

Mrs M A Dobbs

# The Haven Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

The Haven Care Home is a residential care home which provides accommodation and personal care in one adapted building, for up to 29 older people whose needs are associated with physical disabilities and those who live with dementia. At the time of the inspection 28 people were living at the service.

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

People were protected against abuse and discrimination and their rights were upheld.

Staff received training and were supported to ensure they had the confidence, skills, and knowledge they needed to perform their roles effectively.

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.

Staff treated people with kindness and their dignity and privacy was respected.

People and their relatives were involved in reviewing their care and making any necessary changes.

A process was in place which ensured complaints could be raised. Concerns were acted upon and lessons were learned through positive communication.

Positive feedback was received from the people, relatives and staff regarding the way the service was being led. The registered manager had developed a culture and approach based on the continuous development of the services being provided. Actions were taken, and improvements needed were made quickly when required.

### Rating at last inspection:

The service was last inspected on 7 & 8 January 2016 (report published 22 February 2016) and was rated as good overall.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. Following this inspection, the service remained rated good overall.

### Follow up:

We will continue to monitor intelligence 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.

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

## 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 safe.  
Details are in our safe findings below.

Good ●

### 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 well-led.  
Details are in our well-led findings below.

Good ●

# The Haven Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

The Haven Care Home is registered as a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

Our inspection was unannounced.

#### What we did:

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about).

The registered provider had completed a Provider Information Return. This is information we require providers to send us at least once annually 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.

In addition, we considered our last CQC inspection report and information that had been sent to us by other

agencies such as commissioners who had a contract with the service.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During our inspection we spoke with five people and three relatives to ask about their experience of the care provided. We also spoke with the registered provider, the registered manager, the deputy manager, a senior staff member, two of the care staff team, the cook, one of the housekeeping staff, and by telephone with an external health care professional who worked closely with the service.

We also spent time observing how people and staff interacted and how care plans were being implemented using 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 reviewed specific parts of five people's care records and information relating to the registered providers recruitment processes and the arrangements in place for the administration of medicines. A variety of records related to the management of the service, including policies and procedures were also reviewed.

After the inspection:

We continued to seek clarification from the registered manager to support and validate the evidence we found during our inspection. The registered manager provided us a range of additional audit and quality assurance information as part of this process.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very relaxed - which is an indicator that I feel safe and I trust the staff to look after me safely."
- Systems were in place to enable the registered manager and staff to report any concerns they had identified in relation to people's safety.
- Staff had received training in safeguarding procedures. Staff we spoke with were clear about the action they would need to take to ensure people were protected.
- This included working with external professionals and how to contact the local authority or CQC, should this ever be necessary.

Assessing risk, safety monitoring and management

- The registered manager had maintained effective systems to ensure potential risks to people's safety and welfare had been assessed. When it had been needed, staff had taken action to reduce any potential or actual risk.
- We saw that any identified risks were reviewed regularly, and the registered manager told us how this helped to minimise risk whilst still enabling people to retain a level of independence.
- Staff were aware of situations where people may be vulnerable to risk and followed the management plans that were in place. Examples the registered manager and staff gave us included actions taken to help reduce risks related to the management of pressure damage to people's skin, reducing the risk of infections and those related to people's behaviours.

Staffing and recruitment

- The registered manager showed us they had processes in place to enable the safe and timely recruitment of staff. Checks had been made with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.
- A process was also in place to ensure references were requested to provide assurance about staff members previous employment.
- People told us their needs were well met by the staff team.
- People, relatives and staff we spoke with told us that staffing levels were well maintained.
- Staffing rotas were planned in advance to ensure staff were clear about when they were required to work.
- Rota information we looked at showed staff were being deployed effectively, including when changes were needed.

Using medicines safely

- People continued to receive their medicines in a safe way. Medicines were safely stored, and records showed which staff had been trained to administer medicines.

