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# Haven Care - Hounslow Branch

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Haven Care – Hounslow Branch is a domiciliary care service providing personal care and support for people in their own homes. The majority of people receiving support had their care funded by the local authority. They also provided short term care and support, alongside the treatment provided by the health authority, to people moving back home after an accident, hospital admission or operation. This type of support is known as reablement and is designed to help people to regain skills and confidence so that they can return to the lifestyle they had previously. At the time of the inspection the service provided support for approximately 120 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Medicines were not always managed in a safe way to ensure they were administered appropriately and as prescribed.

When a specific issue had been identified during an assessment of a person's care needs a risk management plan had not always been developed to provide care workers with adequate information to enable them to reduce the risks.

The provider did not record and investigate when an incident and accident occurred involving a person receiving support.

There was a procedure in place to investigate concerns regarding the care provided but this was not always followed to ensure actions were taken to reduce the risk of reoccurrence.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider could not demonstrate that care workers had completed aspects of the training courses which enabled them to meet people's specific care needs in a safe manner.

Care plans relating to people using the service did not always provide accurate information relating to the care and support they needed. Therefore, care workers did not have all the information they needed to care for people.

Complaints were not always recorded, nor was action identified or taken to respond to the issues raised.

The provider had a range of audits in place, but the audit in relation to care plans did not provide

appropriate information to identify where actions for improvement were required.

The provider had processes for recruitment, but this was not robust enough to ensure care workers had the appropriate skills to provide care in a safe manner.

People told us they felt safe when receiving care. An assessment of a person's care and support needs was completed before they started to receive care from the service.

People felt the care workers were caring and kind and treated them with respect and dignity. The cultural and religious preferences and needs were identified in people's care plan.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 15 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to person centred care, the need to consent, safe care and treatment, safeguarding service users from abuse and improper, good governance, staffing and fit and proper persons employed at this inspection at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Haven Care - Hounslow Branch

## **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.

#### Inspection team

The inspection was carried out by one inspector. An Expert by Experience undertook telephone interviews with people using the service and relatives on 4 and 5 November 2019. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was because it is a small service 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 30 October and ended on 5 November 2019. We visited the office location on the 30 and 31 October 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We received feedback from the local authority and reviewed other information provided by the provider. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, the director and the quality and audit manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Following the inspection, we spoke with six people using the service and one relative of a person receiving support. We received feedback from 12 care workers.

We reviewed a range of records. This included the care plans for 11 people including three for people receiving reablement support and medicine records. We looked at the files for four care workers in relation to recruitment and four care workers for 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 received further information from the registered manager following the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The management of risk was not effective as there was no comprehensive risk management system in place. We saw that where a person had been identified as having a specific risk there was not always guidance for care workers on how to reduce that risk.
- For example, risk assessments were not in place for diabetes, stoma and visual impairment. A stoma is an opening on the abdomen that can be connected to either your digestive or urinary system to allow waste (urine or faeces) to be diverted out of your body. There was no clear guidance for care workers on how to manage the risks identified in relation to specific medical conditions when care was provided.
- The care plan for one person indicated they required continuous oxygen using a portable cylinder. A risk management plan had not been developed providing guidance for care workers on ensuring the person could access the oxygen and in relation to any possible fire risk.
- The lack of risk management guidance meant that if new or replacement care workers who did not usually support a person carried out a visit they would not have the appropriate knowledge to ensure any risks were managed and people received safe care.

This meant people were at risk of not receiving the care in a way that reduced possible risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- The provider had a procedure for the administration and recording of medicines by care workers, but we found this was not being followed. The care plans did not always identify if the person required their medicines to be administered by the care worker, a family member or they did not require support.
- We saw the medicines administration record (MAR) for one person indicated the care worker administered eye drops. The guidance for administration recorded on the MAR chart stated the eye drops should be administered as directed but there were no directions for the care worker in the care plan or on the MAR chart. This meant guidance about which eye the drops should be administered in, how often and the number of drops was not in the place. The MAR chart indicated that the eye drops should be disposed of four weeks after opening but the section on the chart to record the date of opening was not completed. This meant the care workers could not ensure the eye drops were disposed of appropriately after four weeks.
- The records of the care for one person which were completed by the care workers after each visit showed medicines had been administered regularly since August 2019 which was not been part of the person's care plan. The registered manager confirmed they were not aware that medicines were being administered and there were no MAR charts in place to identify the prescribed medicines, how they should be given and when they were administered. The care plan for this person had been reviewed shortly before the inspection and

the registered manager confirmed it was identified that the person now required the care worker to administer their medicines.

