

Simon Greaves

# The Haven Rest Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Haven Rest Home is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 17 people.

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

Staff practices to manage the risks associated with infection prevention and control needed to be improved further in some areas. Staff told us they had access to enough equipment to support their practices in reducing the risks of cross infections.

The provider's arrangements to undertake regular checks on all safety aspects of the home environment required to be further strengthened to consistently identify and mitigate all risks. Where risk assessments were required to promote people's safety, these had not been consistently completed, particularly in relation to the home environment and one aspect of the garden area.

People's care and support had been enhanced by the provider and management team working together to make improvements since our last inspection. Work was continuing to drive through further improvements required as identified at this inspection. The managers understood time was needed to embed improvements and sustain these.

People's safety was protected from abuse by knowledgeable staff. Staffing arrangements were continually reviewed to promote people's safety and individual needs. People were provided with assistance to take their medicines and their health was promoted by staff who worked alongside the relevant professionals.

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's consent was sought by staff who knew people's preferred communication styles to aid their understanding in making everyday choices and decisions.

People's needs were assessed so the provider could assure themselves care was provided taking into account people's own culture and preferences. People enjoyed their meals and drinks were plentiful. Staff supported people to be as independent as possible and where assistance was needed this was achieved in a discreet manner, to take into account people's feelings.

The management and staff team had made significant improvements since the last inspection to the home environment and garden area. This enhanced people's wellbeing and adaptations met people's needs.

People and relatives felt they were supported by staff who were caring and thoughtful. Staff respected people's privacy and had improved their practices in promoting people's right to confidentiality.

Staff knew people well and were provided guidance in care records to promote personalised support. Staff supported people with fun and interesting activities. People's end of life wishes were recorded and staff felt the care they provided aided people's comfort at this important time in their lives. Improvements had been made to how complaints were responded with outcomes actioned.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Haven Rest Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Haven Rest Home

## 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 the first day the inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using, or caring for someone who uses, this type of care service. One inspector returned on the second day to conclude the inspection.

#### Service and service type

The Haven Rest Home 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 on the first day and announced on the second day.

#### What we did before the inspection

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 looked at the 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. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spent time with people and spoke with five people who lived at the home and four relatives about their experience of the care provided. We spoke with the provider and the two managers. In addition, we spoke with six members of staff including senior care staff member, care staff, domestic staff member and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records. This included two people's care records and multiple medication records. We also looked at a variety of records relating to the management of the service, including quality checks, complaints, surveys and minutes of staff meetings.

# 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 Requires Improvement. At this inspection this key question has remained the same. 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.

Preventing and controlling infection; Assessing risk, safety monitoring and management

At our last inspection the provider did not have consistently suitable facilities designed to support preventing and controlling infections. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15, although further practices needed strengthening.

- The provider's management of risk, such as their quality checking systems, had not highlighted the kitchen door required attention to make sure it closed so people's safety was promoted.
- The provider had also not assured themselves of people's safety in a specific area of the home environment which contained some potential hazards such as an uncovered radiator. The provider acted to place a lock mechanism on the door leading to this area to fully mitigate risks to people's safety and welfare.
- During our inspection the management team took a responsive approach to any practices which could increase the risks to people from cross infections. We identified a piece of equipment, a 'perching stool' showing signs of rust in a communal bathroom. The provider and management team gave assurances they would replace this item of equipment.
- There were individual items such as toiletries, towels on a radiator and toilet rolls left loose in toilet/bathroom area. The management team acted to remove the toiletries and store the toilet rolls appropriately. They gave their assurances staff would be reminded of good infection prevention and control practices.
- People and relatives appreciated the work staff did to make sure the home environment was consistently clean and smelt fresh. On this subject one relative commented, "[The home environment] always looks clean and there are no [unpleasant] smells."
- Staff had access to, and made use of, personal protective equipment, which comprised of disposable aprons and gloves to further reduce the risk of cross infections.
- The management and staff team had worked together to make improvements to how they assessed and kept under review the risks associated with people's needs. Staff had access to and supported people where required with equipment, so their safety and needs were promoted.