- Where people needed support with their medicines, this was provided safely and in line with good practice, national guidance and people's individual needs and preferences.
- Daily weekly and monthly audit checks were in place to ensure staff were completing the documentation needed when they supported people to take their medicines.
- An external audit was also undertaken by a pharmacy organisation to provide additional assurance regarding the systems in place. The last external audit completed indicated no actions were required.
- We noted two people needed additional support in ensuring their medicines were being taken consistently. We saw meetings had been held with external professionals and the registered manager to decide on the most appropriate way to support both people to take their medicines covertly and that actions agreed had ensured they were cared for in the right way with their health and well-being maintained.

#### Preventing and controlling infection

- The service was clean and tidy on the day of our inspection.
- Care staff and housekeeping staff had received training about the principles of infection prevention and control. Through our discussions with them and our observations during our inspection we found staff were able to apply their learning and understanding of the subject well.

#### Learning lessons when things go wrong

- The registered manager had ensured arrangements were in place to analyse any accidents and near misses so that they could establish how and why they had occurred.
- Accidents or incidents were regularly reviewed to help identify any learning that may help to minimise the risk of them happening again.
- Where learning points had been identified, the registered manager shared them with the staff team and people's care plans were updated to reflect any changes needed.

# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the registered manager in advance of them moving into the service.
  - When people moved into the service from hospital the registered manager described how they had worked with the hospital teams trusted assessor to ensure the information about needs and how they should be met were clear.
  - Assessments were kept under review to ensure people's needs continued to be met.
- Protected characteristics under the Equalities Act 2010 were identified as part of the assessment. This included people's needs in relation to their culture and religion.
- Staff we spoke with demonstrated their understanding of equality and diversity principles and understood how to support people where any needs or wishes were identified.

Staff support: induction, training, skills and experience:

- The registered provider maintained a structured induction programme for new staff. This included the Care Certificate which sets out common induction standards for social care staff.
- Staff told us they had access to a programme of training designed to help them support people in the right way.
- Records showed they had received training in a range of subjects including as helping people to move safely, supporting people who live with dementia and health and safety.
- Staff were also supported to complete nationally recognised qualifications in care.
- Staff had regular opportunities to meet with the registered manager. They told us they were able to discuss their training and development needs and any work issues they had.

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

- Staff demonstrated a clear understanding of people's dietary needs and preferences. We saw how they also worked with those who were important in people's lives, such as family members and healthcare professionals to ensure people ate and drank enough to stay healthy.
- People told us they enjoyed the food and were encouraged to eat healthily. We saw that they were involved in planning menus and choosing the food they wanted to eat through discussions with the cook and the staff team.
- One person said, "I love the food here." Another person commented, "I like the chicken dishes. They are my favourite and I really enjoy them."
- During the lunchtime period we observed people had access to choice and variety in the meals they had chosen. People were supported to be as independent as they wished to and were able to be and staff provided any additional support when it was needed.



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

- Records showed that people had been supported to meet their healthcare needs with visits to or from a range of healthcare professionals including; their doctor, opticians, chiropodists and dental checks.
- In addition, an oral health assessment was carried out and the registered manager showed us the process staff used to ensure people were supported to maintain good oral healthcare.
- Staff demonstrated an understanding of people's physical and mental health needs and how best to support them.
- We saw that the registered manager and staff worked closely with health and social care professionals in delivering the care and support people needed.
- A healthcare professional we spoke with described how they worked well with the registered manager and staff and that the communication from the service was consistent, clear and professional.