- We also saw the records for another person indicated they managed their own medicines, but the records of care completed by care workers showed they had administered the person's medicines.

We found no evidence that people had been harmed however, the provider did not ensure systems were not in place and robust enough to ensure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- The provider did not record and investigate when an incident and accident occurred involving a person receiving support. During the inspection we reviewed the accident book which had one record completed during 2019 relating to an accident involving a care worker.
- The registered manager explained that if a person experienced a fall they would inform social services and it would be recorded in the records of care for that day but there was no incident and accident record completed or investigation into the cause of the fall. The care plan and risk assessments were only reviewed if the person experienced a number of falls over a short period of time. This meant the cause of an incident and accident was not identified and the appropriate action taken in relation to how support was provided to ensure the person received safe and appropriate care.

Incidents and accidents were not investigated to identify the cause and any actions which could be taken to reduce the risk of reoccurrence. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

- The provider did not ensure that people were protected from financial abuse as they did not monitor financial transactions carried out by care workers on behalf of the person.
- We saw where care workers supported a person by doing their shopping for them, the financial records of transactions and receipts were not regularly checked by the provider to ensure the records reflected the purchases made. The care plan for one person indicated they had been supported with shopping since December 2018 but there were no records for financial transactions. This meant people were not protected from possible financial abuse.

This meant the provider did not always ensure they had processes in place to reduce the risk of financial abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with told us they felt safe when they received care and support in their own home.

#### Staffing and recruitment

- The provider had a recruitment process, but this was not always followed. The registered manager confirmed that two references should be obtained for any applicant which could be one from a previous employer and a character reference.
- During the inspection we reviewed the recruitment records for four care workers recruited since the previous inspection. The records for one care worker indicated the provider had only requested one character reference. The records for another care worker showed only one reference had been obtained from a previous employer. Both of these care workers were undertaking care visits on their own at the time of the inspection. This was not in line with their procedure. This meant the provider had not assured these

care workers were suitable for the role.

- The provider did not have checks or risk assessments in place to demonstrate they could ensure new staff were suitable to be employed for the care worker role.

The recruitment procedure was not always followed it meant the provider could not ensure applicants were suitable to provide support. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with told us when their care workers were running late they were usually contacted by the office to let them know. One person commented "Only once the carer was running late and the office girl called and informed me that the carer had to wait at their previous visit for assistance."
- The registered manager confirmed the number of care workers allocated to each visit was based the assessment of the person's care needs.
- Rotas we saw provided care workers with enough travel time between visits. This was confirmed by most of the care workers who provided feedback.

Preventing and controlling infection

- The provider had an infection control policy in place. We saw infection control training was part of the mandatory training programme and this had been completed by care workers. Care workers were provided with personal protective equipment (PPE) including gloves and aprons.
- We saw the environmental risk assessment identified if the care worker may be required to dispose of soiled items or assist with laundry and advised them to use the PPE where appropriate.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. 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.

- The provider had a process for assessing a person's ability to consent to aspects of their care but this was not always completed in such a way as to clearly demonstrate if a person was able to consent or not.
- The care plan for one person included a mental capacity assessment, but this was generic and did not identify if the person could consent to specific aspects of their care. The person received support with personal care, their medicines and meals but the mental capacity assessment did not identify if the person was able to consent to these aspects of their care. In addition, best interest decisions had not been recorded to identify how the person should be supported.
- The referral from the local authority for another person indicated they did not have capacity to consent to their care. The provider had not ensured a mental capacity assessment had been completed in relation to the specific aspects of the care being provided to identify the person could consent. The care plan indicated that medicines were to be administered as the person would not remember when and how to take them without support. A best interest decision form had not been completed in relation to the administration of medicines to indicate how the person should be supported.

We found no evidence that people had been harmed however, the provider could not ensure people's care was provided within the principles of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers demonstrated an understanding of the MCA and how it impacts on decision making when providing care.

