

Rest Haven Charitable Home Trustees

# Rest Haven Charitable Home

## Inspection report

15 Gussiford Lane  
Exmouth  
Devon  
EX8 2SD

Tel: 01395272374

Website: [www.rest-haven.co.uk](http://www.rest-haven.co.uk)

Date of inspection visit:  
21 October 2018

Date of publication:  
12 December 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 21 October 2018 and was unannounced. The last time we inspected this service on 18 and 26 October 2017 we completed a focussed inspection, looking at the Safe, Effective and Well-Led key questions. After that focussed inspection we rated the service 'Good' overall but 'Requires Improvement' in the Safe key question. During that inspection we had identified that safety concerns were not always being reported as required and medicines not always being properly managed. During this inspection in October 2018 we found that sufficient action had been taken to improve on these areas. We identified some concerns with regards to the environment which meant Safe was rated 'Requires Improvement' once more. All other key questions were rated 'Good' which meant the home was rated 'Good' overall.

Rest Haven Charitable Home (referred to in this report as Rest 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. Rest Haven accommodates up to 34 people in one adapted building. At the time of our inspection there were 30 people living in the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we identified two unrestricted windows which could pose harm to people. We raised this with the registered manager and they confirmed those had been secured immediately following our inspection. We also raised concerns about some uneven flooring which could potentially be a risk to people. The registered manager took immediate action following our inspection to add signage to draw attention to it and reduce the risks.

People praised the staff and management of Rest Haven and told us they received high quality care. Comments included, "I wouldn't go anywhere else", "They've got very good staff. The staff really know what they're doing", "They will do everything they can oblige. We can do what we want" and "I would like to stay here for the rest of my life." People were held in high regard and had a good quality of life. People had freedom to make choices and were supported to be independent. Staff treated people with respect and kindness.

People who lived in Rest Haven were protected from risks relating to their health, mobility, medicines, nutrition and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs' knowledge relating to

the administration of medicines were regularly checked. Staff told us they felt comfortable raising concerns.

Action had been taken to ensure staff understood the Mental Capacity Act 2005, the principles of the Act and how to apply these. We found people were involved in all aspects of their care and their consent had been sought prior to any care being delivered. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staff knew how to recognise possible signs of abuse in order to protect people. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal.

People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. People were provided with enough food and fluids to meet their needs. Care was taken to ensure people enjoyed their food and it met their personal preferences.

We found that, although staff knew people and their preferences well, little person-centred information was available within people's care plans. The registered manager agreed this was an area for improvement.

People had access to activities which met their needs but it was agreed these could be further developed. People did not have individual activity plans in place. This was an area the registered manager was in the process of developing and we therefore made a recommendation regarding this.

There was open and effective management at the service led by the registered manager. Staff felt supported and valued. An audit system was in place to monitor the quality of the service people received. Records were clear, well organised and up-to-date.

People and staff felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Where complaints had been received they had been managed in line with the company policy.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Most aspects of the service were safe.

People were protected from the risk of harm and abuse and staff understood their role in keeping people safe. Although we did identify environmental risks to people action was taken to reduce those risks immediately.

Risks to people had been identified and plans had been put in place to minimise these.

Staffing numbers ensured people's needs were met safely.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people.

Safe and robust staff recruitment procedures helped to ensure people received their support from suitable staff.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People's rights were respected under the Mental Capacity Act 2005.

People's consent was sought prior to care being provided.

Staff felt supported and told us they received sufficient training to carry out their role. Staff understood people's needs and how to best meet them.

People had access to enough to eat and drink in a way that met their preferences.

**Good** ●

### Is the service caring?

The service was caring.

Staff demonstrated respect for people's dignity and privacy.

**Good** ●

We observed some positive interactions between people and staff.

People spoke very highly of the staff at the home and the care they provided.

Staff knew people well and knew how best to communicate with them.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The registered manager was working on improving the person-centred information available in people's care plans and developing person-centred activity plans for people.

Staff were responsive to people's individual needs and these were reviewed regularly.

People were involved in developing their care plans and these described the support people needed to manage their day to day health needs.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS).

People were encouraged to make complaints where appropriate and these were acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a strong emphasis on continual improvement which benefited people and staff.

There were systems in place to assess and monitor the safety and quality of the care provided.

