

Haven Social Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 8 and 12 January and was announced with 48 hours' notice. At the last inspection in May 2013 the service was not compliant with Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and Regulation 18 Care Quality Commission (Registration) 2009.

At the last inspection, we asked the provider to take action to make improvements to record keeping and notifications to CQC of incidents relating to people using the service. At this inspection we found that this action had not been completed yet.

Haven Social Care is a domiciliary care agency providing personal care for 21 people in their own homes. They currently employ 17 care workers. There is 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 2008 and associated Regulations about how the service is run.

Summary of findings

We found the service provided safe care for adults requiring person care support within their own homes. Staff knew how to identify if people were at risk of abuse and knew what to do to ensure they were protected.

All people using the service had care plans and associated risk assessments. Staff were aware of people's individual needs. However, these care plans were not always kept up to date and did not always contain the full information for staff to provide safe and effective care for people. This was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of this report.

People were involved in planning their care and they were treated with dignity and respect.

Staff had all received the training they needed for their role and were provided with regular supervision and support to deliver effective care.

People's privacy and dignity was respected and staff treated people with kindness and compassion.

The service was meeting the requirements relating to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The service had a complaints policy and encouraged feedback from people using the service and their relatives.

People were involved in the development and review of their care plans and the service promoted personalised care for people.

The service had an effective system to gather feedback from people using the service and their families.

The manager had not always notified CQC of any incidents involving people using the service. This was a breach of Regulation 18 Care Quality Commission (Registration) 2009. You can see what action we told the provider to take at the back of the full version of this report.

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 safe. Staff knew how to recognise and report suspected abuse.

There were sufficient numbers of suitably qualified and experienced staff to provide safe care for people using the service.

The service had followed safe recruitment processes including appropriate references and criminal records checks for staff.

Good



Is the service effective?

The service was effective. People were involved in planning their care and the support they received met their identified health and care needs.

We saw that carers were matched to the individual needs of each person, with additional training offered for carers requiring more support.

Staff had a good understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). People were not deprived of their liberty and all processes to access capacity had been followed appropriately.

Good



Is the service caring?

The service was caring. People told us they were treated well and with kindness and compassion by the care workers.

Carers knew the people they supported and provided them with person-centred care.

People's privacy and dignity were respected. Staff had a good understanding about respecting people's privacy and maintained their confidentiality.

Good



Is the service responsive?

The service was not always responsive. We saw that people did not all have care plans that were up to date to meet their identified needs.

The service had an effective feedback and complaints system in place and people were able to give comments which had been acted upon.

Requires Improvement



Is the service well-led?

The service was not always well-led. The service had not notified CQC of safeguarding incidents, as required for their registration.

The service had a system for monitoring the quality of the service, speaking to carers, people using the service and their families about the quality of care.

We saw an open culture that encouraged people to give feedback about their care and changes to the service had been made following these.

Requires Improvement



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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.

The inspection took place on 8 and 12 January 2015. The provider was given 48 hours' notice about the inspection because the location provides a domiciliary care service and we needed to be sure that the registered manager would be in.

The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information that we held about the service. This included statutory notification submitted by the service, safeguarding alerts and previous inspection reports. We also spoke to the contracts and safeguarding teams at the local authority that commissions the service.

For this inspection we spoke to six people using the service and their relatives, seven members of staff and the registered manager. We reviewed seven staff files and seven people's care files. We looked at people's care in depth, where we spoke to people using the service, reviewed their care files and spoke to the carers providing their care to gain an overall understanding of the quality of care they received.

Is the service safe?

Our findings

People told us that they felt safe using the service. One person said, "I feel very safe. The carers are very kind and the manager contacts me regularly to see how I am. They are very good." One family member told us, "[Person] is very safe and gets on well with the carers."

We saw the details of a system for monitoring the service where carers clocked in and out of every appointment so the registered manager could always see that people had received their care on time and for the full allocation of time. This ensured that people received their care on time and that any delays or missed appointments were picked up immediately by the registered manager so that alternative arrangements could be made.

All staff had completed training on safeguarding vulnerable adults and management of medication. We spoke to four care workers and the care co-ordinator who all understood the different types of abuse and how to report any concerns to the manager for any follow up action required.

