

MCCH

The Haven

Inspection report

89 Rock Avenue
Gillingham
Kent
ME7 5PX

Tel: 01634570239

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The announced inspection took place on 12 September 2017.

The Haven provides care and accommodation to up to four adults with a learning disability. There were three people living at the service at the time of our inspection who had a variety of complex needs including autism, physical health needs and behaviours that may challenge.

The service had changed providers and this was our first inspection to the service since it had registered with us in September 2016.

The service was run by a registered manager who was present on the day of our visit. They were registered to manage this service and another small service in the local area which is registered with the same provider. 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.

Staff had been trained to recognise and respond to the signs of abuse. They understood the provider's whistle blowing policy and were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. They were deployed in sufficient numbers to meet people's physical, social and emotional needs.

Assessments of risk were undertaken of the environment and each person's specific needs and gave guidance to staff about how these risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

Medicines were managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed.

Staff had received training in infection control and followed this guidance to help minimise the spread of any infection.

Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal to carry out their roles.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to ensure that people were only deprived of their liberty, when it had been

assessed as lawful to do so.

People had their health and dietary needs assessed and clear guidance was in place to ensure they were effectively monitored.

People were involved in making decisions about their care and treatment. Care plans were presented in a way that helped people to understand their content. People were given individual support to take part in their preferred hobbies and interests.

Staff respected and valued people's contributions. They communicated with people in a kind and caring manner and used appropriate touch to reassure them. There was a lot of laughter and conversation during the inspection.

People's feedback about the service was gained on a daily basis and information was available to their relatives and visitors about how to raise a concern or complaint.

The registered manager was approachable and the atmosphere in the service was relaxed and informal. They were supported by a staff team who understood the aims of the service and were motivated to support people according to their choices and preferences.

Systems were in place to review the quality of the service which were effective in identifying areas where any improvements were required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

People were protected from abuse as staff knew how to follow the service's safeguarding procedures to keep people safe.

There were sufficient staff to meet people's physical, social and emotional needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

The service was clean and practices were in place to minimise the spread of any infection.

Is the service effective?

Good ●

The service was effective.

Staff were aware of the requirements of the Mental Capacity Act 2005 and understood how to protect people's rights.

Staff had regular training to ensure that they had the skills and knowledge to meet people's needs.

People were supported to make food choices and were provided with a diet that took into consideration their health needs.

The home liaised with other healthcare professionals to maintain people's well-being.

Is the service caring?

Good ●

The service was caring.

People were involved in the daily planning and reviewing of their care and were supported by staff who understood them well.

People were treated with kindness and compassion.

People's privacy, dignity and independence were respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and treatment from staff that were knowledgeable about their support needs, interests and preferences.

People were given informed choices in order to take part in a varied range of activities.

Information about how to make a complaint was clearly displayed in the service in a suitable format.

Is the service well-led?

Good ●

The service was well-led.

The management team were approachable and there was effective communication within the staff team.

Staff had a clear understanding of the values of the service and put them into practice. They ensured that people were at the centre of everything that they did.

A system was in place to regularly assess and monitor the quality of the service people received, through a series of audits.

The Haven

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 checked 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 12 September 2017 and was announced. We gave the service 24 hours' notice because the service was small and we needed to be sure people would be in and the manager was available. The inspection was carried out by two inspectors.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. We also 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. The provider returned a PIR within the set time scale. We also obtained positive feedback from two care managers from the local authority and a chiroprapist.

We talked with three people who lived at the service and observed staff supporting people. One person showed us around their home, including their bedroom. We spoke to the registered manager, assistant manager and three support staff.

We looked at two care plans and spoke with the person and staff to assess how their care was planned and delivered. We also viewed five staff recruitment records, the staff training programme, staff rota, medicines records, environment and health and safety records, risk assessments, quality assurance and audits and the safeguarding, medicines and complaints policies.

The service had been registered with us since September 2016. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Is the service safe?

