

Haven Home Care Limited

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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

The inspection took place on 29 July and 8 August 2016. This was an announced inspection. We last inspected Haven Home Care Limited on 11 May and 1 June 2015. At that inspection we found the registered provider was not meeting the requirements of all the regulations we inspected. We found medicines administration records (MARs) were incomplete and inaccurate. The provider also lacked an effective system of audits to ensure people received their medicines safely.

Although we found some inaccuracies in MARs during this inspection, we found the quality of recording on MARs had improved.

Haven Home Care Limited is a domiciliary care service, which provides support with shopping, domestic tasks and personal care to people living in their own home. At the time of this inspection 18 people were using the service.

The service had a registered manager. 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 provider had breached the regulation relating to good governance. Effective medicines audits were still not in place to ensure people received their medicines safely. We found care workers had supported people without supervision prior to recruitment checks having been completed. We found no evidence that spot checks were carried out effectively to provide a robust check on the quality of people's care. Essential training had lapsed for most care workers. The provider did not have documented plans to deal with emergency situations, such as a business continuity plan.

You can see what action we have asked the provider to take at the back of the full version of this report.

People were happy with the care they received. They told us they were supported to make their own choices. One person said, "The care workers are very good. They treat me very well indeed."

Care workers demonstrated a good understanding of safeguarding and the provider's whistle blowing procedure. They knew how to report concerns appropriately.

People received their care from a consistent and reliable team of care workers. One person told us "You can rely and depend on them." Another person commented, "They always turn up on time. If they are ever held up they will ring me."

People using the service were able to make their own decisions about their care needs and told us they were in control.

Care workers were well supported in their role. They received regular one to one supervision and an appraisal.

People were supported to meet their nutritional needs in line with their assessed needs. People confirmed care workers supported them to make the meals they wanted to eat.

People's needs were assessed when they started receiving a service. This included gathering information about their particular needs and personal preferences. This information was used to develop personalised care plans. Care plans provided prompts for care workers to help ensure people received consistent care.

People knew how to complain if they were unhappy with any aspect of their care. None of the people we spoke with raised any concerns with us. One person said, "If something was worrying me I would tell them, they are alright. I have no concerns at all."

The provider carried out regular surveys to gather people's views of the service. Feedback from the most recent survey and previous surveys was all positive with all people stating they were happy with their care service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The quality of medicines records had improved.

Care workers had a good understanding of safeguarding and whistle blowing.

A consistent and reliable team of care workers provided people's care.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Care workers received regular supervision and appraisal. Some essential training was not up to date.

People made their own decisions about the care they wanted.

People were supported to have the meals they wanted.

Is the service caring?

Good ●

The service was caring.

People were happy with their care and support.

People told us care workers were kind and knew their needs well.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed.

Personalised care plans had been written which included details of people's preferences.

People knew how complain if they were unhappy with their care.

Is the service well-led?

The service was not always well led.

People were asked to give feedback about their care.

Medicines audits were still not in place from our last inspection and the findings from spot checks were not recorded.

The provider did not have a business continuity plan.

The registered manager had arranged for two new care workers could support people independently prior to completion of essential recruitment checks.

Requires Improvement 

Haven Home Care Limited

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 29 July and 8 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care; we needed to be sure someone would be available. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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. Before the inspection we reviewed the information in the PIR as well as all the information we held about the service, this included notifications of significant changes or events. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The provider was not commissioned through the local authority, with referrals into the service mainly through word of mouth on private arrangements.

We spoke with five people who used the service and three family members. We also spoke with the registered manager and two care workers. We looked at a range of care records which included the care records for six of the 18 people who used the service, medicines records for three people and recruitment records for two care workers.

Is the service safe?

Our findings

During our last inspection we found the provider had breached the regulations relating to the management of people's medicines. Some medicines administration records (MARs) were inaccurate and incomplete. The provider also lacked an effective system of medicines audits. The provider told us they would take action to improve the quality of medicines records. This included providing guidance for care workers on completing MARs, safe handling of medicines training and regular checking of MARs. Care workers had completed additional medicines training. We also saw medicines management had been regularly discussed during team meetings to raise care worker's awareness of the provider's expectations. Care workers were providing prompts only to remind people to take their medicines rather than giving or administering people's medicines. We viewed the MARs for the three people receiving prompts. Although we found some inaccuracies within medicines administration records, these had significantly reduced since our last inspection.

Care workers we spoke with showed a good understanding of safeguarding, including how to report concerns. Care workers were able to describe to us potential warning signs to look for to help keep people safe, such as unexplained marks or bruising and a person become distressed. There had been no safeguarding concerns received in respect of people using the service.

Care workers were also aware of the provider's whistle blowing procedure. Both care workers we spoke with said they had not had to use the procedure whilst working for the provider. One care worker told us, "Whistle blowing information is in my folder. I have a sheet which I can read. I have never had to use it. I would definitely raise concerns."

The provider carried out a risk assessment when people started using the service. These covered a range of risks including mobility, poor appetite, finances and falls. Where potential risks had been identified the measures required to manage the risk were recorded in the risk assessment.