We saw that safeguarding procedures had been reviewed and a new care co-ordinator had been recruited following a safeguarding incident. Following this appointment the service had reviewed safeguarding procedures and introduced new monitoring processes, reviewed care plans and provided staff training. We saw that this reduced the number of incidents and increased the safety of the service as staff knew how to identify if people were at risk of abuse and knew what to do to ensure they were protected.

There were sufficient numbers of suitable and appropriately qualified staff to keep people safe and meet their needs. The care files we looked at all clearly set out the individual preferences and needs for each person. We saw in each care file that the risk assessment detailed the

number of carers required to support the person, with each task and the necessary skills staff required for this. Where people required two carers to provide support, this was clearly demonstrated by the staffing arrangements and was noted within the feedback from people using the service that both carers were attending and providing support. People were matched with staff who had the appropriate skills and knowledge to meet their needs.

There were suitable recruitment procedures and required checks had been undertaken before staff began working for the agency. Staff files we reviewed contained all the required information including application forms, identity checks and training and supervision records. All staff had enhanced checks from the Disclosure and Barring Service before starting work so the service made sure the care workers were appropriate to work with vulnerable adults.

Medicines were managed safely by the care workers. The care files we saw contained a 'consent to receive help for medication' form, asking about consent to be prompted to take medication or for carers to administer medication. These were signed by people using the service and reviewed either monthly or quarterly by the registered manager or care co-ordinator to ensure that medicines were managed safely and in line with people's prescriptions. We saw that most people were responsible for taking their own medicines, but were happy for carers to prompt them where necessary. All carers had completed medication training and were confident about completing Medication Administration Records (MAR) which were used to record every medicine that people were prescribed so they were managed safely. These MAR charts were regularly checked and audited by the registered manager and care co-ordinator, which meant that people's medication was managed safely and effectively by care workers.

Is the service effective?

Our findings

We saw how the service matched care workers to people using the service, so that they could meet people's individual needs. One person told us that they wanted to change the care workers who came to support them and requested this to the manager. When we spoke to the registered manager, they confirmed that the carers had been changed and the person was happy with the new ones.

We reviewed seven care worker files and saw they all contained details of the recruitment, induction and support for each member of staff. The induction programme included comprehensive training and shadowing of other carers to ensure that new staff felt confident and had the skills to meet people's needs. The supervision records showed all staff received regular supervision, in which they discussed their work, raised issues and discussed feedback from people using the service and their families. This made sure that staff were properly supported to provide safe and effective care for people.

People told us they felt staff were skilled in their work and were able to care for them fully. Staff had a skills audit as part of their appraisal which highlighted specific training needs for the next year. This training had now been arranged by the service. We reviewed staff files which contained the details and certificates of safeguarding training that was all completed within the last year. We saw that all staff were working towards a qualification in Health and Social Care. All staff training was up to date and staff told us they had the skills and were trained to provide effective care for people.

The service was meeting the requirements of the Mental Capacity Act 2005 and the associated code of practice. At the time of our inspection no one using the service was deprived of their liberty. We saw in care files that people's capacity had been considered and people using the service

had capacity to make decisions about their care and support and the processes in place to identify and provide appropriate support for someone who may not have capacity to make certain decisions.

All of the staff had received training in Mental Capacity and DoLS. The staff we spoke to understood the issues around capacity and how it impacted upon their work, such as making sure people were not deprived of their liberty and that they always sought consent for care from them.

We saw in the care files we reviewed that consent for care was sought and that people using the service had signed their care plans. Staff told us about how they would always ask permission before carrying out any tasks and ensured that people who used the service were supported to do as much for themselves as possible. One person using the service told us, "They always ask what I want each day and do what I ask of them." One staff member told us, "I always ask people what they want, how they want it and help them to be as independent as possible." This demonstrated that care was delivered in line with people's wishes and needs and procedures for consent were followed.

People were supported to eat and drink where this need was identified in their care plan. We saw in care files that people who required support with meals were provided with this. We saw feedback forms from people stating they were happy with the support they received to eat and drink and that their nutritional needs were met.

People were supported to maintain good health, and care workers reported any changes in their condition to the registered manager who made referrals to other services when necessary. One staff member told us how they had been monitoring the health of one person using the service. They had been concerned about this person's dementia becoming worse, and told the registered manager who made contact with the Community Mental Health Team. We saw that the person now received additional support through increased care time and a revised care plan.