Staff support: induction, training, skills and experience

- The provider did not always ensure care workers had the required skills and knowledge to meet people's care needs. Care workers completed online training courses including fire safety and health and safety. The registered manager confirmed training for moving and handling and administration of medicines was completed face to face. The records for the practical aspects of these training courses which was completed before August 2019 indicated it was discussed with the care workers, but no training recorded. We saw a competency assessment for one care worker who had been assessed below the provider's accepted pass mark had been recorded as competent to administer medicines. The care worker had been administering medicines for people receiving support.
- New care workers shadowed experienced staff, but we saw the records of these shifts were either not completed or identified the new care worker had only shadowed aspects of care for example communication and use of PPE but not the administration of medicines.
- The registered manager told us spot check visits were carried out up to four times a year to monitor the care provided in people's homes. We saw one care worker had their most recent spot check in 2017 and other care workers had only one during the past year.
- Where issues were identified in relation to a care workers skills actions were not always taken. For example, the spot check for one care worker identified they had commented they did not know how to write records of the care provided and did not know the difference between the way medicines were administered. The spot check form identified the action taken was to explain it to them, but no further support was identified or followed up.
- Supervision meetings were held with care workers and their manager but where issues were identified action was not always taken. For example, one care worker had identified they wanted to do further training at two supervision meetings, but no action was recorded.

The provider had not ensured care workers had received appropriate training and support to meet people's specific care needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager confirmed they would review all the moving and handling and medicines training completed before August 2019 to ensure all care workers had the required skills and knowledge.

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

- An assessment of people's care and support needs was completed before their care visit started. The registered manager confirmed that information received from the local authority was reviewed to ensure the person's needs could be met. When the care package was accepted a further needs assessment was completed with the person who would be receiving care and their family/representatives. This information, in addition to that provided by the local authority, was used to develop the care plan and but we did note that risk management plans were not always developed from this information.

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

- We asked people if the care workers supported them with accessing food and drink. One person commented "I had heard many horror stories from other people [about other home care providers] on how the carers came in and gave cold drinks and sandwiches only, but this was not the case with Haven Care. They actually cooked the food for me and gave me hot drinks."
- Care plans identified if people required support from care workers with food and drink. The care plans also identified if the person had any food allergies and if they required a special diet. For example, one care plan indicated the person required soft food as they had difficulty chewing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to access healthcare and other services to receive the care they required. The registered manager confirmed they worked with people's GP, district nurses, pharmacists and specialist nurses.
- The care plans identified the person's GP, if they had regular health checks or received any support from specialist healthcare professionals such as a diabetes nurse. The contact details of the pharmacy that dispensed their medicines was also included in the care plan.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People we spoke with told us they felt care workers who provided their support were kind, nice and caring. One person commented "They helped me with my personal care and dressing. They were very supportive, calm and patient with me. They were caring, kind and respected me. They told me what they were going to do. Always talked to me and I couldn't have been in better hands."
- Nevertheless, we found that the service was not always caring as we still identified a number of shortfalls with the way the service was provided. This meant that people may not have received the support they needed to meet all their needs. Also, people were still not being protected adequately from risks that could arise as part of receiving a service. For example, the service was not always caring because people may have been placed at risk of poor care due to the service's failures to have risk management plans in place and by ensuring information about the person's care needs was accurate.
- The care plans included information on the person's religious and cultural preferences. One person we spoke with commented "I had carers from all different nationalities and I cannot fault any of them."
- The registered manager told us new care workers were asked at interview to identify any areas of care they felt they would not be able to provide due to their religious beliefs. For example, providing personal care for a man. The registered manager said it was explained to new care workers that their beliefs should not be placed above the needs of the people receiving care. Records demonstrated care workers had completed equality and diversity training.

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

- People were involved in making decisions about their care. We saw where a person had the capacity to consent they had usually signed their care plan to show they had agreed with the planned support.

Respecting and promoting people's privacy, dignity and independence

- People using the service and relatives confirmed they felt care workers treated people with dignity and respect when providing care. One person commented "They spoke to me as if I was a member of the family. They got me up, washed and dressed me. They would wash my legs and everything, and then gave me a flannel to wash myself and cover me with a towel and always closed the door."
- A relative commented "When my family member had personal care done, there is no one else in the room, I know my family member, and they will say I don't like an audience."
- We asked care workers how they ensured people's care was provided to ensure their dignity and privacy was maintained. The care workers demonstrated a clear understanding of how they would do this. Their comments included "Be sensitive to matters of gender, culture or religion. Also, they should not be made to

