

Comfort Care Services (Colchester) Limited

The Haven

Inspection report

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Essex
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service

The Haven provides accommodation and care for up to 29 older people, some of whom who are living with dementia.

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

Environmental risks were not always managed or mitigated to ensure people were safe. Staffing levels were adequate to meet people's needs. However, a tool used to identify what staffing levels were required, based on people's dependencies, had not always been updated in line with people's needs. Care plans and risk assessments were not always up to date in line with people's current needs.

We have made recommendations about the updating of care plans and risk assessments

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Policies and systems in the service supported this practice. However, DoLS had not always been updated with the local authority when additional deprivations of liberties had taken place

We have made recommendations about the application of DoLS

The home had strong management in place, however the manager did not always delegate to others meaning that they had not always picked up on errors or issues as highlighted in the report.

We have made recommendations about the quality assurance processes.

Staff were supported to develop within the service and had been supported with additional training and qualifications. People were supported to maintain a balanced diet and received information about healthy eating choices. People were supported to maintain their health and wellbeing in line with recommended guidance.

Staff responded to people in a kind and caring manner and people were comfortable with staff. Staff knew people well and were able to communicate with people individually based on their abilities. People and those in their life, were involved in making decisions about their care.

People enjoyed a range of social activities which were meaningful and gave them purpose. The home continued to use the Sparkle initiative. The Sparkle initiative gave people the opportunity to express a dream they had of taking part in an event or visit a place which was important to them.

The home was extremely thoughtful and compassionate about how they supported people receiving end of

life care. This support was extended to staff and family members of people who had passed away in the service.

The management continued to look at new ways of working to improve care delivery for people. The home worked closely with partner organisations such as the local authorities training programmes and had been recognised nationally for their work.

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

Rating at last inspection (and update)

The last rating for this service was outstanding (published 17 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

The Haven

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On day one, one inspector, an assistant inspector and an Expert by Experience carried out the inspection. On day two, one inspector and an assistant inspector carried out the inspection. 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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service, four relatives about their experience of the care provided. We spoke with eleven members of staff including the manager, operations manager, senior care workers,

care workers and the activities co-ordinator.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 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

- Risk assessments relating to the environment were not always in place to identify or mitigate risk. For example, people had a Personal Emergency Evacuation Plan (PEEP) for use in an emergency. One person's PEEP did not identify their visual impairment which would affect their evacuation of the service. Another person's PEEP identified they were independent with their mobility. However, staff told us this person required support and supervision when mobilising. This meant people were at risk of not being safely evacuated in the event of an emergency. We immediately raised our concerns with the manager. When we returned on the 14 February 2020, these had been updated.
- A fire audit by the local fire and rescue service in September 2019 found the service non-compliant with fire regulations. Records showed that the service had also been found to be non-compliant in September 2017 and August 2018. Concerns raised at the September 2019 audit, found previous concerns had not been addressed. This showed that action had not always been taken in a timely manner to concerns raised. These issues have now been addressed.
- Risks associated with legionella had not been identified. A risk assessment had not been carried out by a competent person to identify any potential risks of the bacteria growing. During the inspection, we were informed that cold water temperatures had been high during the summer of 2019. Whilst immediate action had been taken, action had not been taken to identify other potential legionella risks. We raised our concerns with the manager and operations manager. We were informed that a risk assessment had been arranged prior to the inspection and would take place on 19 February 2020. We asked the service to inform us of the outcome and any actions.
- Risk assessments in people's care plans did not always provide staff with guidance on providing safe care. This included risks associated with people's medicines, mobilising and pressure management. For example, one person's health had deteriorated and they now required a full body hoist. Risk assessments were in place, however this told staff the person used a stand aid. We raised this with the manager who told us this would be immediately reviewed. Whilst permanent staff knew people well, people were at risk of poor care from new or agency staff who did not know their risks.

Staffing and recruitment

- Staffing levels were based on the dependency needs of the people living in the service. We reviewed people's dependencies and found that these were not always reflective of their current needs. For example, one person had been assessed as being co-operative with their care and scoring 0 for their needs. However, staff and care records told us the person often refused personal care and needed direct input from staff. We

raised this with the manager who told us this would be updated immediately. When we returned on the 14 February 2020, a new dependency tool had been introduced and scores had been updated. This meant that dependencies were now more accurate and reflective of people's actual staffing needs. The manager told us, "I am a lot happier with this dependency tool. It's more in-depth."