Is the service caring?

Our findings

People using the service told us that the service was caring. One person said, "They are very kind and caring - treat me like their own grandparent and couldn't be kinder." Another person told us, "They always talk to us about what they are doing, ask how we are and anything else we might want." We found that people were treated with compassion and care.

We spoke to staff who told us how they tailored the care they provided to meet the individual needs of the person they were supporting, with their specific needs being detailed within care plans. We were also told, "People's preferences change every day - one day they may want care delivered one way, and the next day something different, so we do what they want."

The service was meeting the cultural and individual needs of people using the service. We saw in the care files we reviewed that people's backgrounds were recorded, including their race, religion, gender and sexual orientation, along with notes about how people wanted these backgrounds to be respected. In one care file, we saw that the person had specified they wanted to receive care from carers who spoke Asian languages. The service was able to meet this need. In another file we saw the person had specified a preference for male carers. We looked at the rota and care files and saw that this person was supported by male carers in line with their wishes. The registered manager told us how they trained staff to support people appropriately. This included making sure that they could communicate effectively and that they could understand each other to involve them in their care and provide the support required.

Staff knew the people they were caring for and had developed good, caring relationships with them. We saw in the feedback forms from people using the service that they had the option to change care workers, and there were comments including, "I like the carers who support me" and "I don't want to change carers." Where there had been a request to have a different carer, we saw this had been actioned immediately by the registered manager, and the

person was happy with the new carer working with them. One person told us, "The manager always rings to let me know if someone different is coming because the regular carer is away or off sick."

We saw in the care files we reviewed that people had been involved in the planning and review of their care. We saw that there was a review done with each person asking their views of the care, any changes they wanted and any new support needs they had. We saw these reviews were included in the care plans, but the main support plans were not updated meaning that people may not have received the most up to date care.

All staff had been trained in confidentiality as part of the induction training, and we saw the confidentiality policy was signed and a copy kept within each member of staff's file. We spoke to staff who told us how they treated information confidentially and would only share information as required for that person's care with other professionals and with the consent of the person using the service.

People were given the privacy they required and their dignity was respected by the service. One person using the service told us, "They always ring the doorbell and call out my name before coming in, even though they can use the key to let themselves in. They always respect my home." We were told by a member of staff how they would always ensure that people were covered while they were washing them and provided personal care in a professional but caring manner. The manager told us they train all the staff to respect the person and their space. They told us, "You are going into someone's home, so we must respect their home and environment."

We saw that all staff had received training in end of life care and knew how to treat people and their families with kindness and respect.

People were supported to be as independent as possible. We saw that care plans stated what tasks people could do or if they required support, what level of support was required and how to make sure people were assisted to do as much for themselves as possible.

Is the service responsive?

Our findings

People were not always fully protected from harm through inappropriate or unsafe care. At the last inspection the service did not hold appropriate records for each person using the service. We reviewed seven care files, which included support plans, risk assessments and service reviews. The support plans and risk assessments were not always kept up to date with information that reflected changes in people's circumstances and wellbeing. For example, we saw that a person with dementia whose condition was deteriorating, did not have this detailed within their support plan and this was not noted within their risk assessment. This meant that person may not be receiving the appropriate level of care for their condition. However, we also saw one risk assessment and support plan that had been recently reviewed to a much higher standard and with more detail within it and improvements to record keeping had been made. These more detailed plans provided carers with clearer instructions about the care required and delivered a more person-centred service. Six of the seven care plans we reviewed lacked this type of information with risk assessments lacking the detail required in order to provide safe care for people.

This was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service told us that their needs were met and they found that the quality of care provided was good. We saw that people had their needs assessed. The service had identified the areas of support that people needed, and they had been fully involved within the development of their care plan. One staff member told us, "When we first meet a new client, we always have a long conversation about what they want and how they need to be supported, and that forms the basis of the care plan." This initial assessment included details of people's personal preferences and life histories, as well as their medical and care needs, so carers have a greater understanding of each person as an individual and can provide more personalised care.

We reviewed care files which all contained details of how people had been consulted and involved in the setting of their care. We also saw the reviews of the care plans which involved people using the service and their families, with

evidence of changes to care based on the feedback from them. The files included signed consent to care and medication forms which were regularly reviewed and signed by people using the service.