feel embarrassed when receiving care and support" and "Making sure that they have privacy when they want and need it, treating them with respect, treat them as equal and providing any support they might need to help maintain their dignity and privacy."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- The provider did not ensure care plans provided accurate information regarding people's care and support needs.
- The MAR chart for one person included a medicine prescribed for managing diabetes. The person's care plan did not include reference to this health condition. We asked the registered manager if the person was living with diabetes and after checking with the person's care workers they confirmed they were. Therefore, the care plan did not provide accurate information about the person's care needs.
- The care plans we reviewed were the same as those shared with people using the service. They did not record the times people could expect their visits to occur, only the length of time for the visit. This meant people were not provided with times to expect their visits.
- The care plan for one person, which had been reviewed in September 2019, indicated a care worker assisted the person with shopping in their own time and was paid separately as this was not part of the care package. We raised this with the registered manager and the quality and audit manager who confirmed they had only become aware of this a few days before the inspection as it had not been identified when the care plan was written. There were no records of the shopping transactions which had occurred. They told us actions had been taken to ensure the person received their shopping without the involvement of care workers. The care plan had not been updated at the time of the inspection to reflect the change.
- The records of care provided during each visit which were completed by care workers were focused on the care task that were completed during the visits and not on the experience of the person.

We found the care plans did not always provide accurate and up to date information on how people's care should be provided to meet their wishes. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- People's wishes in relation to their end of life care were not recorded as part of their care plan. During the inspection we saw the information from the local authority and the Clinical Commissioning Group (CCG) indicated one person was receiving ongoing support from the community palliative care team and district nurses. We looked at the person's care plan and we saw their medical condition were listed but there was no mention of the support provided by the palliative care team and how the care workers should support the person. The care plan section for further information relating to the person's health and medication stated "End of life care" but there was no further information.
- The care plans we reviewed for other people receiving support did not indicate their wishes in case their health deteriorated in relation to what support they wanted for example if they wanted to be transferred to

hospital.

We found the provider did not ensure people's wishes in relation to how they wanted their care provided at the end of their life. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider had a process for responding to complaints, but they could not demonstrate that this was followed as there were no records identifying investigations and if actions were taken to resolve any issues. Complaints could be raised via the local authority or directly from the person using the service or their relative/representative.
- During the inspection we looked at the complaints folder containing those raised via the local authority. We saw responses to the complaints had been sent to the local authority, but the actions taken to reduce the risk of reoccurrence and outcomes were not always recorded.
- The registered manager explained that if they were contacted directly by a person receiving care or by a relative they would review any concerns, but they did not record the issues raised and the actions taken. For example, before the inspection we were contacted by a relative of a person receiving support. They told us they had raised a number of concerns with the service but was unhappy with the way these were dealt with. During the inspection the registered manager told us they had spoken with the relative on numerous occasions regarding concerns about their family members care but they did not record what actions were taken to resolve these concerns, any outcomes and if they were satisfied with the result.

We found the provider did not ensure complaints were responded to in line with their policy. Actions to reduce reoccurrence and outcomes were not always identified to ensure they were effective. This was a breach of regulation 16 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 in their care plan. We saw the care plans identified if the person had any visual or hearing impairments and their preferred language.
- The registered manager confirmed information could be provided in a larger font size and they were in the process of developing information in other languages and braille. They were also introducing recorded versions of needs assessments and care plans so people could listen to them.
- The languages spoken by staff working across the different offices run by this provider had been identified so they could support communication with people using the service.

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 provider identified if a person was at risk of social isolation and action was taken to provide options to support the person appropriately.
- During the assessment of care needs the person would be asked if they wanted to access community organisations such as day centres. If the person indicated they were interested a referral would be made for an assessment.
- The registered manager gave an example of where a person was contacting the office multiple times a day to speak with staff and it was identified the person was isolated. They met with the person and suggested an

increase in the number of visits per day or they offered to put the person in contact with local community groups.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The quality and audit manager explained there were a range of audits which were completed but we saw these were not always robust enough to identify areas where action was required.
- The registered manager confirmed care plans were reviewed every six months but these checks had not identified any issues in relation to the accuracy of the information provided in the care plan. The checks made of the care plans were not robust as the provider had failed to identify that people were not always supported to consent to their care within the principles of the MCA.
- We saw MAR chart audits which had been completed monthly, but where an issue had been identified the same action was taken each month. For example, we looked at the audits for the MAR charts relating to one person for a five month period. The audit forms identified the same issues each month with the same actions of supervision meetings with the care workers. This meant there was no indication action had been taken which led to an improvement.
- The registered manager confirmed the daily records of the care provided during each visit were reviewed but these checks were not recorded. This meant the provider had not identified when care workers were not following the care plans for example the administration of medicines which was not part of the care plan and shopping for one person.
- The provider had not identified, managed and mitigated risks to people. During the inspection we identified a range of issues including risk management plans for specific risk. These had not been identified by the provider using their existing processes.
- The registered manager, quality and audit manager and other senior staff had clear roles within the organisation. Due to the range of issues identified during this inspection the senior staff did not always demonstrate that they had an understanding of key aspects, for example, providing person focused care and ensuring people received care that met their needs.
- The provider did not demonstrate they understood the importance of identifying the learning from safeguarding, complaints and incidents and accidents in relation to making improvements to the way care was provided.