Our findings

People indicated they were well looked after and treated with kindness and compassion in their day to day care through their actions. They had developed good relationships with staff and initiated conversations and physical contact with them. One person approached staff for a reassurance, which was given and another person laughed and joked with staff. Therefore staff had a good understanding of people's personalities and responded sensitively to their needs. A health care professional described the service as having a 'Homely atmosphere'.

People's contributions and experiences were valued by staff. One person told us how staff had helped them put together a book of memories from their recent holiday, which they showed us with enthusiasm and pride. People's drawings and art work was displayed on the walls throughout the service. There were photographs of activities that people had taken part in which were meaningful to people. People used these photographs to share memories and past experiences and to communicate. For example, when we first entered the service one person pointed to a photograph of themselves flying a kite to express how much they enjoyed taking part in the activity.

People were able to express their views and were actively involved in making decisions about their care, treatment and support. During the inspection staff asked people where they wanted to go out. Staff gave people time to think about their options and to change their minds before deciding where to go.

There were positive interactions between people and staff. When staff entered people's home they immediately asked people how they were and sat down beside them so they could actively listen to what they had to say. Staff showed good understanding of people's communication needs. Staff communicated with people in a way they could understand. This included using gestures, facial expressions, British Sign language (BSL) and Makaton. BSL and Makaton are language programmes using signs to help people communicate. There were detailed and comprehensive records of people's communication plans, including pictures of them demonstrating their communication methods. Staff communicated with people in a caring, patient and calm manner. Staff held a person's hand when they were upset. This helped to calm and reassure them.

People were supported to develop their support plans and to participate in their care reviews and one person showed us their support plan and they confirmed they were involved in putting these together. The plan contained pictures and photographs that the person used to initiate conversation about what they had done and what they had achieved. Support plans and daily records were kept confidential and secure in the office.

People's privacy, dignity and independence was actively respected and promoted. People could go to their rooms when they wanted to or spend time in the lounge. They were encouraged to participate in the cleaning and tidying of their rooms and to take responsibilities for their home. This included emptying the rubbish bins, clearing the table after meals and helping with the dishes. Support plans records identified how people should be encouraged to do as much as possible for themselves, including personal care. Staff

understood this guidance and explained how they prompted people to remind people to undertake tasks, when they had the skills to them for themselves.

Is the service effective?

Our findings

People's consent was sought before supporting them with their care and treatment. Staff checked if it was alright with people before supporting them with their personal care, such as having a shower. People indicated that staff had the right skills and attributes to effectively support them. When asked about how staff supported them, one person gave a 'thumbs up' sign and another person gave a staff member a hug. A social care professional told us the service was effective in promoting people's quality of life and ensuring they received the care, treatment and support they needed.

New staff attended an induction programme at head office which included information about people with disabilities, the provider's aims and values and training in essential areas for their role. Staff shadowed experienced staff to gain practical experience and knowledge about their role. Staff said this gave them the knowledge and skills they needed and an understanding of each person's individual needs. In addition, new staff completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Most staff had completed a Diploma/Qualification and Credit Framework (QCF) in health and social care and the assistant manager was undertaking level 3 diploma in leadership and management. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard. There was a rolling programme of training to ensure staff's knowledge was refreshing and that they had the skills they needed to carry out their role. This training was provided face to face and by e-learning and included health and safety, first aid, moving and handling and food handling. Staff had received specialist training in learning disability and autism and diabetes training was booked.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. Supervision sessions were planned in advance. Staff said there was effective communication in the staff team and that they supported one another. They said they could approach the registered manager at any time if they needed support in addition to the formal supervision sessions available.

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 the best interests and as least restrictive as possible. When they lack mental capacity to take a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People's mental capacity had been taken into consideration when planning their care needs, such as a person's understanding when assessing their ability to take their own medicines. When people had been assessed as not having the capacity to make a decision, such as in relation to medical treatment, a meeting had been held with relevant professionals so a decision could be made on a their behalf and in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legal authorised under the Mental Capacity Act. The service was working within the principles of the MCA. It had identified that everyone at the service required constant supervision and applications were made to the local authority on the day of the inspection. This was to ensure it was acting in people's best interests when restricting their liberty, in order to keep them safe.

