

The Wilverley Association

Little Haven

Inspection report

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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

About the service

Little Haven is a residential home providing personal and nursing care to 40 people aged 65 and over at the time of the inspection. The service can support up to 43 people. The home has three floors and communal areas on the ground floor.

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

Staff understood how to keep people safe from harm, poor care practices and abuse and the action they should take to ensure they were protected. People's risks associated with their care and health were identified, assessed and managed to reduce their risks.

There were a sufficient number of staff to meet people's needs in a timely manner. There were processes in place to recruit staff who were suitable to work in a caring environment.

Medicines were managed to ensure people received the medicines prescribed for them safely. Staff protected people from the risk of infection by using the personal protective equipment freely available to them in the home.

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; the policies and systems in the service supported this practice.

People were provided with a choice of food and drinks were offered regularly. People's wellbeing was supported by healthcare professionals whenever additional guidance was required. Staff were supported to gain the skills and experience they needed to fulfil their role effectively.

People enjoyed the company of staff who respected their privacy and promoted their dignity. People were able to maintain their important relationships, as relatives and friends could visit at any time.

People received the care they preferred because staff asked them and their relatives about their likes and dislikes. Care was reviewed regularly to ensure it was still relevant for people. People enjoyed a varied programme of entertainment and support with activities to prevent them from becoming socially isolated. People told us they were happy with their care and would speak with the registered manager or staff if they wanted to discuss a concern or complaint.

People, relatives and staff had confidence in the managerial arrangements in the home. There were regular checks on the quality of care provided. People and staff were given the opportunity to voice their opinions through meetings and satisfaction surveys. Links had been made with community groups who visited people in the home.

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

Rating at last inspection

The last rating for this service was Good (6 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our caring findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Little 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

The inspection was undertaken by one inspector.

Service and service type

Little 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.

The service requires 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. A new manager had been appointed and was in post. They had started the process to register with us.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service, including notifications the provider must send us about important events which occur in the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people and seven relatives to understand their experience of the care provided at Little Haven. As some people were unable to tell us about their experience of living in their home we observed the care and support of people in the communal areas of the home. We spoke with seven members of staff, including nurses, care staff and the activity coordinator. We also spoke with the manager, the director of operations who is the chair for the trustees and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care plans and a sample of medication records to check that they provided an accurate account. We looked at information related to the management of the home including audits, meeting minutes, the satisfaction survey and maintenance records.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure. One person said, "I feel very lucky to live here. There are staff to help you and my mind is at rest, I can relax. I definitely feel safe."
- Staff understood how to identify the different forms of abuse and were clear on their responsibilities to raise any concerns they had. A member of staff explained, "If I saw anything I was unhappy about I would step in immediately to stop what I saw and report it straightaway."
- Staff had received training in safeguarding adults and understood how to make the necessary referrals to ensure people's safety.

Assessing risk, safety monitoring and management

- Individual risks to people's health and wellbeing were considered, assessed and regularly reviewed. There were management plans in place to ensure people were supported appropriately. For example, when people had an increased risk of falls, their safety was reviewed, and additional equipment, such as sensor mats were introduced to reduce the person's level of risk.

Staffing and recruitment

- There were a sufficient number of staff to support people. We saw that staff responded in a timely manner when people required assistance. One person told us, "There are always staff around to help you." A member of staff said, "Staffing is okay. Some staff start earlier and have overlap with the night staff. This is working well and means that people have more flexibility about when they have their support, for instance, one person likes to have their shower really early so the arrangement works well for them."
- There was a system in place to assess people's personal needs which was reviewed regularly to ensure there were adequate staff available to support them.
- There were recruitment processes in place to ensure staff were suitable to work in a caring environment. Staff confirmed the employment process was completed before they were able to start work in the home. One member of staff said, "I had to wait until everything was complete before I could start."

Using medicines safely

- People's medicines were managed to ensure they were stored, administered and documented correctly. One person told us, "They [staff] bring me my medicines when they're due."
- Staff confirmed they received training in the safe administration of medicines and their competency to do so was regularly reviewed.
- Staff were provided with guidance on the use of 'as and when required' medicines to ensure people received their occasional medicines correctly.

- A sample of medicine administration records and a spot check of medicine stock confirmed that staff maintained accurate medication records.

Preventing and controlling infection

- The home was clean and tidy, and staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections. For example, we saw staff putting on new gloves and aprons before providing care and serving meals.