This meant the provider did not have appropriate information provided by their quality assurance processes to ensure they identified areas where action was required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers told us they felt supported by the senior staff at the service and we saw team meeting were

held with care workers with the minutes of the meetings circulated to all care workers.

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

- People did not always experience person-centred care. The provider had not ensured care plans or risk assessments reflected their needs nor had checked the staff were following planned care.
- The culture at the service was not always open because the provider had failed to investigate or act to make improvements following accidents, incidents and complaints.
- Nevertheless, people using the service were on the whole positive about the service and the care provided. One person commented "Very good, carers are lovely they do everything from personal care, clean and cook food. Communication from the office was poor but it is much better now, in fact, very good."
- We received both positive and negative comments from relatives about the service. One relative told us "Since having Haven Care, I feel communication could be improved, no one turned up twice during the last month. There is no consistency, so there's no time to build any relationships, but they are lovely care workers girls have the patience to do the do job though." We did note during the inspection that staffing levels met people's current needs.
- Care workers explained they regularly read the care plan for the person they were supporting, and they would contact of the office if the care needs had changed. One care worker said "As often as I can, sometimes there is limited times between calls so that can restrict me from read every day, but I always find time to read especially if there are changes in the service user circumstances."

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 receiving care and relatives we spoke with confirmed they felt able to contact the office to raise concerns or if they had any questions and they felt the provider had responded to the issues raised. However, we identified the provider had not always responded to or learnt from complaints they had received.
- There was a range of policies in place which were regularly reviewed.
- The provider was working with Skills for Care to identify good practice.

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

- The registered manager told us surveys were sent to 10 people per month and to everyone receiving support twice a year to obtain their feedback on the quality of the care provided. A survey was sent out during October 2019.
- We saw the completed survey forms which had been received from people using the service and relatives. The summary of the results included an analysis of the results and the comments which had been received. There was an action plan identifying how any issues raised would be responded to but there was no record to indicate if the provider had contacted the person who raised issue to discuss it further.
- The survey completed by care workers included question relating to support, training, communication and if the care worker felt listened to. The results had been analysed and the feedback was positive.

Working in partnership with others

- The registered manager confirmed they worked closely with the local authorities they provided care packages for, the clinical commissioning group and community organisations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure the care and treatment of service users was appropriate, met with their needs and reflected their preferences.</p> <p>Regulation 9 (1) (a) (b) (c)</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not act in accordance with the Mental Capacity Act 2005 as they did not ensure service users' mental capacity was assessed and recorded where they were unable to give consent.</p> <p>Regulation 11 (3)</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person did not protect service users from abuse and improper treatment by ensuring systems and processes were operated effectively to prevent abuse.</p> <p>Regulation 13 (1) (2)</p>
Regulated activity	Regulation

Personal care

Regulation 16 HSCA RA Regulations 2014  
Receiving and acting on complaints

The registered person did not ensure any complaints received were recorded, investigated and proportionate action taken in response to any failures identified.

Regulation 16 (1)(2)

## Regulated activity

## Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person did not ensure that people employed for the purpose of carrying on a regulated activity had the qualifications, competence, skills and experience which are necessary for the work to be performed by them.

Regulation 19 (1) (b)

## Regulated activity

## Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person did not ensure staff had received appropriate training to enable them to carry out the duties they were employed to perform.

Regulation 18 (2) (a)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>The registered person did not ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1) (2) (a) (b) (g)</p>

### The enforcement action we took:

We have issued a Warning Notice requiring the provider and registered manager to comply with Regulation 12 by 2 March 2020.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.</p> <p>Regulation 17 (1)(2) (a) (b)</p>

### The enforcement action we took:

We have issued a Warning Notice requiring the provider and registered manager to comply with Regulation 17 by 2 March 2020.