

Mr & Mrs P Birks

The Haven

Inspection report

The Haven, Newbury Walk
Rowley Regis
B65 9DF

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Haven is a care home providing accommodation and personal care for up to two people with either a physical disability, a learning disability or autistic people. People do not live at The Haven, they stay there for short breaks or respite care, usually a few days to a week in duration. At the time of our inspection, two people were staying at the home.

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

Quality assurance processes at the home required further development. We found that some documents required improvement, this included ensuring information was effectively recorded in people's support plans. Staff felt able to approach the registered manager with any concerns. The registered manager was knowledgeable about the regulatory requirements of their role

Risks to people were safely monitored and managed and regularly reviewed. People were protected from the risk of the spread of infection. This included safe COVID-19 practices. People were supported to meet their individual needs in a safe way by staff. There were enough staff to support people. Staff had been recruited safely. Medicines were managed safely.

People's needs, and choices were assessed, and staff knew people well. Staff received training relevant to the needs of people they supported.

People were supported by staff who were kind and caring and treated people as individuals. We observed positive interactions between staff and people. People's individual needs and choices were respected by staff and staff appreciated people's unique personalities. Staff spent time speaking to people and engaging their interests. Staff spent time speaking to people and engaging their interests. People were encouraged by staff to be independent and do as much for themselves as possible.

People's support was personalised to their needs and people were in control of how they spent their time at the home. People's support plans contained information on how to encourage people to achieve things for themselves. People were supported by staff who understood their individual communication needs. People were supported with a range of activities throughout the COVID-19 pandemic.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

People's opinions and choices were valued and respected by staff. Staff understood how to support people safely. There were no identifying signs outside the home that indicated it was a care setting.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Staff respected people's dignity and privacy and gave people space when they wanted it. People were supported to make their own choices. People received care and support that met their individual needs.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The culture of the staff team was positive towards people and staff focused on what people could achieve. Staff were positive about the support provided by the management team and their peers.

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

This service was registered with us on 12 June 2020 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

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 COVID-19 and other infection outbreaks effectively.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

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

This inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care staff and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one person and five relatives of people who regularly receive respite care at The Haven.

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 for 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

- People were protected from the risk of abuse.
- People told us they felt safe when staff provided them with care and support.
- The provider had policies and procedures in place that enabled any allegations of abuse to be identified and reported to management and safeguarding authorities.
- Staff understood how to identify the signs of abuse and felt confident concerns raised would be acted on. One member of staff told us, "[Name] has capacity. We are always asking how [name] is, it is important that [name] feels he can speak up".

Assessing risk, safety monitoring and management

- Risks to people were managed safely and people's risk assessments were regularly reviewed.
- People's physical health conditions were included in risk assessments. For example, some people had risk assessments for epilepsy. These detailed what action staff should take if the person had a seizure, when to administer rescue medication and when to call emergency services.
- People who needed equipment and support from staff to move position told us this was done safely. One person's relative told us, "I have no concerns about safety".
- Regular testing of fire safety equipment and practice fire drills had taken place. This helped to keep people safe in an emergency.
- A fire risk assessment had been completed and this was due to be reviewed by an external fire safety consultant.

Staffing and recruitment

- There were enough staff to support people safely. One person told us, "There are enough staff, they are quick to respond if I need them." A member of staff told us, "There are no staffing issues, we have sufficient staff to meet people's needs".
- The service did not use agency staff and had a consistent team of staff. One person's relative told us, "I love the fact that it is always the same staff. I always know the person who greets us it's not going to be a stranger it's like a family unit".
- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- Medicines were managed safely. People's medicine administration records (MARs) were appropriately completed.
- A person told us they received their medicines when they needed them. One relative told us "Medication, they book it in and ensure is all been labelled".
- Some people had medicines that were prescribed for 'when needed' (PRN). People had PRN protocols in place which detailed how staff would know if the person needed this medicine if they were unable to tell them.
- Staff received medication training and regular competency checks.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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 somewhat assured that the provider's infection prevention and control policy was up to date. We have commented on this further in the well-led section of the report.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents policies and procedures followed best practice guidelines and ensured the service could analyse any occurrence and learn lessons should things go wrong. Due to the small size of the service there had not been any significant incidents but we were confident the service had an effective process to follow.
- One relative told us, "There's been no accidents or incidents when [person] been there. I have every confidence they would call me if there are any problems".

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 for 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

- An assessment of people's needs was carried out before they started using the service. Relatives described how people had been able to go for just a tea visit and then an overnight stay to help them settle in to using the service.
- One relative told us, "They [staff] did a care plan right from the start. I was involved in that and I have also done a daily planner."

Staff support: induction, training, skills and experience

- Staff had completed training that was relevant to the needs of people they supported. For example, staff had completed training in epilepsy and using the hoist. One member of staff told us, "There is masses of training".
- People and relatives were complimentary about staff abilities. One person told us, "They [staff] know what they are doing".

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

- Care plans detailed people's dietary needs.
- People chose their meals with appropriate support and information. One person told us they had specific dietary needs that staff were aware of. They told us, "I choose my meals when I am here".
- One person's relative told us, "[Name] is not on any special diet but does have food chopped up small, staff are aware of these needs".