People spoke highly of the registered manager and the leadership team.

People were asked for their views and these were acted on to improve the service.

# Rest Haven Charitable Home

## **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 was 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 21 October 2018 and was unannounced. One adult social care inspector carried out this inspection. Before the inspection we reviewed the information we held about the service. This included previous contact regarding the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We used a range of different methods to help us understand people's experience of the service. During the inspection we spoke with nine people who lived in the home and we conducted a SOFI (Short Observational Framework for Inspection). SOFI is a specific way of observing care to help us understand the experience of people who are unable to talk with us. We spoke with four care staff and a senior member of staff on the day of our inspection and the registered manager the week following our inspection.

We saw a range of records relating to people's care and support and looked at three people's care records in detail. We also looked at staff recruitment, training, supervision and appraisal records for three members of care staff and looked at records relating to the management of the service, including quality audits. We also reviewed how the service supported people with their medicines.

# Is the service safe?

## Our findings

Following our previous inspection in October 2017 this key question had been rated as 'Requires Improvement'. We had identified that safety concerns were not always being reported as required and medicines were not always properly managed. During this inspection in October 2018 we found action had been taken to rectify these areas.

During this inspection we identified two windows on the first floor which were unrestricted. One of these was within a bedroom and the other was located by the main staircase. These windows were very large and easily accessible. These being unrestricted posed a significant risk of harm to people. We raised this within our inspection feedback and received confirmation from the registered manager that action was taken to restrict these windows immediately following the inspection. We were informed these had been left unrestricted due to an oversight on behalf of the person responsible for maintenance within the home.

We also identified some flooring on the first floor of the building which was uneven. This was also raised by a person who lived at the home who said; "There are some slopes and I think they should be marked. I'm worried about some people who may be less able." We raised this within our feedback and received assurances from the registered manager that action was taken to add signage to draw attention to this and reduce the potential risk to people. The registered manager informed us they had previously identified this issue and had plans in place to reduce the risks posed by this flooring.

People who lived in Rest Haven told us they felt safe. Comments included; "Oh gosh yes we're safe. They're very cautious. They are so quick to get the doctor or the ambulance if you need it." During our inspection we spent time observing people's interactions with staff. We saw people spending time with staff, reaching out to them, smiling, chatting and looking comfortable in their presence. This indicated to us that people felt safe in staff's company.

Staff numbers were sufficient to ensure people were safe from risks and meet their needs. During our inspection we saw staff supporting people at their own pace in a relaxed way. Staff responded to call bells promptly and we saw staff spending time with people one on one. The home had some reliance on agency staff but the senior member of staff told us the home always used the same agencies and usually had consistent agency staff supporting people. One person said, "We get some agency but they're regular. We get the same ones. They're all very good. I think the staffing levels are very good." Another person said, "Oh yes there are enough staff. The staff don't leave. That says a lot about the place. They don't go once they come here." During our inspection there were five care staff on duty, one senior member of care staff, two cooks and housekeeping staff. Staff confirmed there were enough staff to ensure people's needs were met promptly.

Recruitment practices at the service ensured that, as far as possible, only suitable staff were employed. Staff files showed the relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the risks associated with employing unsuitable staff.

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in how to recognise signs of harm or abuse and knew where to access the information if they needed it. Safeguarding information and relevant contact numbers were displayed within the home for them to use.

People who lived in Rest Haven had a variety of needs relating to their mobility, their skin integrity, health conditions, their mental health, their nutrition and hydration. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, where people had risks relating to their eating or drinking, specialist advice had been sought from speech and language therapists. Plans and risk assessments had been created and staff had been provided with clear guidance to follow to protect people from those risks.

Where accidents and incidents had taken place, the registered manager had reviewed these and taken action to ensure the risks of reoccurrence were minimised.

People were protected from risks relating to the management of medicines. Most of the people who lived in Rest Haven needed support from staff to take their medicines. Where people were able to manage their medicines themselves they were supported to do this. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and management carried out regular medicine audits and checked the records daily. This was to ensure people had received their medicines and any potential errors were picked up without delay. Staff had received training in medicines management and had their competencies checked regularly.