Each person's health plan set out in detail each person's health needs and the action that had been taken to assess and monitor them. This included details of people's skin care, eye care, and mobility. Guidance for staff about how to meet people's health and medical conditions was available. For example, for people with diabetes information and detailed guidance was available about how their condition could effectively be managed through their medicines and diet. People received an annual health check with their doctor and regular appointment with the chiropodist, optician and dentist. A record was made of all health care appointments including the reason for the visit, the outcome and any recommendations. Each person had a "Hospital Passport" which was given to hospital staff if a person was admitted to hospital. This provided essential information to hospital staff in a single document about each person's communication, personal support, disability, medicines and medical history.

Clear guidance was in place for staff to support people who presented behaviours that could harm them or other people. The specific behaviours that the person may show were identified together with any triggers and guidance for staff about the most effective ways they should respond. For example, one person could become agitated due to a change in the environment. They communicated this by a specific word and a change in their facial expressions. Staff were directed to introduce a new topic of conversation to distract them from what was upsetting them and to give them reassurance. Staff had received training in how to positively support people who presented behaviours that could harm them or other people. They demonstrated they knew how to follow the guidance in people's care plans to support people effectively. Additional support from the company's positive behavioural team had been sought as appropriate. This had occurred when some staff had left the service to help people with anxieties through the period of change.

People were supported to have a balanced diet. A meeting was held each week with people to discuss what they would like to eat and this was used to plan the menu. One person told us they had planned a BBQ in the summer. People's needs with regards to eating and drinking were assessed and recorded in their plans of care. For people with specific dietary requirements there was information about which types of food could be offered at mealtimes, which foods were preferable and which ones should be given in reduced amounts. People had access to the kitchen at all times, made their own hot drinks and were encouraged to take part in cooking.

Is the service caring?

Our findings

People indicated they were well looked after and treated with kindness and compassion in their day to day care. They had developed good relationships with staff and initiated conversations and physical contact with them. One person approached staff for a reassurance, which was given and another person laughed and joked with staff. Therefore staff had a good understanding of people's personalities and responded sensitively to their needs. A health care professional described the service as having a 'Homely atmosphere'.

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There were positive interactions between people and staff. When staff entered people's home they immediately asked people how they were and sat down beside them so they could actively listen to what they had to say. Staff showed good understanding of people's communication needs. Staff communicated with people in a way they could understand. This included using gestures, facial expressions, British Sign language (BSL) and Makaton. BSL and Makaton are language programmes using signs to help people communicate. There were detailed and comprehensive records of people's communication plans, including pictures of them demonstrating their communication methods. Staff communicated with people in a caring, patient and calm manner. Staff held a person's hand when they were upset. This helped calm and reassure them.

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when they had the skills to them for themselves.

Is the service responsive?

Our findings

People told us they were involved in planning their care and treatment. One person showed us their care plan. It contained pictures to help them understand its content and a range of photographs of them undertaking activities. These photographs acted as a trigger and enabled the person to start a conversation about how they spent their time and the things they liked to go. People told us they enjoyed going out and that they went out most days to the shops, for a drink and on the bus. People also told us they had been on holiday or for special days out in the summer. One person told us they had been to Whitstable and that they especially enjoyed spending time in the swimming pool. Another person said they had been on days out to the seaside including Dymchurch.

Social care professionals told us that the service was responsive to people's individual and changing needs and that care plans had improved to reflect these. One person had wanted to care for an animal and they had a pet guinea pig. This person talked about their pet with affection and explained how they needed to make sure it had enough food and water. Another person liked to have their own space and they had an area in the lounge where they could access things that were important to them. People took part in gardening and one person proudly showed us the flowers they had planted and the tomatoes they had grown. One member of staff was gifted at craft and used this skill to support people to make and decorate items. People had made and sold gifts at a Christmas fayre organised by the provider.