People confirmed a consistent and reliable team of care workers provided their care. One person said care workers usually arrived on time or "as near as they can". They went on to say, "You can rely and depend on them." Another person commented, "They always turn up on time. If they are ever held up they will ring me." One relative commented, "They turn up on time." They went on to tell us that if care workers were going to be late they usually contacted them to let them know. Care workers confirmed they were able to be on time for their calls and stay for the full length of the call. One care worker commented, "Yes, I can get there on time. If I need to stay ten minutes extra I would be there." Another care worker said, "We get travelling time."

The provider had recruitment and selection procedures to check new care workers were suitable to care for and support vulnerable adults. We checked recruitment records for care workers during our last inspection of the service. At that time we found appropriate checks had been made before new care workers started their employment with the service. This included requesting and receiving references from previous employers and disclosure and barring service (DBS) checks. DBS checks are carried out to ensure people do

not have any criminal convictions that may prevent them from working with people using the service. The registered manager told us no new care workers had commenced employment with the service since our last inspection. The provider had commenced recruitment checks for two prospective new care workers. However, these care workers did not continue with their employment so the recruitment process had not been completed.

Is the service effective?

Our findings

People and relatives gave us only positive feedback about the skills of the care workers providing their care. One person said, "[Care workers] couldn't be any better." One relative commented, "They [care workers] do their job efficiently."

Care workers were well supported to carry out their role. One care worker told us, "If I need anything I just have to ring the office. We just get things we need straightaway." Records were available to confirm care workers received regular one to one supervision and an annual appraisal.

Essential training which care workers were required to complete was not up to date at the time of this inspection. The registered manager told us essential training included moving and handling, first aid, food hygiene and infection control. They went on to confirm moving and handling training should be updated each year. Training records we viewed showed moving and handling training was overdue for seven out of eight care workers. For one care worker moving and handling training was last completed in 2013. We also found other the other essential training was overdue for five out of eight care workers. The registered manager told us they were having difficulty securing training places for this training. There were no plans in place to provide this training.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager told us people using the service had capacity to make their own decisions. Care workers had completed specific MCA training since our last inspection. This was in case knowledge of the MCA was required to care for people who lack capacity in the future. One care worker commented, "I have done MCA training as part of a mental health awareness course."

Where required, people were supported to meet their nutritional needs in line with their assessed needs. Where people required support from care workers with meal preparation, a care plan was in place which described the support they needed. One person said, "They make my meals. They ask me what I want and they make it." Another person told us, "They ask what I would like to eat. They ask are you sure there is nothing else you want."

Is the service caring?

Our findings

People gave us positive views about their care. One person commented the provider was "as good as anywhere would be." Another person described their care as "very good". A third person said, "The care workers are very good. They treat me very well indeed." One relative told us their family member was "well cared for".

People were cared for by care workers who knew their needs well. One person said, "You know them [care workers] all well. They know the things I like." Another person commented, "[Care worker] knows exactly what I like." Care workers told us they took time to get to know the people they supported. One care worker commented, "I have my own clients that I look after. I try to be a friend as well as a carer to build up trust. I also build relationships with family members." Care workers felt they had a good understanding of people's needs. For example, they said they got to know how people liked certain things. They also were careful not to make assumptions as some people's preferences changed. One care worker gave us an example of how one person's preferences about how they liked their tea changed every week.

People were in control of their care and their views were listened to. One person told us, "[Care workers] just ask what you want doing. They generally ask first. They do anything you want." Another person said, "I make all the decisions. They stay as long as I want them." Care workers also said people directed the care and support they received. One care worker said, "I always ask them what they would like me to do." They went on to tell us about particular routines people preferred, such as particular days for doing their shopping.

People were treated with dignity and respect. One person commented, "They couldn't treat me any better." Another person told us, "Oh yes, they are all very respectful." One relative commented, "[Care workers] treat us very well." Care workers confirmed they aimed to provide care in a dignified and respectful way. One care worker said, "I always try and keep it dignified. I put towels over [person] and close curtains. I try to be discreet and keep things private." Another care worker told us, "I talk them through things, talk them through everything I am doing. I put a towel straight round them [when supporting people with bathing]."

Care workers understood the importance of promoting people's independence. One care worker described to us how they encouraged people to become involved in their support. For example, when helping one person with cleaning they would encourage them to clean as well. They said, "[Person's relative] says try and keep [person's] independence going and involve [person]". Another care worker commented, "I encourage people to do things themselves if they can manage."

Is the service responsive?

Our findings

People's needs were assessed shortly after their care service started. This included gathering background information about each person. This included details of emergency contacts, a medical history and other professionals involved in people's care. Some family members had provided a 'life history' for their family member with details of significant events in the person's life. This allowed care workers to develop a good understanding of the needs of the people they cared for. The provider took time to discuss with people the wishes and aspirations they hoped to achieve with support from care workers. For some people this was to enjoy time with relatives, whilst other people wanted to remain independent in their own home for as long as possible.