Learning lessons when things go wrong

- Lessons were learned when incidents or accidents happened. Staff confirmed that information was shared with their team during handovers and meetings.
- For example, staff told us about action that had been discussed with them following an incident to ensure that remedial action was understood.

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.

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

- People's health, wellbeing, gender and diversity was assessed and monitored. One person told us, "Before I came here they visited me at home to make sure they could do everything I needed."
- We saw when needed, care plans and risk assessments were written and delivered in line with current legislation. For example, we saw that information was provided for staff to understand people's chronic illnesses, such as seizures and the support they required to remain well.

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

- People's care plans provided evidence that other healthcare professionals were involved in their care and support.
- Staff understood their responsibilities to monitor people's health on a daily basis and provide care to keep them well. This included oral health assessments and dental care.
- People told us they could see a doctor when they needed and there were visits from the podiatry service and a dentist.

Staff support: induction, training, skills and experience

- Staff received an induction into the service and training to develop a good understanding of each individual's care needs and the philosophy of the home. A member of staff said, "Induction is a detailed programme. It's for both the nurses and care staff together which is good because we all work as a team."
- Staff were complimentary about the training programme and the trainer and one said, "The training here and the trainer are excellent." People felt reassured that staff knew how to care for them. One person explained, "The staff do know what they're doing. They have to use a hoist when they move me, and they do it very carefully and confidently."

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

- People were provided with a choice of nutritious food and sufficient drinks to maintain their health and wellbeing. People told us they were able to eat together in a sociable environment or privately in their room if they preferred. One person told us, "The food is very good, I'm very happy with it. If it's something I'm not keen on they'll always do you something else. I like to sit with my friends in the dining room."
- People's dietary needs had been assessed. At lunchtime we saw that people who needed them, were provided with adapted crockery and cutlery. Staff supported people to eat in a calm and patient manner whilst providing gentle encouragement to ensure their mealtime was pleasurable.
- When people required specialist diets we saw this was provided for them in line with recommendations

that had been made from health professionals. Another person told us, "I have to have a special diet and they [the staff] understand that."

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

- Signage was used throughout the home to help people orientate to their surroundings. Information was provided to inform people of the date and time.
- The shared communal rooms were based on the ground floor and there was a lift for people to use.
- People were able to personalise their own bedrooms and we saw people had enjoyed doing that. One person told us, "My family got me this chair and I have pictures on the wall which bring back lovely memories."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- We read that where necessary people's capacity to understand and make decisions had been assessed.
- We heard staff encourage people to make their own choices and wait for their consent before providing care. One person told us, "They know I like to be independent and I choose what I want to wear for them".
- When people needed support with their choices we saw that staff had demonstrated why this was in their best interest.
- Some people had a DoLS in place or an application had been made when necessary. Staff understood this was necessary to keep people safe. A member of staff said, "Sometimes people's liberty has to be restricted for their safety."

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's care and support was delivered with kindness and compassion.
- People and relatives, we spoke with were complimentary about the staff and the care they received. One person told us, "All of the staff are polite and friendly, and they treat me very well. I'm really conscious of the fact that I'm lucky to be here." Another person said, "The staff have been so kind to me and helped me settle into living here." Whilst a relative told us, "I'd happily move in myself."
- We saw that people were relaxed in the company of staff. People told us they enjoyed light hearted banter with staff with one person telling us, "We all have a laugh and pull each other's legs It makes a lovely atmosphere."

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

- People's choices and preferences were considered, and staff provided support accordingly. Staff knew people well and demonstrated this as they interacted with people. One person said, "They know all my likes and dislikes."
- People were able to make decisions for themselves. For example, we heard people being asked what they wanted to do or where they would like to sit. One person told us, "I like to decide for myself what I want to do, sometimes I'll go and sit in the lounge, but I may choose to stay in my room, it's up to me. I always choose my own clothes even though I need help to put them on."