Care plans contained detailed guidance for staff about the support people required in relation to their daily living, social and health needs including their mobility, nutrition and medicines. Plans of care were personalised and each person's individual needs were identified, together with the level of staff support that was required to assist them. For example, if people required physical support or prompting with personal care tasks. People's likes, dislikes and preferences were included in their plans of care. This included what people liked about them and what they liked doing. One person liked a particular colour and collecting specific objects and staff valued another person's sense of humour. Staff were knowledgeable about people's preferences and demonstrated they were considered in all aspects of each person's care and support. Each person had a one page profile which included a summary of their needs and preferences. This meant essential information about each person was easily accessible to staff to enable to support them.

Staff made a daily record of how each person was feeling, how they spent their time, and details of any health care appointments. Staff read this information when they came on shift and there was also a handover. This was to ensure important information was shared and that people received consistency in how they were supported.

The complaints procedure set out how to make a complaint together with the details of what people could expect in relation to the provider investigating and feeding back the outcome to the complainant. The policy also gave the details of the local authority, and Local Government Ombudsman that people could contact if they were not satisfied with how the service had responded to their complaint. Complaints leaflets were displayed in communal areas of the service so people and visitors to the service knew how to formally complain. They were written using pictures or symbols of people's emotions such as if they are of unhappy,

frightened or angry, to help people understand its content.

Is the service well-led?

Our findings

People knew the registered manager and were relaxed and at ease when talking to them. The registered manager led by example and treated people with dignity and respect. The door to the office was open and people and staff entered to speak to them. The registered manager took time to listen to what people had to say and helped them with their concerns. Social care professionals said the service was well-led and staff said the manager and assistant manager were approachable and supportive.

The registered manager understood their responsibilities and had submitted notifications to the Commission about important incidents and events that had taken place at the service in a timely manner. They kept up to date with current practice through internal meetings with other registered managers in the company and the region where they were able to share good practice. Information was also available to them through the company's newsletter and website.

The registered manager was responsible for managing this service and another small service owned by the provider which was situated close by. They divided their time between the two services. The registered manager was supported by an assistant manager who worked full time at the service. Staff said the management team gave effective support as they were available when they needed them and listened and acted on their views. Staff said there was good communication within the team and that handovers between shifts highlighted any changes in people's health and care needs. In addition staff meetings took place to discuss such topics as people's needs and new policies and procedures. The registered manager and staff team were clear about the aims of the service to put people at the centre when planning and delivering care and demonstrated their commitment to giving individual and compassionate care. Staff were proud of their roles, supported one another throughout the day and their focus was on talking with people, offering reassurance and engaging them in activities.

People's views were sought on a daily basis by staff through conversations about people's daily lives. Weekly meetings were held to discuss what people wanted to eat for the coming week. At these meetings staff took the opportunity to ask people how they were and if they had any worries or concerns. The registered manager told us the service planned to formalise these discussions with people through regular resident meetings and meetings with their keyworker.

There were systems in place to regularly monitor the quality of service that was provided. Monthly audits and compliance checks were carried out in a range of areas such as health and safety, medicines, care planning and risk assessment and staff training and supervision. An internal audit was undertaken six monthly by a representative from the company to ensure these checks were effective. During their visit they looked at records, talked to people and staff and observed the care practice in the service. These checks identified any actions that were required to improve the service and were developed into an improvement plan. All information was logged onto a computer system and the registered manager was responsible for recording when any required action had been completed. For example, it had been identified that survey questionnaires were not in a format that everyone could understand and a number of services were coming together to look at ways of addressing this. Also, it had been highlighted that people would benefit from introducing a keyworker system. This is where one member of staff would be responsible for arranging their

health care and keeping their care plan updated. People's views about who they would like to be their keyworker were being sought.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.