Care Quality Commission

Georgetown Care Limited

The Haven

Inspection report

High Street, Littleton Pannell
Devizes, Wiltshire SN10 4ES
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Date of inspection visit: 22 May 2015
Date of publication: 30/06/2015

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

Overall summary

We carried out a comprehensive inspection of this service on 14 November 2014. At which we found two breaches of the legal requirements of the safe and well led questions. This was because the provider had; failed to ensure that people who use the service and others were protected against the risks associated with the unsafe use and management of medicines. Some of the medicine records held were inaccurate. In addition, the provider had failed to ensure that staff were suitable to work at The Haven. There were gaps in the employment history of staff, therefore the provider could not be assured they had full and accurate information upon which to base a decision to employ the person.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches. We undertook a focused inspection on the 22 May 2015 to check that they had met their action plan for improvements.

At this inspection we found a breach relating to the suitability of the current fire warning and detection system. We had also received information of concern relating to the care and wellbeing of people who live at The Haven.

Summary of findings

This report only covers our findings in relation to the above topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Haven' on our website at www.cqc.org.uk'

The Haven is a residential care home providing accommodation for up to 12 people, some of whom may have dementia. At the time of our inspection on 22 May 2015 there were ten people living at the home. The home is in a rural setting and set over two floors.

The home had a registered manager in place. 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 and associated Regulations about how the service is run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not fully safe. Action had been taken to remedy shortfalls in the fire detection systems, however the system in place did not fully meet the current legislation.

Medicines were secured safely and records were accurate.

Staff files contained a complete employment history so that the provider could be assured of the suitability of the people they employed.

Requires improvement

Is the service effective?

Good

Is the service caring?

Good

Is the service responsive?

Good

Is the service well-led?
The service was well led. Audits in place contained specific details to ensure risks were identified and improvements made as a result.

Good

The Haven

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 quality of the service.

We undertook a focused inspection of The Haven on 22 May 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 14 November 2014 had been made. We had also received information of concern relating to the safety and well-being of people who live at The Haven and this was investigated during this inspection.

We inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This was because the service was not meeting the legal requirements in relation to these questions at the last inspection. In addition, under the well led question we found that audits of the service provided, did not easily identify risks and inform improvements.

The inspection was undertaken by one inspector and was unannounced. During this inspection we reviewed documents in relation to the safe management of medicines. We also looked at personnel files of people employed by the service to ensure the provider had a complete record of their employment history. As part of investigating other concerns raised we spoke with people, health care professionals, a building contractor, fire safety inspector and staff. We reviewed care records and observed people's care and support.

Requires improvement

Is the service safe?

Our findings

At our inspection on 14 November 2014 we found that people were not always safe because the provider had; failed to ensure that people who use the service and others were protected against the risks associated with unsafe use and management of medicines because of inaccurate records of medicines held in the service. This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Management of Medicines. This correlates to Regulation 12 (1) (2) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

The provider had followed the action plan they had written to meet the shortfalls in relation to the requirements of Regulation 12 above. Medicines held by the home were securely stored. A fridge had been purchased for the storage of drugs and was lockable so that it was not accessible to people who use the service.

At the time of our inspection there were no drugs which required storing in the fridge. Staff knew the correct temperature the fridge should be set at and a monitoring form had been set up to measure the daily temperature of the fridge when in use. There was an accurate record of the storage of prescribed drugs with all entries in the drugs register complete. As required, the storage cupboard was locked and the key was held by a member of staff to ensure only designated people had access to the cupboard.

At our previous inspection on 14 November 2014, we identified a breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers. This correlates to Regulation 12 (1) (2) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

The provider had followed the action plan they had written to meet the shortfalls in relation to the requirements of Regulation 12 above. We reviewed four staff records which demonstrated that the provider had sufficient information in relation to the previous employment history of staff before they worked at The Haven. The registered manager had reviewed staff files and any gaps in the employment history had been discussed with the relevant staff and included on their file. This meant that the provider could be assured they had taken appropriate steps to ensure that staff were suitable to work at the home.

At this inspection we investigated concerns which had been raised regarding the safe care and well-being of people who live at The Haven. We looked at records; spoke with people, staff and with healthcare professionals. We concluded that the allegations made around a lack of appropriate care and support were unsubstantiated. However, we did find that the provider had not responded promptly to concerns raised regarding deficiencies in the homes fire and detection system.

The provider had taken action towards updating the fire systems in the home and we saw several quotes from contractors for work to be done. We spoke with a local contractor who confirmed they would be fitting a three-way escape system on the fire exit door on the first floor. A new four way fire panel had been fitted in the foyer of the home. This alerted staff to one of four zones if a fire took hold.

However, the current fire warning and detection system does not meet the legal requirements due to its age. This was confirmed by a fire safety inspector at Wiltshire Fire and Rescue Service who had visited the premises. We spoke with the registered manager and the provider who assured us they would make this a priority to ensure fire safety systems were fit for purpose and to the legal standard.

This was a breach of Regulation 15 The Health and Social Care Act (Regulated Activities) Regulations 2014 Premises and equipment.

Good

Is the service effective?

Our findings

Good

Is the service caring?

Our findings

Good

Is the service responsive?

Our findings

Good

Is the service well-led?

Our findings

At our inspection on 14 November 2014 we found that the provider had failed to complete robust audits of the service provided. Audits were not easily identifying risks so that planned improvements could be made. At our inspection on 22 May 2015 we looked at the medicine audits which were completed by a senior member of staff. These had identified a medicine error for which timely and appropriate action was taken in order to prevent future incidents. The information had been used to inform and improve staff practice.

The registered manager had reviewed the audits in place to ensure they contained specific details on what was being audited. There were a range of audits in place which were used to inform future planning and the direction of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The registered provided had failed to ensure that the type of fire warning and detection system met with the current British Standard 5839: Part 1.**