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

- People were able to access all areas of the service including the garden area.
- People had been involved in choosing the decoration of their bedrooms and had personalised them to their own tastes. A relative commented, "It's a lovely service. Hassle free. We like it because its small and homely. The view of the garden is great, and we were supported to add a bird feeder so [my relative] could watch the birds."
- During our inspection the registered manager showed us one of the services communal bathrooms was not in use as they had identified it was in need of being upgraded. The registered manager told us they and the registered provider were considering how the room might be best used and were in the process of obtaining quotes in order for work to be commissioned and to commence.
- The registered manager told us they had recently updated their assessment process to ensure people were asked if they wished to have a key to their room.
- When we looked around the service, we noted two people's rooms could be secured using mortice locks. When we discussed the risks associated with using this type of lock the registered manager they told us they recognised there was a potential risk these may not be safe and took immediate action to arrange for them to be changed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and through our discussions with them they demonstrated they understood the importance of obtaining consent before providing care or support to people.
- The registered manager told us, and records confirmed, they made use of mental capacity and best interest's decision-making processes to support people who had lost capacity to make some significant decisions for themselves. Where appropriate these had been recorded in people's care records.
- 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).
- 18 people were subject to DoLS authorisations. The conditions of the authorisations were being met and the registered manager had worked with external health professionals and the local authority in ensuring

that the authorisations were regularly reviewed.

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that they felt well cared for and were treated with respect and kindness by the registered manager and staff. One person commented, "Care staff treat me very well. I do like my meals in my room and the staff support this." A relative commented, "We visit the home regularly and think the staff are very caring and the care is good."
- Throughout the inspection we saw people were relaxed in the company of staff.
- We also observed staff understood people's differing needs and preferences and supported them to go about their daily lives in the manner they wished to.

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

- We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible.
- Throughout our inspection we saw people were encouraged to make their own decisions and choices.
- For example, people chose where they wanted to be, what they wanted to do with their time and what they wanted to eat and drink. Staff respected people's right to change their minds and supported them to alter any arrangements already in place through actively listening and responding to people in line with their wishes.
- People told us they were encouraged to regularly discuss their care with staff. Their views and decisions they made were recorded in their care notes and acted upon.
- Most people had family, friends or solicitors who could support them to express their preferences. In addition, when needed, records showed that the registered manager and staff had liaised with people's circle of support on a regular basis to ensure people's needs were met.
- The registered manager also told us if people needed any additional help in communicating their views, they could be supported to access information about lay advocacy services and confirmed they understood how to enable people to make contact with these services if needed.
- Lay advocacy services are independent of the service and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us they could talk to staff in private whenever they needed to and said that staff respected their choice not to be disturbed if this was their wish.
- We also saw a quiet room was available for people to be able to meet with visitors in private if they wished to.
- Staff understood the importance of maintaining confidentiality regarding people's personal information. We observed staff speaking quietly with people when they were discussing people's needs together and

responding to people's requests for personal support quickly and sensitively in regard to ensuring their privacy.

- We saw that some of the rooms were shared and that people and their families had been involved in the process of choosing to do this when they moved to the service. Privacy screens were used by staff to promote privacy and dignity for people who shared a room.
- We discussed how these were being used with the registered manager who told us they identified ceiling tracks fitted with privacy curtains would further strengthen privacy and dignity for each person when care was being delivered. The registered manager took action to speak with people about this option and to order any curtains they needed.
- Care records were securely stored, and computers were password protected.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- Each person who lived at the service had a care plan which set out their needs and guided staff about how they should support those needs. Care plans were reviewed regularly with people and any changes to support needs or the person's wishes were recorded.
- Staff supported people to engage in activities and hobbies that interested them.
- People told us they enjoyed the activities available. One person said, "I like the entertainers who come in and the events that happen here are good. We do quizzes and have the chance to do group games and we are all looking forward to the summer fete in July."
- A dedicated activity co-ordinator was employed at the service to ensure people had access to a range of activities of their choice.
- One to one time was also included in the activity provision so that those who did not wish to take part in activities had access to the time they needed to talk.
- In addition, people were asked about any spiritual or religious beliefs they wanted to maintain before they moved to the service.
- Religious events were celebrated in line with current peoples wishes and people who chose not to take part in these were fully respected.
- The registered manager described how staff supported one person to attend religious services in the community with their family and that staff helped the person to get ready, so they could go out to these events as they had chosen to.

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.

