "Everything changed, the manager had bright ideas, they interacted with staff and people to show us how to support people. We still have challenges, but they have reduced."
- A staff member told us, "There is a super good management team. [Manager] is firm but a great leader. She is always available to us." Another told us, "We are positive and proactive now, the home is friendlier and warmer." They told us [Manager,] is an excellent manager, very supportive."

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

- The manager told us that although surveys to seek the views of people's relatives and staff had been sent out, there was a poor response. The manager told us that they would review the questions asked and resend the surveys.
- At the time of inspection, there were no keyworker meetings in place. However, a format for a weekly keyworker checklist was sent to us. The checklist enables staff to monitor progress with people's goals and ambitions.
- Since the manager had been appointed only one staff meeting had been held. The minutes demonstrated that staff were given opportunities to comment on a wide range of issues and that staff were updated on matters important to the running of the service. There were plans to have meetings on a more regular basis.
- A staff member told us, "We work well together as a team. Whatever religion, race, or colour, we are all treated with respect." They told us, "We look after each other. A staff member witnessed a seizure for the first time recently, they were upset by this, so we made sure they took time out after to have a coffee."

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

- The manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest, and transparent with people and others in relation to care and support.
- The manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required. People's relatives told us staff communicated well with them and they were kept informed of any changes in the health or wellbeing of their loved ones.
- The manager understood their role and responsibilities to notify CQC about certain events and incidents.

Continuous learning and improving care; Working in partnership with others

- The manager and their team identified staff training needs. They confirmed that the staff team had all been booked to attend bespoke training in NAPPI (Non-Abusive Psychological and Physical Intervention) and on Autism over the coming month.
- The manager and team worked together with the local health and social care services. We saw evidence of people being supported to access their GP. There was weekly contact with the GP surgery, and this enabled health matters to be identified and addressed quickly. People had been supported to receive chiropody as needed and to attend optician and dental appointments. Referrals to health, community nursing teams, social workers and other specialist services were made as needed.

- The manager had opportunities to meet with other managers and senior management of the organisation to share ideas, lessons learned and support.