Using medicines safely

- A personalised approach was taken by staff when assisting people to take their medicines. For example, the staff member supporting people with their medicine's knew people's preferred communication

methods and utilised these, while also taking care to make people feel at ease.

- Medicine systems were organised, and people were receiving their medicines when they should.
- Where people received medicines 'as required' [PRN], there were guideline's about when these medicines should be taken, and the reasons they may be required recorded. However, for one person's 'as required' medicine there were no guidelines in place. The management team gave assurances this would be rectified to ensure staff had consistent guidance.
- The storage of medicines required strengthening in relation to controlled drugs, so checks were undertaken to ensure these medicines were consistently stored at the correct temperatures in line with manufacturers instructions.

#### Staffing and recruitment

- The provider's recruitment process had been strengthened following our previous inspection. This included ensuring pre-employment checks were completed prior to new staff starting to ensure they were suitable to work with people.
- People and relatives, we spoke with were satisfied with staffing arrangements at the home. One relative said, "There seems to be enough of them [staff] about. They are always on hand in this area [lounge and dining room] to help residents [people who lived at the home.]"
- We saw there were enough staff to respond to requests for assistance without unreasonable delays.
- The provider and management team monitored and adjusted staffing levels in response to people's current care needs.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. One person told us, "I have my own key to my room, so I can lock myself in the room. The staff also check on me through the night every two hours".
- Relatives we spoke with were confident their family members safety was promoted by staff who knew them well. One relative said, "I feel my [family member] is safe here as the staff always stand by [family member] when they get up to move and they keep a check on them." Another relative commented, "[Family member] is very safe as staff make sure of that. They help [family member] with their washing and dressing so they are safe when doing this."
- Staff knew people well and knew changes in people's behaviours could indicate a potential concern.
- Staff knew to report any concerns such as potential abuse to the management team.

#### Learning lessons when things go wrong

- Staff were aware of the provider's procedures for recording and reporting any accidents or incidents involving the people who lived at the home.



# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection some people's individual needs were not fully met by the design and adaptation of the home environment. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made and the provider was no longer in breach of regulation 15.

- Since our last inspection the management team had made significant improvements to the design and adaptation of the home environment to meet people's individual needs. For example, in the hallway there were displays of items which would be familiar to people. These displays were used as talking points as one person chatted with staff about the items which brought back memories.
- The management and staff team had worked to implement dementia-friendly signage to help people living with dementia to navigate their way around the home. This included 'memory' boxes with items which were personal to each person situated by their individual doors.
- The garden area had also been designed with different areas of interest and to stimulate people's senses, such as smell. There were seating areas with a bench and bus stop.
- The storage cupboard on the first floor was securely locked so risks to people from potential hazards were mitigated, this had not been the case at our last inspection.

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

- People's needs were assessed before they moved to the service and regularly reviewed. This included information on their likes, dislikes, spirituality and sexuality as well as their care and support needs.
- The views of other health and social care professionals were also considered when people's needs were assessed.
- Staff had access to guidance about best practice.

Staff support: induction, training, skills and experience

- People's relatives were confident in the skills and knowledge of staff. One relative felt staff were well trained and went on to say, "I understand they [staff] have all had dementia training" and "Every time I come to see [family member]; they look happy." Another relative said, "[Staff] are helpful to [family member]" and "They [staff] know how to support their [family member's] needs."
- When new staff were employed they followed an induction programme. This included the opportunity to

shadow experienced staff, so people consistently received care from staff who knew their care needs and preferences.

- Staff said they felt supported and were provided with all the training they required so they could meet people's needs. The management team worked alongside staff, so they were confident staff were completing their role effectively.

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

- People were supported to maintain a healthy balanced diet. Any risks were referred to other health and social care professionals, for example the GP.
- Staff discreetly supported people with their meals. One relative told us staff were good at supporting their family member. Staff provided support which enabled people to eat undisturbed and unaided unless the person indicated they needed assistance.
- All staff worked together, including the chef, to effectively meet people's food choices, specific dietary needs and any food allergies. For example, texture modified diets were prepared for people where required to meet their specific needs and so they were not discriminated. The management team were aware texture modified diets required improving and were giving some thoughts to food moulds to enhance the look of people's meals.
- Throughout the day of our inspection staff encouraged and provided people with continuous drinks. One person told us, "They [staff] are always offering and bringing us drinks."
- People's eating and drinking needs were monitored. When concerns had been raised healthcare professionals had been consulted such as the GP.

