

Whitmore Vale Housing Association Limited

Haven House

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

Haven House provides residential care for eight people with a range of learning disabilities and autistic spectrum disorders.

The inspection took place on 13 April 2016 and was unannounced.

The home 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.

There were sufficient staff deployed in the home. Staffing numbers were flexible to ensure people's individual needs were met. There were enough staff to enable people to go out and to support the people who remained at home.

Staff had a clear understanding of how to safeguard people and knew what steps they should take if they suspected abuse. There was an effective recruitment process followed which helped ensure that only suitable staff were employed.

Risk assessments were in place and reviewed regularly to ensure people were supported safely. Environmental risks were appropriately controlled and routine maintenance and checks were completed.

Medicines were managed well and records showed that people received their medicines in accordance with prescription guidance. People were supported to maintain good health and had regular access to a range of healthcare professionals.

People told us that the quality of food and portion size was good. People were supported to maintain a healthy diet. Where people required support to eat, this was provided in a dignified and unhurried way.

Staff received necessary training and support to enable them to do their jobs. There were monitoring tools in place to ensure that training, supervisions and appraisals were kept up to date.

We saw positive interactions between staff and people. Staff had a good understanding of people's legal rights and took time to gain consent from people.

Each person had an individualised plan of care which gave details of their preferences and needs. Staff knew people well and approached them with kindness. People's dignity and privacy was respected. Systems were in place to support individual communication styles.

There were a range of activities for people to participate in which were personalised to people's individual preferences. People were supported to maintain relationships which were important to them and relatives

told us they were made to feel welcome when they visited.

People and their relatives spoke highly of the registered manager who they said was approachable. Feedback was sought from people regarding the quality of the service and action was taken to address any concerns raised. A complaints policy was in place and people told us they would feel comfortable in raising any concerns.

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.

Staffing levels were sufficient to meet people's needs in a timely way. Appropriate checks were undertaken when new staff were employed.

People were protected from the risk of avoidable harm as risk assessments were being used and medicines were administered and managed safely.

People were safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them.

Is the service effective?

Good ●

The service was effective.

People had choices regarding food and drink and were supported them to maintain a healthy diet.

People were supported to maintain good health and had regular access to a range of healthcare professionals.

The manager had systems in place to ensure that staff received on-going supervision and appraisal. People were supported by staff who were appropriately trained and competent to carry out their roles.

People's legal rights were protected because staff routinely gained their consent and where possible allowed people to make decisions for themselves.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a caring way and respected their privacy.

People were involved in their care and their choices were respected.

People and their relatives told us that staff were friendly and kind.

Is the service responsive?

Good ●

The service was responsive.

People took part in a range of activities which took into account their personal hobbies and preferences.

Care records were detailed and regularly updated to reflect people's needs.

People were given information about how to make a complaint and said they would feel comfortable in doing so.

Is the service well-led?

Good ●

The service was well-led.

The home had a positive and open culture where people were encouraged to express their ideas and thoughts.

Quality assurance audits were carried out to ensure the quality of the care provided.

Feedback regarding the quality of the service was sought from people and their relatives.

Haven House

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 13 April 2016 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We reviewed the information contained within the Provider Information Return (PIR). A PIR 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.

We spoke to everyone living at Haven House about their experience and observed the care and support provided to them. We spoke to the registered manager, three staff members, and a senior manager during the inspection and two relatives following the inspection.

We reviewed a range of documents about people's care and how the home was managed. We looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits that had been completed.

The service was last inspected on 10 September 2013 and there were no concerns identified.

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person told us, "Staff are always here." One relative said, "I never have anything to worry about. She's so well looked after and staff think of everything. I always think of Haven House as happy and safe."

People were protected from the risk of abuse. Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. Records showed that staff had regularly attended safeguarding training and the staff members we spoke to were able to demonstrate their understanding of the different types of abuse and reporting procedures should they identify anything of concern. Staff told us they were aware of the whistle-blowing policy and the whistle-blowing guidance was displayed on the office notice board. Information was clearly displayed in an easy read format to guide people in how to report anything they were worried about and who they could talk to.

Concerns raised were addressed promptly by the management team and staff. For example, one staff member told us they had reported that one person had been made to feel uncomfortable by others during meal times due to how they chose to eat their meal. Prompt action was taken by the management team to address this and the monitoring systems implemented to ensure everyone could enjoy their meal in comfort.

There were sufficient staff on duty to meet people's needs. We observed people going out with staff support at various times during the inspection. There were enough staff to ensure people not going out were supported. We reviewed staffing rotas for the two month period prior to the inspection which showed that staffing levels were consistent. Staff told us they felt there were enough staff to support people's needs. The registered manager told us that staffing numbers were determined by the number of people living at the home and the activities they chose to do. We saw evidence that on occasions where additional staffing had been required this was provided. Staff were flexible in their approach to enable people to take part in activities.

