

Mr & Mrs K Bhanji

The Haven Care Home

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected The Haven Care Home on the 18 April 2017. The inspection was unannounced.

The Haven provides accommodation and personal care for up to 30 older people. All rooms have en-suite facilities. Accommodation is arranged over two floors and there is a shaft lift so that all rooms can be easily accessed. There were 28 people living in the service when we inspected

At our previous inspection on 15 January 2016 we found a breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to make improvements in relation to assessing people's capacity to consent. The registered manager submitted an action plan stating they would meet the regulation by 01 June 2016. At this inspection we found that improvements had been made to meet the relevant requirements. However, we found additional breaches of regulations.

There was a registered manager in place who had worked at the service for a number of years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a number of senior care staff who managed the care staff.

Staff had not always received the training they required to meet people's specialist needs. Staff were supported in their role by the registered manager. New staff completed an induction prior to working within the service. There was an open culture where staff were kept informed about any changes within the service or people's care needs.

People were not always protected from potential abuse or harm by staff who understood the signs and the action to take if they suspected abuse. Potential risks to people had not always been recorded within the care file, to ensure staff were following the most up to date guidance. We have made a recommendation about these areas.

Systems in place to monitor the quality of the service were not effective. The overall governance by the registered provider had failed to identify the shortfalls that were found during this inspection. People were encouraged to raise any concerns or complaints they had. People's feedback about the service they received was sought and acted upon.

There were enough staff on duty to meet people's assessed needs. People were treated with kindness by staff who respected their privacy and dignity. People's likes, dislikes and personal interests had been recorded within their care files. Safe recruitment practices were not always followed to ensure staff were safe to work with people who needed care and support. We have made a recommendation about this in our report.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, applications had been made to deprive people of their liberty. The registered manager understood their responsibilities under the Mental Capacity Act 2005 (MCA). Mental capacity assessments and decisions made in people's best interest were recorded. People were actively encouraged and supported to make decisions relating to their lives. Staff's knowledge varied in their understanding of the MCA. We have made a recommendation about this in our report.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and their relatives and reviewed to ensure people continued to have the support they needed. Records showed that some people's needs had not changed over a period of 18 months. We have made a recommendation about this in our report.

People were encouraged and supported to maintain as much independence as possible. People were supported to participate in a range of activities within the service and in the local community.

People had access to the food that they enjoyed and were able to access drinks with the support of staff if required. People's nutrition and hydration needs had been assessed and recorded. Staff met people's specific dietary needs and received guidance from health care professionals where required.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and senior staff had been trained to administer medicines safely. People were supported to remain as healthy as possible with the support of healthcare professionals.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Not all staff understood the potential signs of abuse and the action they should take if they suspected abuse.

Potential risks to people had not always been transferred in their care files.

Recruitment practices were not always followed to ensure staff were safe to work with people who needed care and support.

People received their medicines as prescribed by their GP.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's capacity to consent had been assessed and recorded. Staff's knowledge varied in relation to the Mental Capacity Act (2005).

Staff had not always received the specialised training they required.

Staff completed an induction prior to working within the service. Staff were supported in their role by the registered manager.

People were given a choice of nutritious meals which they enjoyed. People were supported to remain as healthy as possible.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were kind to people and respected their privacy and dignity.

People's likes and dislikes were included in their care plans.

People were supported and encouraged to maintain their independence.

Good ●

People were asked for their feedback about the service they received.

Is the service responsive?

The service was responsive.

People were able to participate in a range of activities within the service and in the local community.

Assessments were completed prior to admission. Reviews of people's care files had taken place.

A system was in place to record, monitor and respond to complaints.

Good ●

Is the service well-led?

The service was not always well-led.

There was an open culture between the management team and staff. Staff were kept informed of any changes by the registered manager.

The governance systems in place had not identified the shortfalls that were found during this inspection. Systems in place to monitor the quality of the service were not effective.

Feedback from people and others was used to develop and improve the service that was provided to people.

The registered manager understood their role and responsibility to provide quality care and support to people

Requires Improvement ●

The Haven Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 April 2017 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with two people living in the service. As some people who lived at The Haven Care Home were not consistently able to tell us about their experiences, we observed the care and support being provided. We spoke with five staff including, the registered manager.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at six people's care files, four staff files and the staff training programme.