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

- People's health needs were assessed, and care plans developed to help them manage any long-term medical conditions, such as diabetes.
- Staff supported people with their oral health.
- The managers told us they were part of a pilot which promoted healthcare professionals working together with the management and staff, so people were supported with their health needs and to achieve good outcomes.
- Staff helped people to access community healthcare services or, where appropriate, emergency medical services in the event they became unwell.

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 authorisation's to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity, mental capacity assessments and best interest decisions had been completed for any restriction placed on them.

- Care plans described people's capacity and whether DoLS applications had been applied for or authorised. There were systems in place to reapply as needed.
- People were asked if they agreed to staff helping them and about their choice of meals and drinks.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection people's right to privacy and confidentiality was not protected. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made and the provider was no longer in breach of regulation 10.

- Since our last inspection the management and staff team had worked to ensure people's information remained confidential and secure so unauthorised people were unable to access this. In addition, handover of information and or conversations about people's needs were undertaken in private.
- People told us they were treated with dignity and respect. One person said, "When I feel tired, I go to bed, otherwise I stay up." One relative told us they had never seen staff anything but respectful to people.
- Staff were careful to close doors when supporting people in their own rooms and knocked on doors before entering. People's dignity was supported by staff when assisting people's physical needs with equipment by making sure people's clothing was as it should be.
- Staff supported people to remain as independent as possible. For example, a person was discreetly supported by staff to eat their own meal.

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

- Relatives told us their family members had developed good relationships with staff. One relative said, "They [staff member] are really good with [family member]" and "[Staff member] has lots of laughs together." Another relative said, "The staff are caring" and explained how their family enjoyed a certain food item and staff supported the person to have a fridge in their room to accommodate this.
- During our inspection visits, we saw a number of caring conversations between individual staff and the people who lived at the home. People were clearly at ease in the presence of staff supporting them.
- Staff addressed people in a polite and respectful manner and were attentive to their needs and requests.
- Equality and diversity policies were in place to ensure everyone was treated with dignity and respect regardless of their sex, race, age, disability or religious belief. Staff put these policies into practice as we saw staff were thoughtful and sensitive to changes in people's feelings. For example, a staff member noticed a person became distressed and needed some assistance. The staff member was quick to respond to the person and the person's wellbeing was visibly enhanced.

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

- Staff showed they knew people's preferred communication. Where people were not able to verbally communicate their needs and choices, staff used their knowledge about the person to understand their way of communicating. One relative commented, "The staff understand [family member]. They [staff] are all familiar to [family member] which really helps and is comforting."
- Meetings for people and relatives were held to gather their views and ideas for improvements.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- We made a recommendation at our last inspection about how the provider organised and responded to complaints. At this inspection the provider's complaints practices had improved. For example, a person's complaint had been followed through and a response sent which showed the actions taken together with an apology to the person.
- People and relatives said they had no complaints but understood how to raise concerns if needed. One relative told us, "I would go to [managers names] or [the provider] if I needed to." Another relative said they did have some issues however they spoke with the manager and action was taken to resolve these.

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

- The significant improvements made to the home environment and garden reflected in people having stimulation to hold their interests and provide talking points.
- People had support to participate in fun and interesting things. The provider employed staff dedicated to supporting people with recreational activities. These activities included one-to-one time with people, fun exercise sessions and group games, reminiscence work, sing-alongs and hand massages.
- During our inspection, we saw people receiving one-to-one time and participating in playing musical instruments. There were lots of conversations about the instruments and laughter. One person's relative told us, "They [staff member] are very good, have lots of ideas for keeping residents [people who lived at the home] interested."
- Local school children visited people on the second day of our inspection. This was a new initiative planned by the management team and it was successful. People showed through their facial expressions they enjoyed spending time with the children.
- Relatives and visitors were always welcome at the home. One relative told us how they always felt staff warmly welcomed them and felt involved in their family members care.