- People, relatives and staff told us there were enough staff to meet people's needs. Comments included, "There are enough staff, they are only rushed when something happens," And, "I think there is enough staff, staff are very good." During the inspection, our observations found no concerns about staffing levels within the home.
- Staff continued to be recruited safely. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Relatives told us they had no concerns about their family members.
- Staff knew how to recognise abuse and protect people from the risk of harm and abuse. The home knew when to raise safeguarding's with the local authority.

Using medicines safely; Learning lessons when things go wrong.

- Medicines systems continued to be organised, and people received their medicines when they should.
- People's medicines records confirmed they had received their medicines as prescribed. We carried out a stock check of medicines and found that stock levels were correct.
- People received support to manage their 'as required' (PRN) medicines. Protocols and procedures were in place for staff, so they knew how to respond to people and administer their medicines appropriately.
- Staff were trained and assessed as competent before they administered medicines,
- Where medicine errors had taken place, lessons were learnt to prevent re-occurrence. For example, one member of staff had administered a person's medicines but had not signed to say they had. This was identified by the manager; disciplinary action was taken and the staff member was retrained.

Preventing and controlling infection

- Staff had access to appropriate Personal Protective Equipment (PPE) throughout the service. Observations showed staff wore this appropriately where required.
- All staff had received appropriate infection control training and told us they understood their responsibility to prevent infections.
- The home continued to receive an Environmental Health Office food hygiene rating of 5.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager had made applications for people to be legally deprived of their liberty where they required. However, the local authority had not always been updated where additional deprivations of people's liberty had been added. For example, one person had a DoLS in place to prevent them leaving the service. However, they now required constant supervision when mobilising around the home. We raised this with the manager who immediately updated the local authority.

We recommend the home reviews DoLS to ensure they include all deprivations of liberty.

- Capacity assessments and decisions had been properly taken in line with the law and guidance. The manager consulted with other professionals and family members to ensure any decisions made were in the person's best interests.
- Staff understood the importance of gaining consent before providing support. Observations of staff with people consistently showed us this.

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

- People had their needs assessed before they moved into the home. This helped to make sure the staff could meet people's needs and expectations.
- From initial assessments, care plans were devised to give staff guidance about how to meet people's needs.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff had relevant skills and knowledge to support people.

- Systems were in place to monitor training to ensure this was regularly refreshed. Training records showed that 100% of staff had completed all training, regardless of role. The manager told us, "We put all staff through mandatory training, no matter their job role. I complete a bi monthly knowledge observation to check staff understand what they are doing and do this when staff are on shift."
- The home continued to give some staff specific responsibilities and become 'champions' in areas such as dignity, falls, palliative care, communication, nutrition, infection control and diabetes. Staff understood what this meant to them and the people they were supporting.
- New staff completed an induction and worked alongside more experienced staff to get to know people. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to. Other staff were able to complete diplomas in social care equivalent to National vocational qualifications.

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

- People were supported and encouraged to eat and drink. Where staff had concerns about people's nutritional or fluid intake, food and fluid charts were introduced and reviewed.
- Where people's food and fluid intake were limited, the home had found innovative ways of increasing people's intake. The manager told us, "We have a monthly hydration day. We created hydration twister. Residents throw a bean bag onto a twister mat and whatever it lands on, they will take a shot of juice. We also do water-based fruit kebabs on the last Friday of every month."
- People's weights were monitored, and where required, they were given fortified diets to maintain or increase weight.
- People and their relatives spoke highly of the quality of food and drink being offered. One person told us, "I get plenty of drinks. I have the choice of two meals and the food is fine with lots of fruit and veg and I can always ask for more. There is always juice in the jug whenever I want, I pour some at night if I want it. I don't get hungry at night."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to healthcare services and support. One person told us, "If I need a doctor, he comes quite quickly. If I have pain, staff get me tablets."
- Care records evidenced involvement of health professionals and contacts with dieticians, and the local district nurse team.
- A visiting healthcare professional told us, "Staff are helpful at the home. We see someone who can be difficult to support but the staff really help us to give their injection. I had to try a couple of times, but staff suggested we try with a different member of staff and that made a difference. Staff know who [person] is favouring."
- Oral healthcare assessments had been completed and contained relevant information for staff. Information was available in the home about the recent CQC report on oral healthcare, 'Smiling Matters.'