We asked the registered manager to send additional information after the inspection visit, including information relating to staffs' training. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People were not always kept safe by staff that could recognise potential signs of abuse, or the action to take if they suspected abuse. Non care staff we spoke with had a poor understanding of safeguarding. Domestic and kitchen staff did not know what the term safeguarding meant, one staff member stating "You have me there" when asked about what safeguarding meant to them. The provider's awareness of abuse policy page two stated, 'The Haven minimises the risk and likelihood of abuse occurring by: Ensuring that staff and people who use services understand the aspects of the safeguarding processes that are relevant to them'. The policy then said, 'Ensuring that staff understand the signs of abuse and raise this with the right person when those signs are noticed'. The registered manager told us that a senior management decision was made not to train 'non care staff' in the safeguarding of adults. Records showed that only 6 out of the 18 staff had received refresher training in the safeguarding of adults. Following the inspection, the registered manager told us that they had booked a training session in safeguarding for all staff to take place on the 3 May 2017. Training certificate of attendance were later sent to us by the registered manager.

We recommend that the registered manager ensures all staff are aware of their responsibilities and the action to take if they suspect harm and abuse.

The premises and equipment were maintained to ensure the safety of people, staff and visitors. The provider employed a maintenance person who was available at the service between Monday and Friday, and on call over the weekend. Records showed that the passenger lift, lifting aids, fire fighting equipment and emergency lighting were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. People and staff took part in fire evacuation drills. A fire risk assessment was in place and had been completed by an external contractor. A number of recommendations had been made including, fire door guard adjustments and for an electrician to look at the fuse board, the recommendations had been completed. Regular checks took place of the kitchen, the laundry and hot water temperatures. Any issues that were identified were acted on quickly. These checks enabled people to live in a safe and adequately maintained environment.

Potential risks to people and staff had not always been included within people's care plans and risk assessments. Records showed that one person was at risk of dehydration and of developing blood clots. Staff had been informed about these risks by hospital staff that had assessed the person. These risks had not been assessed by the service; the risk assessment in the person's care plan was blank. There was no information for staff about how to reduce this risk and what to look for if the person was dehydrated or had developed a blood clot and what to do about it. Another person had a history of aggressive behaviour, the risks of this to the person and others had not been assessed. The registered manager said these people's plans would be reviewed following the inspection. Other records showed that potential risks to people had been assessed and were linked to care plans, this identified the risk and the support that was required to minimise the risk. Risks that had been assessed included health condition support, mobility and skin integrity.

We recommend that the registered manager ensures staff have the appropriate information to minimise any

potential risks to people.

Environmental risks relating to people, staff and visitors had been assessed and recorded such as, lift safety, wheelchair use and clinical waste disposal and handling. Each of these documents recorded the identified risk, people who were at risk and the action to be taken to reduce the risk.

Accidents and incidents were recorded and monitored on a regular basis, a matrix of accidents was recorded within people's care plans. Staff completed an accident form which was then investigated and reviewed by a member of the management team and transferred onto the matrix. The registered manager told us they used the matrix to identify any patterns or trends that had developed. This included making checks of people's welfare at 12, 24 and 36 hours after a fall. Risk assessments and care plans had been reviewed after falls to further reduce the risk.

At our last inspection on 15 January 2016, we made a recommendation that the provider the provider should review their recruitment procedures in line with schedule 3 and associated regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made, however of the four files we checked, one person had one reference; another person did not have a full employment history. Gaps in employment had not been explored and recorded by the registered manager. These members of staff had been employed at the service for a number of years. Following the inspection the registered manager sent a personal reference to the inspector, for the person with only one reference. Other checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment checks had been completed before they started work at the service. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service.

We recommend that the provider explores any gaps in employment in line with schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place to ensure there were enough staff on duty to meet people's assessed needs and keep them safe. Each person had an individual 'dependency profile' in place which recorded their level of needs as either high, medium or low, this then recorded the amount of time allocated for each task. Records showed that changes had been made to staffing levels when people's needs had changed and with an increase in admissions. One person said, "I think there is enough staff."

People were given their medicines by trained competent senior staff who ensured they were administered on time and as prescribed by their GP. A designated member of the management team had responsibility for the ordering, obtaining, storing and returning of people's medicines. Medicines were received in a monitored dosage system (MDS). This system is where all the medicines for a given time period were prepared by the pharmacy. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow. We observed staff asking people if they were in pain prior to the administration of PRN medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely. Medicine audits were also carried out on a regular basis by the registered manager. These processes gave people assurance that their medicines would be administered safely.

Is the service effective?

Our findings

At our last inspection on 15 January 2016, we identified a breach of Regulation 11 (1) (2) (3), the provider had failed to adhere to the principles of the Mental Capacity Act 2005. People's capacity had not been assessed or recorded prior to applications being made to deprive people of their liberty.