The home was clean and pleasant. Good infection control practices were in use and there were specific infection control measures used in the kitchen, the laundry room and in the delivery of people's personal care. Records showed staff had received training in infection control. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the maintenance and safety of equipment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how they needed to be supported in the event of an emergency evacuation from the building.



## Is the service effective?

### Our findings

People spoke highly of the care they received at Rest Haven. Comments made included, "I wouldn't go anywhere else", "You can't fault it" and "This is very good here."

People were supported by staff who knew them well and had the skills to meet their needs. Staff had undertaken training in areas which included the Mental Capacity Act 2005, safeguarding adults, medicine management, health and safety, infection control, food hygiene, first aid and fire safety. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. People were confident in the staff's abilities and made comments including; "They've got very good staff. The staff really know what they're doing. They're well up to date with their training."

Staff were receiving regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

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. We checked whether the home was working within the principles of the MCA.

The registered manager and staff had undertaken training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, one person had bed rails fitted on their bed in order to prevent them from falling out of bed and injuring themselves. This had been identified as the least restrictive option to ensure the person was safe, whilst also respecting their rights where they were unable to make a decision for themselves.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made where applicable and where these had been authorised they were being followed.

People were supported to have enough to eat and drink in ways which met their needs and preferences. People spoke highly of the food. Comments from people included, "The food is lovely" and "We have lovely meals." We observed the lunchtime meal during our inspection and saw people were supported to eat either in their bedrooms, the dining room or the living room, depending on their choice. One person said, "I choose

to have my meal in my room and they support me with that." Meal times were a social occasion with lots of chatting and laughing. Where people needed support with eating this was given by staff in a relaxed and caring way. Where people had specific needs relating to their food, such as a different texture due to swallowing difficulties, we found this had been identified and catered for. People's preferences were respected and catered for. One person said, "The cook came to talk to me yesterday to see what she could make for me this week because I'm a vegetarian. I always have a choice."

People were supported to attend medical appointments when necessary. Medical advice and treatment was sought promptly. Records of medical appointments contained evidence of treatment and advice.

Steps had been taken to make Rest Haven comfortable and decorated in a way that encouraged people's independence and met the needs of people living with dementia. Efforts had been made to enable people with dementia to be less likely to get confused or disorientated. There was some signage available to help people find their way around.

## Is the service caring?

### Our findings

We received positive feedback from everyone we spoke with about the caring nature of staff. People made comments including; "They've always got time to be friendly. It makes a lot of difference", "The staff are very nice" and "It's a really caring home." We saw some compliments which had been recorded. These stated, "Beautiful home. Staff very friendly" and "Such a friendly and well run establishment."

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. During our inspection we saw people making choices with regards to their food, their drinks and the activities they participated in. People confirmed they were given choices with comments including, "They will do everything they can to oblige. We can do what we want", "We always have a choice" and "We all have breakfast at different times. Whenever you choose."

People were encouraged to remain as independent as possible with regards to everyday skills and freedom of movement. People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain these for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to support this.

During our inspection, staff demonstrated they cared deeply about people's wellbeing and their self-esteem. Staff spoke to us in ways which demonstrated their respect and care for the people they supported. People were encouraged to take part in activities which increased their wellbeing and self-esteem. One person said, "One lady has her makeup put on every morning because she wants her makeup on. It makes her feel good."

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. We saw people sharing names of endearment and physical affection with staff. All the interactions we observed were positive and encouraged people to feel comfortable and cared for.

Where people had religious or spiritual needs these were supported. Rest Haven was founded as an interdenominational Christian Home and was a registered charity. Within the home was a chapel where services were held. People were welcome to attend the services if they wanted to. One person said, "We have the chapel. You can go if you want but you don't have to."

The registered manager felt people's privacy and respect was paramount and these views were shared by staff. During our inspection we observed staff ensuring they were out of earshot of others before talking about people's individual needs. This demonstrated respect for their privacy. People confirmed staff were always respectful.

## Is the service responsive?

### Our findings

People and staff told us they were confident people were receiving the best possible care at Rest Haven. People living in the home had a variety of needs and required varying levels of support. With some people being more independent and others requiring significant input from staff. Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required.

We found that further improvements were needed with regards to the person-centred information recorded within people's care plans. There was limited amounts of information about people's preferences and histories. People told us staff knew them well, with comments including, "The staff really know our little ways." We spoke with the registered manager who told us they were working towards improving the person-centred information found within people's care plans and were introducing "This is me" documents for every person.