Respecting and promoting people's privacy, dignity and independence

- Staff recognised people's right to privacy and dignity. We saw that staff ensured that care was provided behind closed doors. Discussions about people's personal care needs were conducted in a discreet manner. People told us, and we saw staff knocked on bedroom doors and introduced themselves before entering.
- People told us they were encouraged to maintain their independence. We saw that people were encouraged to move by themselves whenever they could. Staff reminded people to take their time and ensured they had their walking aids with them. One person told us, "I want to stay independent for as long as I can. Most days I can walk on my own however, if I need help they'll always come to me."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us the staff knew them well. One person said, "The staff really do get to know you. Things like if you prefer tea or coffee and what time you like to go to bed."
- We saw that people's care plans contained information about them in a 'This is me' booklet. The booklet provides an insight into people's past life experiences and the relationships that were important to them. A member of staff told us, "We do encourage people and their relatives to complete this. It's vital because it tells us so much about the person."
- People were aware of their care plans and confirmed they could look at them if they wanted to. One person said, "I have a file in my room, that's for my care. The staff fill it in every time they come in." A member of staff told us, "Once we have written a person's care plan we take it to them to check." This meant the plan reflected people's tastes and choices for their care.
- We saw people's care was reviewed regularly to ensure the support they received reflected their current needs.

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.

- We saw that some people living in Little Haven had specific communication needs.
- One person was using a letter board as a communication aid.
- Staff told us, "By getting to know people really well it helps us communicate better. For example, we can see by one person's facial expression what they want us to know."

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 were protected from becoming socially isolated.
- There were opportunities for people to join in with activities together, spend time following their own interests or supported one-to-one.
- One person told us, "There's always something going on. I'm a chatty person so I like to join in. We have all sorts here, exercise, games, crafts. I like a tippie too when it's the pub afternoon."
- There were arrangements in place to support people on a one-to-one basis. We saw the activity co-ordinator spent time with people whilst they were in their rooms. They told us, "The one-to-one sessions depend on what people want. Some people like to sing together and others to be read to. One person just

likes to spend some time quietly holding your hand. It really is up to them."

- People's religious and spiritual needs were considered, and people were supported to go to their church or participate in a service in the home. A person said, "We have a church service and a 'songs of praise' afternoon. I used to be a Sunday school teacher so that's important to me. People come from my church too".

- At lunchtime we saw relatives being encouraged to eat with their loved ones. A relative told us, "It's a home from home environment. The staff make an effort to include us too. We've definitely seen an improvement with [Name of person] since moving here and they like us to be with them."

Improving care quality in response to complaints or concerns

- People and relatives, we spoke with said they would feel comfortable raising any concerns or complaints.
- One person said, "I'm not a moaner but I would tell them if I wasn't happy. That said I don't have any complaints at all." Another person agreed and said, "I would feel able to speak directly to the manager, but I have nothing to complain about".
- There was a complaints procedure in place to enable people to raise their concerns or complaints. In addition, a suggestion box was provided in the reception area.

End of life care and support

- There was no one receiving end of life care and support at the time of our inspection.
- People's decisions, preferences and requests in relation to end of life care had been sought and were recorded in their care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff provided positive feedback about the appointment of the new manager. One person told us, "She introduced herself to us and I have found her very easy to speak with". A member of staff said, "The manager has made positive changes already and we know there are more improvements to come. We had a problem with the lift recently which had an effect on our workload. The manager and the director of operations came into help us. We've never had that support before. It blew us away, we couldn't thank them enough. It was a real boost for morale."
- Both the manager and the deputy worked with staff on some shifts to provide care. People were familiar with them and confirmed that they found them approachable.

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 understood the need to be open and honest with people and staff.
- A member of staff said, "There's constant communication from the manager. She listens to us and shows a genuine interest in your opinion. I think she will do a good job here."

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

- The manager had been in post for seven weeks and had started the process of registration with us.
- Staff felt supported by the manager and found them approachable. A member of staff told us, "The manager is lovely, approachable and listens to you. She is particularly supportive with staff if they have a personal crisis."
- The manager was aware of the requirements of their role, including the submission of notifications about important events which happened in the home. This meant we could check that appropriate action had been taken.
- We saw that the rating and report from our previous inspection was displayed prominently in the home and on the website in line with our requirements.

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

- People could comment on the quality of the service and share their views through quality surveys.
- A schedule of meetings for people had been arranged. We read the minutes of the last meeting and saw

this was used as an opportunity to introduce new staff members.

- The provider, a committee of trustees, were involved in the running of the home. A member of staff told us, "The trustees visit regularly, often when we're not expecting them."

Continuous learning and improving care

- There was a varied audit programme in place to monitor the quality of the service.
- We saw that the audits were undertaken using both documented information and observation of the care provided. For example, the audit of people's dining experience included checks on people's nutritional assessments and the observation of their actual meal support. This provided an audit of the persons whole experience.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed to maintain their wellbeing.
- There were links in place with a local school, play group and a beaver group who had all visited the home.