- The registered manager was aware of the AIS and we saw that information about the services provided for people and visitors about the arrangements for care could be produced in a range of different formats if required so that those with any additional sensory needs could access these.
- The registered manager gave us an example of how they promoted opportunities for people to access the information they needed when they described how two peoples first language was not English. They showed us they had produced information in the language both people used and also in picture format, so they had the opportunity to access the information in the same way as everyone else.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints procedure which the registered manager and staff followed. The

information was easy to access for people and any visitors to the service.

- People and relatives we spoke with said that if they had any concerns they would not hesitate to speak with the registered manager or staff, and that they were confident any issues raised would be addressed quickly.
- The registered manager told us there were no on-going or outstanding concerns and that they had not received any formal complaints in the last twelve months.

#### End of life care and support

- The registered manager had arrangements in place to work with people, and those who were important to them, to plan what they wanted to happen at the end of their life.
- The registered manager and an external health care professional we spoke with told us how they had worked closely together as part of a scheme set up by the local community health team. This had enabled the service to develop advanced care planning arrangements using a joint approach to ensure people's end of life needs were fully met.
- In describing this approach to supporting and respecting people's end of life wishes the registered manager told us how one person did not wish to be admitted to hospital. The person and their relative had requested that they be supported with their end of life needs at the service if at all possible. The registered manager and local health care team worked closely together to identify how needs could be fully met at the service so that the person's wishes would be carried in the way they had wanted.

## 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider had in place a clear vision and a set of values which reflected the principles of high-quality person-centred care. The registered manager and staff demonstrated their understanding of those visions and values.
- A new manager had registered with CQC since the last inspection. People and relatives, we spoke with were consistently positive when they spoke about the registered manager. One person said, "I think the manager is excellent. I know her well and she knows us all and our needs. She doesn't hide away. She speaks to us all and I think she is good all round." A relative commented, "The manager is very open. We can raise any issues. Clear communication and no concerns. Always the same atmosphere here. Very positive and warm staff."
- Staff were also positive when they spoke about the registered manager and the systems in place to support them.
- Staff told us how the registered manager and her deputy promoted team work and openness.
- Handover meetings were completed between shifts so that staff could discuss and confirm any actions they had taken to support people with any changes in need and staff said the communication between them and senior staff was good.
- Staff were aware of the registered provider's whistleblowing policy and all of the staff we spoke with said that they felt assured they could use this if they needed to.
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager had systems in place to gather people's views about the quality of services they received.
- This was achieved through the day to day discussions the registered manager had with people and staff.
- People told us they had regular meetings together with staff where they were able to share their views.
- These included weekly meetings which were used to seek people's views on things like the foods they wanted to try and the activities they wanted to do.
- Surveys were also carried out to ask people what they thought about the service. Records showed the outcomes of these were used to develop and keep improving the services provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The registered provider had effective systems in place to monitor the quality of the services provided.
- Audits looked at aspects of the service such as medicines administration, person centred planning, staff training and health and safety.
- The registered manager told us, and we saw, they used information from their audits and checks to inform changes and improvements to the quality of care people received.
- When incidents had occurred at the service the registered manager had taken action to work with external agencies and outcomes had been used to inform their learning and any changes in care practices needed.
- Action plans were in place to address any shortfalls identified by the audit process. These included the falls and accident audits they had carried out, which had led to a positive reduction in falls for people.
- Although the registered manager and deputy manager worked closely in ensuring all audits were being consistently maintained, we noted there were no records relating to formal meetings between the registered provider and registered manager to discuss the running of the service and to agree timescales for any actions they had identified as needed as part of their audit work.
- Following our inspection visit the registered manager confirmed they and the registered provider had arranged to meet formally and to record all future meetings, review the actions from each meeting, what had been achieved and any areas where further work was needed.
- The registered manager attended a local adult social care network meeting which kept them up to date with good practice and service development.
- The registered manager and staff also maintained positive working relationships with other agencies who were involved in the lives of the people who lived at the service. These included local health services, local authority commissioners and local safeguarding teams.