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

- The environment was well maintained. A maintenance person was employed to undertake jobs to ensure the service was safe and maintained. When any environmental concern was raised, immediate action was taken.
- Dementia friendly areas of the home had been developed including an "indoor sensory garden." Areas also included tactile walls, water features and a magic table. Dementia friendly signs were used throughout to support people get around the home.
- People's rooms were personalised, accessible, comfortable and decorated with personal items. One relative told us, "The home decorated [person] room before they came in, they painted the walls over a

weekend. We brought pictures and ornaments and the manager said to make it [persons] own and bring anything personal and makes them happy"

- Since the last inspection, improvements had been made to the environment. This included the creation of "innovation avenue" where people had individually decorated front doors. Other improvements included redecoration of the dining room and new flooring.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were caring and compassionate to their needs. Comments from people and relatives included, "I think they are the most caring staff. You can't beat the care here, staff are respectful, "And, , "The care is very good. The people that work here are smashing, it is the way they help you, they make sure you are perfect."
- Observations throughout both days of the inspection highlighted compassionate care towards people. Interactions between staff and people were always positive and meaningful.
- People were supported to maintain their religious and cultural beliefs. We saw examples of religious services being offered to people. The manager told us, "We had one person who was roman catholic, so we bought in a priest once a month to see them and they supported them at the end of their life."
- Staff had received training in equality and diversity, and consideration and respect was shown to people's diverse needs and cultures. A review of people's and staff's equality and diversity needs was undertaken regularly. The manager told us, "We do a six-monthly audit of staff and people's equality and diversity needs to make sure we are meeting their needs. It from doing this that I found a person was roman catholic."

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

- People were able to talk to staff about anything they wished to. One person told us, "Staff listen to you. You can have conversations with them." Another person told us, "I would speak privately to staff if I was worried. If it was a medical concern, I would go to the person in charge"
- Care records showed that people had been involved in the development of their care plan.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One person told us, "I like a bath. I always have a lady carer. I would not like a male carer much, but they have made sure it has never happened." Another person told us, "I have a shave when I feel like it. I can do as I like, do what I want. It's quite easy going here."
- Throughout the inspection, we observed staff supporting people to maintain their independence. One person told us, "I get washed and dress myself. I have got my own room key and keep it in my pocket."

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 outstanding. At this inspection this key question has now deteriorated to good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans had clear information about their specific needs, personal preferences and routines. However, where people could become upset or distressed information on how staff should best support them was not recorded. This meant that staff who did not know the person, would not always know what support a person required to de-escalate any behaviours.
- Care records had been regularly reviewed. However, they had not always been updated to reflect people's changing needs. We spoke to staff about people's specific needs and found this had not impacted on the care provided as staff knew people well.

We recommend care plans are reviewed to ensure they are up to date and in line with people's needs.

- People and where appropriate, their representatives, were involved in the planning and review of their care. One relative told us, "We have regular reviews of [persons] care plan, me and the manager. I can comment on it and add things. I think the reviews are helpful"

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, recorded and highlighted in care plans. Where people had impairments, the home had acted to support people. For example, one person had sensory loss and was unable to read their care plan but wanted to be involved in it. The manager showed us how the home had arranged for the care plan to become audio. This meant that the person would be able to listen to their care plan and be actively involved with its contents.

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

- People continued to be supported to access interests and activities both internal and external to the home. The home continued to actively involve people in its Sparkle initiative to support people's wishes. The Sparkle initiative gave people the opportunity to express a dream they had of taking part in an event or visit a place which was important to them. One relative told us, "Sparkle arranged for [person] to go to the Steam Museum to drive a train. They took [person] to the Zoo. [Person] also went to the theatre." Another

relative told us, "People have plenty to do, the activities person is lovely. They get people involved. The home had the Zoo people in twice with animals, they paid for [person] to go to the theatre, do Boxercise every fortnight, Yoga seen once, have games, jigsaws, pre-school children come in, church service. I have also seen the activities person sitting in rooms and talking to those that stay in their rooms"

- There was an activities coordinator in post who was passionate about people receiving activities that met their needs and preferences. They described how they discussed with people their past interests and anything they might want to do. They gave us an example of how they had created a tool to see how involved people were in activities and how their different needs were being met.