At this inspection we found that people's capacity to consent to their care needs, medicines and capacity to make certain decisions had been assessed and recorded. The registered manager was aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had been trained to understand and use these in practice however, staff spoken with showed little understanding about the theory and knowledge behind MCA, with none of the staff aware of any Mental Capacity Assessments in place for people. Observations showed staff offering choice in relation to what they wanted to eat and drink, and where they wanted to spend their time. One person said, "The staff always offer me a choice." We observed staff asking for peoples' consent before any tasks were completed.

We recommend the registered manager ensures staff have learnt the skills and competency they require following a training course.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. These applications are assessed by the DoLS team to ensure that the constant supervision was lawful.

At our last inspection on 15 January 2016, we made a recommendation that the provider the provider sought an appropriate training provider to ensure staff were trained to meet peoples' needs. At this inspection the registered manager had put systems in place to offer staff the training they required to meet peoples' needs, however, the registered manager told us that staff had not been attending the training courses that they were booked onto. Staff had not always received training to meet people's specialist needs such as challenging behaviour. The training matrix showed a number of gaps in staffs' attendance at training courses. People could not be assured that they would receive care and support from staff who had the knowledge, skills and competence to meet their needs.

The provider had failed to ensure that staff had the qualifications, competence, skills and experience to meet peoples' needs safely. This is a breach of Regulation 12 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff continued to complete an induction checklist when they started work at the service. This included reading the information regarding the people using the service, orientating staff to the service and reading the policies and procedures. Staff then completed an eight week induction plan which included

competency based questions that were signed off by the registered manager. Staff received regular supervision meetings with their line manager. These meetings provided opportunities for staff to discuss their performance and development. The registered manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year.

We observed the lunch service, where people were given a choice of two options. People told us they enjoyed their lunch and we observed little food wastage. One person said, "The food is reasonable, the steak and kidney pudding was beautiful." Condiments were readily on the table for people to use if they wanted. There was a choice of various flavoured squash to have with the meal. One person did not like their meal; staff offered this person a choice of two alternative meals. Five out of the six files we viewed showed, people who were at risk of malnutrition and dehydration had been assessed and guidance was in place to ensure people's needs were met. People had their weight checked regularly and staff monitored and recorded people's food and fluid intake.

People were supported to remain as healthy as possible. Each person had guidance in place within their care plan which included information of the support from health care professionals and guidance for staff to follow. During our inspection staff observed a person acting out of character. Staff contacted the person's doctor to raise their concerns; action was then taken by the person's doctor. People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, district nurses, chiropodist and opticians had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks.

Is the service caring?

Our findings

Throughout the inspection we observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. We observed staff reassure people if they if they were anxious or upset. One person living in the service appeared distressed and anxious and we observed a staff member sit and comfort this person using a patient and reassuring manner, before suggesting they go and have a bit of lunch. One person said when asked about the staff, "Oh the staff are lovely." Another person said, "I think the staff are genuine." Staff were observed to protect and respect peoples' privacy and dignity whilst offering them care and support. We observed staff knocking on doors before entering. Feedback from the June 2016 annual survey showed that 68% of people rated the staff as excellent, with the other 32% rating the staff as good.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Some people had recorded their past interests such as knitting and baking, this information was used to plan people's week. Photographs showed people taking part in their interests with members of staff. People and/or their relatives were involved in the planning and delivery of the service they received.

People were encouraged and supported to remain as independent as they wanted to be. People's care plans contained specific guidance of what people were able to do for themselves and the support they required from staff. Staff were observed to encourage and support people, to do things for themselves, rather than doing things for people. For example, we observed staff using aids to enable people to eat their breakfast independently. Staff who were supporting people to eat their lunch took their time and were patient with people.

People were supported to have as much contact with their friends and family as they wanted to. People could have visitors when they wanted to and we observed a number of relatives visiting their loved ones throughout our inspection. When people were at home they could choose whether they wanted to spend time in the communal areas or in the privacy of their bedroom. We observed people choosing to spend time in the main lounge, the conservatory and the quiet lounge which was respected by staff.

People were supported to take part in house meetings within their service. These meetings gave people the opportunity to discuss any areas for improvement within the service or to plan for the activities people wanted to participate in. Records showed that topics which had been discussed included, food menus, activities and staffing. The registered manager used these meetings to inform people about any plans or changes going on within the service such as, the redecoration of all bedrooms.

People's personal information was stored securely to maintain confidentiality.

Is the service responsive?