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

- The premises had been designed to ensure people received care and support in accordance with the Right Support, Right Care, Right Culture principles. One person's relative told us, "The environment feels like a home it is really nice".
- As people do not live at The Haven and only stay for short breaks then the bedrooms are not personalised. However, people are encouraged to bring some personal items that are important to them.
- Equipment and adaptations were in place to enable people who may have a physical disability to be safely supported and as independent as possible.
- The provider had recently installed an external office building to provide additional space for confidential discussions, meetings and for staff to complete administrative tasks. This reduced the impact on people of staff having to use the open plan lounge area.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who were aware of their healthcare needs.
- Care plans included information about the person's health conditions. One person's information lacked written guidance about the use of equipment they needed to stay well. The registered manager rectified this after our inspection.
- One relative told us, "Staff do ring me to check if there are any changes. Staff also asked me a lot of questions about anything they needed to look out for as [person] is non-verbal".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service was working within the principles of the MCA. Staff had received MCA training and ensured people made decisions about their lives.
- The registered manager told us that if there was a question about people's capacity to make specific decisions, an assessment would be done and, if necessary, a best interests decision made involving people's views, appropriate professionals and people who knew the person well.
- People's care plans gave guidance to staff on how to support people to make their own choices. Each person was able to make choices in different ways.

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 for 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

- Staff treated people with kindness. One person's relative told us, "I have found the staff to be kind and caring nothing is too much trouble for them".
- People brought items to the home that were important to them. Staff were aware of these items and supported people to have their items with them.
- People were treated with respect, were well treated and people's protected characteristics such as gender and religion were embraced. Where people had requests to attend their regular place of worship, this could be facilitated whilst staying at The Haven.
- Where people had preferences regarding the gender of staff who supported them, this was respected.

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

- We saw staff consulting with people about how they would like to spend their day. One person preferred to spend some time in bed and staff respected this choice.
- One person gave examples that they chose what time they went bed and got up in the morning.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff.
- People had individualised support plans which informed staff what people could do for themselves and when they needed support from staff.
- People were supported by staff to maintain their independence. For example, we saw staff supporting a person to make their own drinks.

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 for 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's care plans showed people's likes and dislikes such as personal care activities the person may dislike, or preferred food or drink.
- Care plans were kept under regular review. One member of staff told us, "There is never any room for complacency as people's needs may change".
- Staff understood what might upset people and how to support people when they became upset. One relative told us, "They are good at managing behaviours they know [persons] triggers".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and care and support plans contained information on how people communicated.
- We observed that staff understood people's communication needs and encouraged people to use different ways to express themselves. One member of staff told us that a person was able to choose what they wanted using visual choices and were assisted to look in the kitchen cupboards to choose what they wanted to eat.
- Easy-read documentation was used where needed. This is a format with clear information for people with learning disabilities.

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

- We saw that people were supported by staff to do things they enjoyed. One member of staff was playing computer games with a person, another member of staff was supporting a person to draw whilst they were listening to their favourite music station.
- One person's relative told us, "They [staff] do activities with people, for example they made some Christmas cards, [person] also takes his iPad and they talk about photos".
- Although people's activities had changed since the COVID-19 pandemic, staff had made an effort to organise activities for people to engage with. One person had been to a pub with staff so that they could meet their friend whilst there.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which provided a clear process to record and investigate any complaints received. The registered manager told us there had not been any formal complaints made in the year prior to our visit.
- People's relatives told us that they felt confident to raise any issues with the management team and that issues would be dealt with appropriately. One person's relative told us, "I feel able to raise any concerns not that I've had any I think if I raised anything, they would take me seriously".
- Relative surveys recently returned to the service showed that a minority of relatives were unsure about the complaint procedures. The registered manager told us he intended to send a copy of the procedure out to relatives.

End of life care and support

- No one was receiving end of life support at the time of our inspection. The registered manager told us it was unlikely given the nature of the service that end of life care would be provided.

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 for this newly registered service. This key question has been rated 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; 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

- A quality assurance and audit system was in place but some aspects of record keeping and the audit system needed to be improved.
- Systems to audit infection control had not identified that the written laundry procedures needed to be more detailed to reflect expected staff practice.
- Audits of care plans and risk assessments were completed but had not identified that for one person, there needed to be clear written guidelines on the use of equipment. This was rectified immediately after our inspection.
- Recent audits had identified some areas to improve, for example the frequency of staff supervision and a more robust medicine audit these had not yet been actioned.
- The registered manager acknowledged that improvements were needed and told us that previously his time had been split at another of the providers services. He was now able to spend more time at The Haven to focus on the development of records and quality assurance processes.
- The registered manager was aware of their obligations to notify CQC of all notifiable incidents.

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

- Staff told us they felt supported by the management team and by each other. Staff surveys had recently been sent out to seek views on the service and any improvements needed.
- Formal staff meetings had not been held but staff told us that as they were a small team they all spoke regularly about any important issues. The registered manager told us that one member of staff had indicated they would find formal meetings useful and so he intended to arrange one soon.
- Staff all indicated that the registered manager had an 'open door' policy.
- Relatives had been sent satisfaction surveys by the manager in order to receive feedback on the home and the care provided. One person's relative told us, "They have sought my opinion I've had things like surveys".

Continuous learning and improving care

- The staff and manager were open and transparent throughout our inspection demonstrating a commitment to provide person-centred and high-quality care. The registered manager acted on feedback given throughout the inspection.

- One person's relative told us, "When I've had any niggles, they have been open to me speaking about it, and things have been rectified".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager and staff were passionate about providing people with a personalised service.

This was evident throughout our inspection and from the positive feedback we received.

- The staff team understood the importance and benefits of working in partnership with people's relatives and other professionals. One member of staff told us that when working with people's relatives "Trust does not just come, you have to gain it".

- One relative told us, "I have been blown away with how well it is going, we worked together to make a positive experience for my son".