Care plans were personalised to the individual needs of each person. They provided clear directions for care workers to follow so people received consistent care and support. Care plans also included prompts to remind care workers about specific preferences people had so they received their care the way they wanted it. For example, some people wanted care workers to always ask them where they wanted to go for their outing. Other people had specific preferences about what they liked to eat for each of their meals. People were aware of their care plans. One person commented, "I have a book, they [care workers] write down things in my book."

Care plans had been reviewed to ensure they were up to date and reflective of people's current needs. One care worker told us, "I always keep care plan booklets updated as much as possible."

People were supported to access the local community. We saw from viewing care records that people regularly chose how they wanted to spend their time when accessing the community with care workers. One care worker we spoke with told us they had spent the morning "in town" with a person. They said, "I have been out with a client getting a cup of coffee."

People knew how to complain if they had had concerns about their care. None of the people we spoke with raised any concerns about their care. One person said, "If something was worrying me I would tell them, they are alright. I have no concerns at all." Another person said, "None whatsoever, I don't have any concerns. I would ring them [if I had concerns], I would ring [registered manager]. I have never had to ring them though. Everything is very positive." One relative told us, "We have no complaints at all." There had been no complaints made about the service.

Is the service well-led?

Our findings

During our last inspection we found the provider did not have effective systems in place to assess and monitor the quality of medicines administration records (MARs). We found inaccuracies and gaps in records had not been identified and investigated to ensure people had received their medicines safely. Following the inspection the provider told us they would commence a regular audit of MARs. During this inspection we found some inaccuracies in the recording on MARs. These included missing signatures or non-administration codes to confirm whether medicines had been given or not. We also found on the MAR for one person an occasion where there were two separate signatures for administration for a medicine that was only to be given once a day. We found no evidence any of these issues had been identified, investigated and dealt with. The registered manager told us they were unaware of this issue as the care workers involved had not notified them.

Prior to this inspection we received information care workers had worked unsupervised without having a valid DBS check or completing essential training. The registered manager told us two care workers had started the recruitment process since our last inspection. The registered manager initially told us they had only worked in people's homes under supervision. However, when we checked staff rotas we found they had worked shifts independently. The registered manager told us on one occasion this had been as a last resort due to a shortage of care workers. They went on to say the person would have been left without support otherwise. We found there had been no risk assessment carried out to ensure this person's safety. This meant people had potentially been placed at risk of receiving inappropriate care as care workers had not been vetted or fully trained to provide care and support.

The registered manager told us unannounced spot checks were carried out. However, these did include checking the quality of care delivery or the competency of care workers providing people's care. The registered manager said a new format was to be implemented which would focus more on these areas. This means we were unable to assess whether spot checks would be effective in promoting sustained improvement in the quality of care. We also found some risk assessments we viewed had not been scored in line with the registered provider's risk scoring methodology. Therefore, some risk assessments did not provide an accurate judgement as to whether the person was at risk or not.

The provider had not been proactive in ensuring essential training was updated in a timely manner. We found some training was overdue for most care workers.

We found the provider lacked a documented business continuity plan to deal with emergency situations, such as loss of utilities or loss of staff. For example, when care calls required covering at short notice the registered manager was quite often left to pick these calls up. The registered manager was also the owner of the service and worked in isolation. It was therefore unclear who would manage the business should the registered manager be absent from the service. The registered manager told us one of the directors would step in but this was not documented.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

The service had a registered manager. People and care workers said the registered manager was approachable. One person commented, "She is approachable, she is alright." One care worker said, "I can nip round [to the office] when I want. I have had no issues getting in touch." Another care worker said, "[Registered manager] is easy to talk to."

The provider held regular meetings to allow care workers opportunities to share their views. One care worker member told us, "We have staff meetings regular. We can bring things up at the meeting." Another care worker commented, "We have team meetings once a month. I have been to a few. If we have concerns we are told to write them down and take them in or we can raise things there."

The provider's approach to quality assurance was detailed in the 'quality policy'. The main focus of the approach was to carry out regular surveys to gather people's views of the service, usually every six months. The questionnaire specifically asked people for their views about all aspects of their care such as whether care workers understood their needs, care workers provided the service they wanted, care workers kept them comfortable and safe and whether care workers arrived on time. We viewed the feedback from the most recent quality audit from 2016. 13 questionnaires had been returned, all giving positive feedback. For example, all 13 people stated they were 'completely' satisfied with the agency's services. 11 people rated the quality of their care as 'excellent' with the other two rating their care as 'very good'. Specific comments from people included: "I always receive excellent care. I am so pleased [my friend] recommended me to ask about the care I need. I couldn't ask for better"; "Always pleasant and understanding of the needs of others and very supportive"; and, "We particularly appreciate the continuity of carers and the flexibility of the service". One relative had commented, "I feel very privileged to have found carers who show [my relative] love, respect, afford [my relative] the dignity they require and above all else deliver excellent care."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate effective systems to assess, monitor and mitigate the risks to people's health and welfare and improve the quality of their care. Regulation 17(1), 17(2)(a), 17(2)(b).</p>