People benefited from the use of regular staff. This enabled staff to acquire an understanding of people's care and support needs. The manager told us that a number of bank staff were available to cover any shortfalls. They told us that all the bank staff knew people well and were able to respond to people's needs.

Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. Staff files contained a recent photograph, application form, interview notes, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

We saw evidence that potential risks to people had been assessed and measures had been put in place with guidance to staff to minimise the impact on people. For example, one person was known to become

distressed and anxious at times. There was clear guidance given to staff on how to support the person to focus on positive activities and offering reassurance and space during periods of distress. The consistency of support and control measures in place had led to a reduction in the number of incidents and kept the person and others safe.

Environmental risks were appropriately controlled and routine maintenance and checks were recorded. These included safety inspections of the portable appliances, monthly environmental checks and infection control audits. Equipment such as hoists were regularly serviced and checked to ensure they remained safe for people to use. The environment was clean, tidy and free from obstacles which may present risks of trips or falls. There was a contingency plan in place to ensure that people's care would not be compromised in the event of an emergency.

Fire systems and equipment were checked and serviced regularly and an up to date fire risk assessment was in place. Each person had a Personal Emergency Evacuation Plan (PEEP) which assessed people's individual needs, abilities and support required should they need to leave the building. People we spoke to were able to show us how they would leave the building and where they would wait should the fire alarm sound.

There were safe medicines administration systems in place and people received their medicines when required. Staff had received training to administer medicines properly and their competency in doing so had been assessed. Each person had a recent photo on their Medicines Administration Records (MAR charts) and details of allergies were recorded. This helped staff to identify people when assisting them to have medicines and also to be aware of any possible allergic reactions. Medicines were stored securely and MAR charts showed that medicines had been administered in line with prescriptions. Regular stock checks were completed and systems were in place for returning unused medicines to the pharmacy.

Protocols were in place for the administration of 'as needed' medicines (PRN) which gave staff clear direction regarding when the medicines may be required and how they should be administered. Where people required support with the application of topical creams, body maps were in place to guide staff in how and where they should be applied.

Is the service effective?

Our findings

Relatives told us that they had confidence in the staff and were always kept informed of any health appointments. One relative said, "They always go to the doctor as soon as they spot anything. They ring me up and tell me what's happened."

People's care records showed relevant health and social care professionals were involved with people's care. People had a health action plan which described the support they needed to stay healthy. Hospital passports had been completed comprehensively meaning that information could be shared easily should someone need to go to hospital. Detailed records were kept of all health care appointments attended and staff demonstrated a good understanding of individual health care needs. During our inspection several people were visited by the optician as they were more comfortable with the appointment taking place in their home but staff told us other people visited the local optician. The optician told us that staff were knowledgeable about people's health and preferences, "Staff can tell us what activities people enjoy so we can focus on how we can add value to their lives." They told us that staff would contact them in a timely manner should someone's needs change. For example, when one person began experiencing increased difficulty with their mobility staff had contacted the optician to assess if this was due to changes in their sight.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights were protected because the staff acted in accordance with the MCA. Staff demonstrated a good understanding of the MCA, including people's right to take risks and the necessity to act in people's best interests when required. Records showed that capacity assessments had been completed for people in relation to individual decisions and where appropriate best interest meetings and DoLS applications had been completed. DoLS assessments had recently been completed by the local authority who had commented on the quality of care files and person centred support they had observed, 'The care files are of good quality, clearly outlining promotion of client choice and least restrictive options'. During the inspection we observed that people were fully involved in their care and staff always asked for their consent.

People had choice and control over their meals and were supported to maintain a healthy and balanced diet. Staff supported people to complete a menu plan each week with people's family members also being involved where appropriate. Menu plans reflected people's different choices, dietary needs and preferences. We observed staff encourage and support people to make choices regarding what they would like to eat and drink at lunchtime. The meals provided throughout the inspection looked appetising and portion sizes were good. People were able to choose where they ate their meal. During lunch one person decided they would

prefer to eat in the lounge. The staff member supporting them helped them to move their things and ensured they were comfortable.

Where people required support at mealtime this was done in a caring and enabling manner with staff providing the appropriate support whilst still enabling people to be as independent as possible. Information was available to staff regarding people's specialist and cultural dietary requirements and staff demonstrated a good understanding of people's needs and preferences. People's weight was monitored regularly and any significant changes were investigated and acted upon.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Records showed that staff received training in areas appropriate to their work and staff confirmed the training supported them to carry out their roles effectively. We looked at training records in place and saw that mandatory training which included manual handling, first aid, food hygiene, fire safety awareness, health and safety and administration of medicines were undertaken by staff as part of their on-going development. Staff training needs were monitored to ensure their knowledge was regularly updated. Staff told us that they received regular supervision and annual appraisals with the registered manager and records confirmed this.