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

- People and relatives, we spoke with felt involved in the care provided. One person told us, "The staff are very, very good." The person went on to explain how they were involved in their own care plan which was updated regularly. The person said they preferred to independently shower, and staff promoted this.
- One relative explained how their family members sore skin had healed due to the care they received from staff. The relative said staff had sought equipment for their family member which provides them with comfort.

- The management told us improvements were ongoing to people's care plans so these were individual to each person, covered a broad range of needs and were kept under regular review to ensure they remained accurate and up-to-date.
- Staff showed through discussion, and conversations they had with people who lived at the home and relatives, they knew people's current needs.
- Staff were responsive to people's needs during our inspection. For example, staff effectively utilised distraction techniques when people became distressed.
- In addition, an event took place during the second day of our inspection which was effectively managed by staff. We saw staff remained responsive to a person's needs while also supporting other people, so their wellbeing was not impacted on and they were safe.
- Relatives told us they were kept up to date with any changes to people's needs and care was adapted to meet people's 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.

- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support each person to communicate.

#### End of life care and support

- At the time of our inspection nobody was being provided with end of life care. However, care records documented people's wishes at this important time in their lives so people's preferences were known to staff.
- Staff worked in partnership with other healthcare professionals to support people in experiencing a comfortable and pain free death.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider's quality checking systems and processes were ineffective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17, although the provider's quality checking systems and practices required further improvement.

- The management team had sought to implement and strengthen their quality checking systems. This included the management team developing and undertaking a range of checks to enable them to monitor the quality and safety of the service. These involved checks on the standards of care documentation and the home environment where significant improvements had been made since our last inspection.
- However, we found there was scope for the provider to further develop and reinforce their quality checking processes. For example, although within the quality checks the management team had identified the uncovered radiator, no steps to take action had been indicated and or followed through to mitigate potential risks. The provider mitigated potential risks in relation to the uncovered radiator when we raised this.
- A further example showed some people's wardrobes had come away from their secured positions to the wall. The providers quality checks had not supported action being taken to secure all the wardrobes to the wall, to ensure these were not a potential hazard. The management team gave assurances immediate action would be taken.
- The management team showed an open and responsive management style. They told us they were committed to drive through further improvements.
- Staff we spoke with were clear about their caring roles and consistently told us the management team were approachable and worked alongside them to support the needs of people who lived at the home.
- The provider was meeting the legal requirement to display their current inspection ratings at the home. This is so people, visitors and those seeking information about the service can be informed of our judgements.
- At our last inspection the provider had not notified us of safeguarding incidents and DoLS authorisations. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.



- At this inspection, this had been addressed. This included the submission of Deprivation of Liberty referrals for authorisation as required. This meant the provider was no longer in breach of Regulation 18.

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

- People and relatives were positive about how their care was managed and knew the provider and management team.
- Staff and management talked with pride about providing personalised care and involved people in decisions about their care and the service they received.
- Staff were positive about the culture at the service. One staff member commented, "We are a good team. We [staff team] are all quite diverse and nice and friendly."
- At this inspection we found improvements had been made, these needed to be embedded in the culture of the home and quality checks needed to be further strengthened. The provider continues to need to show sustained change to reflect good outcomes for people.
- The management team were passionate about continuing with improvements for the benefit of people who lived at the home. On this subject the managers talked with pride about how they had developed the home environment and garden area to enhance people's wellbeing since our last inspection.

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

- If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service.

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

- People had opportunities to share their views of the home at periodic meetings and within satisfaction surveys. Records showed positive comments from people about their care.
- There were staff meetings to feedback ideas and concerns to the management team. One member of staff told us, "We have regular meetings and handovers to give updates. [Managers names] are very supportive to any ideas we have."

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with external agencies to deliver a high standard of care. This included a local pilot scheme whereby an advanced nurse practitioner and pharmacist regularly visited to support and enhance people's health needs.
- The managers worked with their staff team to ensure people and relatives were involved in discussions about their care.
- The managers, staff team and provider worked with commissioners from the local authority to improve outcomes for people who lived at the home.
- The management team welcomed our inspection and feedback and showed their commitment to achieving a future overall rating of 'Good'.