Our findings

We observed people participating in floor games in the lounge, people were laughing and talking. People appeared relaxed and to enjoy the activities. Other people were observed listening to music in the quiet lounge, watching television in the conservatory, knitting and drawing.

People were supported to participate in a wide range of activities to meet their needs and interests. Feedback from the June 2016 annual survey showed that a high percentage of people using the service rated the activities as excellent. The service employed a group of activity coordinators to provide activities to people during the week. Each person had an activity assessment in place which recorded past and present activities people enjoyed. A record was kept of any activities that the person had participated in and their reaction. A scrap book had been started for each person, this included photographs of people participating in a range of activities. Activities included arts and crafts, gardening, one to one discussions, bingo, music and singing sessions.

Referrals were made directly by the local authority or people and/or their families were able to self-refer. A pre-admission assessment was completed with people, their relatives and the registered manager. The assessment included information relating to the specific support people required with their personal care needs, medical support, health, safety and risks. Information from the pre-admission assessment form was used to develop care plans and risk assessments with people and/or their relatives. Some people had a "getting to know you" book within their care file, this had been completed by a relative and included information relating to people's likes and how they liked to spend their time. Care plans and risk assessments recorded they had been reviewed on a regular basis, however records showed on a number of care files that there had been no changes in over 18 months.

We recommend the registered manager completes a comprehensive review of people's care plans and risk assessments takes place.

People were supported and encouraged to be involved in making decisions about their support and how to spend their time via the annual service user's survey. These involved asking people if they liked where they lived, how they rated the meals, how staff cared for them and feedback on the activities. The survey was in an accessible pictorial format for people to use, staff also recorded people's answers. The results were collated and displayed as an overall score which was available to people and displayed within the service. Results from the June 2016 survey showed that the majority of people rated the questions as either excellent or good.

People were given the opportunity at house meetings and reviews to raise any concerns they had. A complaints policy and procedure was in place, this included the process which would be followed in the event of a complaint being made. There had been no formal complaints made since the last inspection. During our inspection we observed a person approach the registered manager to "speak to them about their worries." The registered manager listened and offered the person reassurance. Information about how to make a complaint was available to people and/or their relatives within the providers statement of purpose

and service user guide.

The registered manager also kept copies of the compliments they had received from peoples' relatives in the form of letters and cards. One card read, 'Just wanted to say thank you so much for the wonderful care you all took of mum.' Another read, 'A special thank you for all your love and care you gave to (name) over her last five years.' A third read, 'Just a short note to thank you all for looking after my (loved one) so well during their time at the home from home.'

Is the service well-led?

Our findings

The service had a registered manager in place who had worked at the service for a number of years and was supported by senior support staff who managed the care staff. Staff spoke highly of the registered manager. Comments included, "Supportive, approachable and always there if you needed help." Another said they felt there was an "Open door management style" and the registered manager showed a caring attitude towards people. One person when speaking about the registered manager said, "(Name) will do what she can to help me."

Systems in place to monitor the quality of the service that was being provided to people were not effective. The overall governance and quality assurance system had failed to identify the shortfalls that were found during the inspection. The registered provider had not taken action to meet the recommendation from the previous inspection report. Audits were completed by the registered manager on a monthly basis, including health and safety, medication, the kitchen, infection control, finances and a sample of people's records. Feedback from the audits, people, their relatives and staff were used to make changes and improve the service provided to people. However audits from February and March 2017 had not identified the gaps in care planning and review and not providing staff with the skills to meet people's needs found during our inspection.

The registered provider had failed to ensure that effective governance systems were in place to monitor the quality of the service being provided to people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Observations with people and staff showed that there was a positive and open culture between people, staff and the registered manager. People and staff were observed talking to the registered manager throughout our inspection. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. Staff were given a job description prior to starting their role. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

The registered manager made sure that staff and people were kept informed about people's care needs and about any other issues. Regular meetings were held between the day staff, night staff and the activity coordinators. These meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs. A suggestion of planting vegetables was suggested in the activity meeting, we saw that this had been actioned.

The registered manager had a clear understanding of their role and responsibility. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents have been reported correctly. The registered manager told us they kept their skills and knowledge up to date using a variety of

methods including, training and accessing external companies for updates.

There was a 'Statement of purpose' and 'Service user guide' in place which was available to people using the service. These documents gave people information about what they could expect from the service including, the aims and objectives, facilities and staffing. The registered manager had a vision for the service which was to provide people with a good standard of care. The registered manager used team meeting to reinforce the vision and values of the service.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that staff had the qualifications, competence, skills and experience to meet peoples' needs safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure that effective governance systems were in place to monitor the quality of the service being provided to people.