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person said, "Staff are lovely". A relative told us, "The staff are very caring. Everyone adores them." A visiting professional had noted in a feedback questionnaire, "Very friendly staff who are committed to their work and prepared to walk an extra mile."

Staff were passionate about the people they supported and showed a genuine commitment and empathy for people, through the way they spoke about, and interacted with people. They demonstrated a good understanding of people's preferences and how best to support them. It was clear from observing interactions that people were comfortable with staff supporting them and that staff knew people well. There was a positive and relaxed atmosphere with people sharing jokes and chatting about things they had done together. One staff member told us, "We all work as a team to make sure people are happy and have lots of things to do."

People were encouraged to take an active role in the running of the home and in developing independent living skills. People told us they were involved in different tasks such as cleaning, sorting the recycling and shopping. Staff involved people in meal preparation, people's differing skills and abilities were taken into account and tasks adjusted accordingly. Rather than offering people drinks, staff were observed asking people if they would like to make a drink. Each occasion the door bell sounded, staff asked someone if they would like to accompany them to the door to see who was calling. This showed that staff acknowledged Haven House as people's home.

Staff told us that people were encouraged to be as independent as possible. One staff member said, "We involve people in everything, we encourage people to be involved in cooking, making their own packed lunches, cleaning and shopping." We observed that people had aids and adaptations available to support them in being independent. For example, one person had bespoke furniture which had been made to enable them to access their wardrobe and drawers independently.

People's privacy was respected. Staff told us that they always knocked on people's doors, waited for a response and then opened the door slightly to let people know who was there before entering. Observations throughout the inspection confirmed this to be the case. A relative told us, "Staff aren't allowed to go into people's bedrooms unless they knock first and people all have keys to lock their own door." Staff were able to describe the importance of privacy when supporting people with personal care. One staff member told us, "We make sure we help people get everything ready before we help them and always lock doors and make sure curtains and blinds are closed." We saw that staff supported people discreetly with their personal care needs. The communal areas of the building were spacious and provided people with the opportunity to spend quiet time on their own.

People's bedrooms were personalised. People were proud to show us their rooms and told us they had chosen their furniture and belongings. One person showed us that staff had helped them to paint a family tree on their wall with photographs of their family members displayed.

Attention had been given to people's personal appearance. People were wearing colour co-ordinated clothing appropriate to the season and non-slip footwear where appropriate. People dressed in their own individual styles and staff were able to describe what kind of clothes people liked. One person told us they chose their own clothes and staff confirmed they would ensure people had choices about what clothes they bought, "If people can't tell us what they like we hold different things up for them to choose and judge by their reactions."

Is the service responsive?

Our findings

People's care and support was planned with them to enable them to have choice and control over their daily routines and decisions about their lives. One person told us, "Staff ask me what I want to do every day, I can choose." A relative said, "They always tell me about what is going on and I'm involved in reviews."

People's support needs were assessed prior to them moving into the service. Records showed that people were involved in their assessment as much as possible and were supported by a relative. Assessments were completed in detail and covered all aspects of people's care and support needs. People told us they had the opportunity to visit the home and meet other people before making a decision about moving in. One person said, "I came for tea and then I came to sleep, we all want to be lovely friends together."

Care plans were person centred, detailed and regularly reviewed, meaning staff had the most up to date information to guide them when providing care to people. We looked through one person's care file with them. They were able to explain different parts of the plan to us and show us where things were in their file. They told us, "I look through my file with staff." Care plans focused on people's skills and abilities, areas where they required support and how people would like this support to be given. Plans covered all aspects of people's lives including communication, health care, lifestyle and activities. Likes, dislikes and preferences were clearly recorded. Keyworkers spent time with people each month reviewing their care plan and making plans for the coming month, any changes in people's support were clearly recorded. Records showed that short and long term goals for people were identified with them and acted upon. A keyworker is an identified member of staff with special responsibility for coordinating the care of one or several people and making sure their individual needs are met.

Daily records of people's care were completed in a detailed and person centred way. Guidance was available to staff on how to complete notes which stressed the importance of involving individuals in completing their own notes. Records included tasks undertaken, activities, appointments attended, what they had enjoyed and comments on the person's general well-being. We noted that one person regularly wrote their own daily notes which demonstrated they were fully involved in their care.

Staff were aware of people's individual communication styles. One person showed us their communication book which contained photographs of what they were doing throughout the day. Once the person had completed a task or activity the photograph was removed to help the person know what they were doing now and what they would be doing next. We observed staff effectively support people, who were not able to communicate verbally, through observing their actions, facial expressions and gestures. The use of iPads as a communication tool had recently been introduced to support people in communicating their needs and wants.