Improving care quality in response to complaints or concerns

- There had been no complaints raised by people or their relatives since the last inspection. Systems were in place to manage complaints.
- People and relatives told us they knew how to raise a complaint if needed but found no reason to do so.

End of life care and support

- At the time of inspection, one person was actively being supported with end of life care. The manager told us they had continued to develop links with the local hospice.
- Documents to record the arrangements, choice and wishes people may have for their end of life care were in place to ensure people's final wishes were met.
- People, relatives and staff were offered and supported by the home with bereavement care following someone's passing. The manager told us how one person living in the service had been supported following the death of a relative. They said, "I received a phone call to say the relative of a person living here did not have long to live. I offered to take them to the hospital. [Person] was able to see their relative before they died." The bereavement champion told us, "After this, we gave [person] bereavement support and then referred them to the local hospice for further support. I give out packs to people following someone's death that has my telephone number and times when they can call. It's open to everyone. Relatives still call me some time after their loved one has died."

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 outstanding. At this inspection this key question has deteriorated to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection, the service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager who had legal oversight of the service was not in day to day charge of the service. Another manager was in place and had oversight on a day to day basis. We spoke to the operations manager who told us following the inspection, an application had been submitted to register the manager and de-register the registered manager.
- The manager continued to be at the heart of the home and supported people, staff and relatives in their daily lives. They had oversight of care plan updates, auditing, reviews of care and dependency scoring. A deputy manager was in place alongside senior care staff. However, the manager had not delegated tasks to these staff to complete. This meant due to the manager's workload they had not identified issues in the service. The manager accepted our findings and told us they would look to delegate more tasks.
- Quality assurance processes were in place and management undertook regular audits to ensure quality and safety. This included medicines, care planning and falls. A yearly analysis of falls had been undertaken and this had picked up a high level of unwitnessed falls at night. Whilst some actions had been taken including the use of the 'Light your night' initiative. The 'Light Your Night' initiative had been developed which involved the installation of glow-in-the-dark features in people's bedrooms, including glow in the dark door frames, luminous footprints on the floor which led to bathrooms, illumination on light switches and light up toilet seats. Despite this and other actions, falls at night had not reduced. A recent night team meeting and a concern raised by a whistle-blower had identified staff were undertaking two hourly cleaning tasks rather than supporting people. Despite this being raised, action had not been taken to address the concern. The manager told us that these tasks had now been removed from staff and hoped this would reduce falls.
- Other audits in the service had not picked up issues raised by the inspection as set out in the safe key question. The registered manager and operations manager responded immediately to all identified concerns and we did not find that anyone had been harmed.

We recommend the provider reviews their quality assurance processes to ensure that all areas of the service are robustly reviewed at all times.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager, staff and operations manager continued to demonstrate an open and transparent culture throughout the inspection process. Throughout the inspection, feedback was shared with the home and immediate action was taken when required
- People, relatives, staff and professionals continued to share high praise of the manager. We received feedback including, "I feel very supported. [Manager] is always there and always ready to listen to you. We are always having meetings so we can say anything to them" "[Manager] has made the home what it is today. I think [Manager] has done wonders for the home." "The manager is a nice person, has a very soft voice to residents, jokes with residents and is good to the staff."
- The manager demonstrated that they fully understood their responsibilities in relation to duty of candour and told us it was about being open and transparent when things go wrong. The manager had developed a duty of candour matrix so they could have oversight that duty of candour was being followed.

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

- A survey of relatives' feedback had been completed. The manager highlighted a poor response however had analysed the response but looked for other ways of engaging with relatives.
- Staff confirmed they attended regular staff meetings and felt supported in these meetings.

Continuous learning and improving care; Working in partnership with others

- The home continued to look at new ways of improving the care delivered to people living at The Haven. Since the last inspection, the home had been given several awards for the work the home had done. This included the best innovation for 'Light your night' and they were finalists for the national dementia awards in 2017 and 2018.
- The Haven continued to work closely with the local authority training programmes including the Prosper project. This is a collaboration with Essex County Council which aims to improve safety and reduce harm for vulnerable people living in care homes, who are at risk of admission to hospital or significant deterioration in their health and quality of life. Initiatives used at the last inspection continued to be used within the home. The manager told us they had shared initiatives with other services across Essex and England.
- The home worked closely with other services to help support them. The manager told us, "I have been helping out a home locally recently who wanted some help to improve their service. I have been over there, and they have been here, and I have been sharing with them as much as I can."