The registered manager and care co-ordinator both told us about how people were involved in their initial assessment and development of their care plans. People told us they were involved in setting their care plans and could always talk to the carers and staff about changing anything. The care plans we reviewed reflected this, showing that people were able to say what care they wanted, how they wanted to be supported and other relevant personal information for the carers. Staff told us how they would always ensure people had the choice over their care every day, saying, "One day they may want support in one way, but something different the next. We do what they want."

The service included 'Change of Needs' sheets in the care plans each time there was any change noted in the care for a person. We saw examples of a change of time the carers attended as the person started attending a day centre so required their care earlier in the morning than was previously provided. In another we saw an example of someone having a change in medication and increased care needs. The care plan had been changed to provide extra time for carers to provide support for this person in order to meet their individual needs.

We spoke to staff who explained to us what they understood by 'person-centred' care and gave examples of how they provided this to people using the service. One member of staff told us, "It's about being the right carer to help that person so we can meet their needs."

The manager regularly contacted people using the service and their families for feedback about the service and acted upon this feedback. We saw a system of telephone monitoring in place, where the service contacted people every three days to ensure that quality care was being provided and giving people the opportunity to feed back their views. One person told us, "They are always asking me how I am and if there are any issues. They always sort anything I say out quickly."

We saw in one of these records a person had said they needed support for physical pain. The service had contacted the local authority and arranged for a

Is the service responsive?

physiotherapist to visit the person. Another person had used this opportunity to request a different carer, and we saw this was actioned immediately and the new carer was working with this person.

The service had a complaints policy and people using the service were made aware of this. We saw that people were regularly asked about their experiences of care. We saw a complaint that was about a carer, which was taken

seriously and investigated by the registered manager and was reported to the local authority safeguarding team. The registered manager took the complaint seriously and immediately took action and made sure the person who made the complaint was properly supported and knew what action was being taken, and showed a responsive approach to complaints.

Is the service well-led?

Our findings

We found that people using the service and staff were all able to give their views about the service, and changes had been made based upon this feedback. One person told us, "It's a good service. If you don't like something they do listen and change what they do." One member of staff told us, "It's a good place to work. The manager always asks how we are, what we need and is very supportive."

However, we identified some safeguarding concerns had not been referred to CQC. At the last inspection the provider had not notified CQC of incidents related to people using the service. The registered manager was unaware of all of the requirements to notify CQC of safeguarding and other incidents immediately as required as a condition of the registration of the service.

This was a breach of Regulation 18 Care Quality Commission (Registration) 2009.

Staff were encouraged to raise any concerns and all felt confident in raising any issues or concerns to the registered manager. All of the staff we spoke to understood the whistleblowing procedure and felt confident in raising any concerns they had.

We saw an effective communication system where the manager or care co-ordinator spoke to people using the service and their family at least weekly to gather their views on the service and ensure their needs were being met. One person told us, "The manager calls me twice a week at least

and always listens to what I have to say. They have changed carers when I asked and made changes to my care plan." Another person told us how the service always noted changes in routine, "They always take note when I'm out and notify social services of any changes and keep a note of how I am."

We saw that staff received regular feedback from the management and this was used to inform and improve their practice. One member of staff told us, "The manager always tells us about the feedback we have had and any things we can do better or where we have done well."

The service had invested in training and development for the staff. We saw that the service had an in-house training arm that provided accredited training for the staff team, and that all staff will have reached a level 2 qualification in 2015.

The service had a good quality assurance system in place to ensure that people received high quality care. We saw that the registered manager and care co-ordinator completed monthly spot checks on the carers, visiting people to observe the care provided and discuss it with the person using the service, their family members and the carer. We saw records of these checks for each person we spoke to, with each file giving details of the feedback and actions taken as a result.

We saw reports where the service communicated to social services about changes in people's conditions and any potential safeguarding concerns.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People who use services and others were not protected against the risks associated with unsafe or unsuitable care because records about people were not kept up to date to reflect current health and care needs. This corresponds to Regulation 20(1)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

The enforcement action we took:

Warning notice issued to be comply by 30 April 2015

Regulated activity

Personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The registered person had not notified the Care Quality Commission of allegations of abuse in relation to people who use the service. Regulation 18(2)(e)

The enforcement action we took:

Warning notice issued to comply by 30 April 2015