People were supported to follow their interests and take part in social activities both individually and as part of a group. Staff spent time with people to develop a diverse range of opportunities based on their individual interests. For example, one person enjoyed watching Bollywood films. Staff members had supported them to find and access a Bollywood exercise class on a weekly basis which the person told us was their favourite

activity. Staff had discussed one person's taste in music with family members and found they enjoyed classical music. They had explored this further by playing different types of classical music and monitoring which style the person reacted to most positively. Staff told us they used this information to expand the person's activities by supporting the person to attend tea dances which they enjoyed. During the inspection a small group of people went out for lunch, on their return people were chatting, smiling and keen to share the experience with staff. One person told us, 'Staff know I like Michael Jackson so I'm going to see a concert, I get to go out a lot.' One relative said, "(Name) has a fine old life there, always going out somewhere or doing something."

People took part in group and individual meetings regarding their support on a monthly basis. Activities were discussed during the meetings and this information was used to plan weekend activities and future events. The registered manager told us they were keen that people had a broad range of opportunities in addition to their weekly plan. They said they discussed weekend activities with people each week and noted in the diary what people would like to do. Records supported that this was the case and showed people took part in a range of activities including river cruises, bowling, cinema, shows and shopping. Photographs of different activities people had taken part in were displayed around the home.

People were provided with a range of activities when spending time at home. People had personal activity boxes in the lounge which contained sensory items and things which were important to them. We observed staff spend time going through these with people and engaging them in activities. Staff were knowledgeable about what television programmes people enjoyed and spent time watching and chatting about them with people.

Staff were proactive and made sure that people were able to maintain relationships that mattered to them. One person told us, ""Staff help me keep in touch with my boyfriend and mum, I call him on a Wednesday". We observed staff support another person to go to the local shop and buy flowers for a family member they were visiting later in the afternoon. People and staff told us that they held an open house afternoon tea each Sunday which family members attended. Relatives told us this was a good opportunity to talk to staff about what was happening in the coming week. Relatives also told us they were able to visit their family members at any time and were always made to feel welcome. One relative said, "I visit whenever I can get a lift and if I can't get one the staff come and get me."

Complaints were investigated and responded to in a timely manner. Information on what to do in the event of needing to make a complaint was displayed in the home in easy read format. A record was in place of complaints received that included a record of actions taken to investigate the complaint, written response and outcome. People and relatives told us they would feel comfortable telling the manager or staff if they had concerns.

Is the service well-led?

Our findings

Staff told us they felt the home was well-led. One staff member said, "We can talk about anything, the manager is really approachable and whatever we say he will act upon straight away. We all feel really supported." Relatives told us that managers throughout the organisation were approachable, "You can phone any of them at any time and if you want to meet with them you just have to say and they'll arrange it."

The registered manager was accessible to people and staff. During the inspection we observed staff asking advice regarding people's care. We saw the registered manager spent time with people during the day, checking they were happy and there was nothing they needed. Their door was open throughout the inspection and we saw people regularly went to spend time in the office and have a chat about what they were doing that day.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Senior managers and the registered manager undertook a series of quality audits on a monthly basis including care files, health and safety, fire, management and maintenance. Action plans were developed following each audit and monitored during the next visit to ensure continuous development and improvement.

A quality review was completed on an annual basis which considered the audits completed throughout the year, accident and incident records and feedback from people, relatives, staff and other stakeholders. The document set out achievements throughout the previous year and set actions for the coming year. This was a comprehensive document which looked at all aspects of service quality including environment, staffing, record keeping and communication. Records showed that the actions in place for the coming year were in the process of being implemented. For example, one action detailed the need to look at communication systems. As a result an iPad had been purchased for the service and was being used to support people with their communication needs.

Feedback was obtained from people, relatives and other stakeholders regarding the quality of the service. Records showed that all feedback was positive. Comments included, 'I go out with staff to the library. I decide everyday what I want to do.' And 'Staff have unlimited compassion.'

The registered manager told us they felt well supported by the organisation. They said they took part in monthly managers meetings and CQC update meetings. This helped them keep their knowledge of legal requirements up to date and gave the opportunity to learn from the experience of other managers. Senior managers visited the service regularly to offer support to the registered manager and staff team. During the inspection we observed two senior managers visit, both spoke to people in a warm and friendly manner and people responded to them in a way which showed they were familiar to them.

The culture within the service was open and positive and provided care that placed people at the centre. Regular staff and residents meetings were held and minutes showed that all aspects of people's care and support were discussed. One staff member told us, "We all feel confident in being able to challenge

anything." The registered manager had implemented a comments book for staff to enable them to share experiences and praise positive support offered. Comments included positive feedback regarding a birthday cake staff had decorated with things important to the person, thanks for being flexible with shifts to enable people to attend a concert and compliments about the support one staff member offered in helping someone learn how to make their bed.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.