People's needs had been assessed and from these, care plans had been created for each person. People and their relatives had been involved in the creation and the reviews of these. Each person's care plan was regularly reviewed and updated to reflect their changing needs. When people's needs changed action was taken to ensure the care provided was up to date and met their new needs. For example, one person had recently experienced a fall. Staff had taken immediate action to deal with the situation. They had also referred the person to their GP and had updated the person's risk assessments and care plan to reflect the advice given.

Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for the people who had communication difficulties.

People's communication needs were met. The home was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them. Staff demonstrated they knew how best to communicate with people.

The registered manager explained how they listened to people's choices and had regular meetings with people receiving support. These meetings enabled people to voice their wishes and discuss activities they would like to undertake. We reviewed the most recent meeting minutes and saw people had been asked to share their views and opinions.

Activities were available for people living in Rest Haven. On the day of our inspection people took part in some singing in the lounge and other individual activities such as reading and watching television. People felt the home could benefit from more activities with comments including, "A lot of people think there could

be more going on" and "There's not a lot going on." When people had taken part in activities they had enjoyed these very much and told us: "There was a poetry morning the other day and that was very nice" and "We've had three trips out this year. Out to Dawlish for a meal out and an ice cream. It was really nice. We've had lovely outings. We're lucky." Although the registered manager told us a number of activities were on offer and they were constantly trying out new options for people, we found people did not have individual activity plans based on their personal needs and interests.

We recommend the provider seeks guidance to further develop the activities available for people in order to better meet their individual stimulation, intellectual and social needs.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People confirmed they felt comfortable to raise complaints and where they had made some, these had been listened to.

Staff had received training in how to provide high quality end of life care to people in a respectful and compassionate way. A recent thank you card had been received which read; "Thank you so much for everything you have done for mum during all her years of residence with you at Rest Haven. Your care without exception has been exemplary throughout. During mum's final days and hours I witnessed such special and gentle care administered which has meant such a lot to me. On a personal note I also felt very looked after."

## Is the service well-led?

### Our findings

Rest Haven was founded as an interdenominational Christian Home and was a registered charity. The leadership at Rest Haven consisted of voluntary trustees, the registered manager, the deputy manager and senior care staff. People spoke highly of the registered manager and the rest of the leadership team. Comments included; "I know who the manager is. She is lovely and very approachable. So is the deputy manager. They are very kind to me and they are a very nice team."

We did identify some concerns relating to the environment during our inspection. One of these issues had previously been identified by the registered manager as part of their health and safety audit and plans had been in place to make improvements. Following our inspection immediate action was taken to respond to this. The other issue, relating to the safety of the windows in the home, had not been picked up by the home's monitoring processes. This was because the process of checking relied on random spot checks and assurances being provided by the maintenance staff. This issue had been an oversight on behalf of the maintenance staff and therefore not picked up by management. Following this incident, the registered manager told us they would be reviewing their system for monitoring the environment.

People benefited from a good standard of care because Rest Haven had systems in place to assess, monitor and improve the quality of care in the home. A programme of audits and checks were in place to monitor care plans, safeguarding, staffing and accidents and incidents. Regular spot checks were carried out and where these measures identified issues, action plans were created and action was taken to improve.

The registered manager was always looking to improve and regularly sought feedback from staff, relatives and people who used the service. They sent out yearly surveys, held regular meetings where people were encouraged to share their views and visited people individually to discuss any wants, needs or feedback they may have. The registered manager had an 'open door' policy and encouraged people, relatives and staff to share their views and ideas with them.

Trustees visited the home at least weekly and undertook a monthly quality assurance check, which included talking to people, checks on staffing and walking around the building. They produced written feedback to the registered manager about these visits to support them to make improvements where needed.

The culture at the service was caring and focused on ensuring people received person-centred care. Staff told us they were supervised and any poor practice was picked up and discussed. The registered manager told us they ensured their ethos and values were demonstrated by the wider staff team. They told us these related to person centred care and promotion of independence.

Staff were positive about the support they received from the wider leadership team at the service. Comments included, "They're great. They're really supportive."

The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used

the service.