

Moorcroft Care Homes Ltd

Haven House

Inspection report

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Bramley
Rotherham
South Yorkshire
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Tel: 01709702411

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Haven House provides personal care and support for up to three people living with a learning disability. At the time of our inspection three people were living in the service.

At our last inspection in April 2015 the service was rated as 'Good.' At this inspection we found the service remained 'Good.'

The service had a registered manager at the time of the inspection. 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.

People continued to receive care in ways which helped them to remain as safe as possible. There was enough staff to provide support to people to meet their needs. Staff understood risks to ensure people's safety and supported people to receive their medicines safely.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to reduce the risks of unsuitable staff working at the service. Staff received a comprehensive induction into the organisation, and a programme of training to support them in meeting people's needs effectively. People were supported to maintain good nutrition and to access healthcare services.

Staff continued to be caring towards people and support people to maintain the relationships that were important to them. People were supported to develop their independence and skills around daily living tasks. Staff continued to treat people with respect and to maintain people's privacy.

Staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

There was clear and visible leadership in the service. Staff and the registered manager understood their role and responsibilities. The provider had a range of audits in place to assess, monitor and improve the service. The registered manager involved people and staff in the running of the service. The registered manager complied with their statutory responsibility to submit notifications to the CQC as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Haven House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection by one adult social care inspector. The inspection took place on 25 July 2017.

Before the inspection we reviewed the information we held about the home. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered the information which had been shared with us by the local authority and other people. We looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with people who lived at Haven House and they told us about their life at the home and the support they received. We spoke with two people. We spent time during our inspection observing the interactions between staff and people and watched how people were supported by staff in communal areas.

During the inspection we reviewed the records of the home. These included staff recruitment, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises. We looked at two care plans and risk assessments along with other relevant documentation to support our findings.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

People continued to receive safe care; people told us they felt safe in the home. One person told us, "It's nice here, I'm happy and I do feel safe." People received care from staff that knew them well and were knowledgeable about the steps to take to maintain their safety.

Risks to people had been assessed and people had plans of care in place to provide guidance for staff in maintaining people's safety. One member of staff told us "People's care plans are informative. For example, [person] likes to go to the pub on occasion. Risks are assessed and strategies are in place regarding alcohol, road safety and staying in contact."

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. The registered provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff said they received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse and they were able to identify different types of abuse. Staff were aware who to contact externally should they feel their concerns had not been dealt with appropriately, for example, the local authority. Staff were confident that any reported concerns would be taken seriously and investigated.

The PIR recorded; "All staff are trained in safeguarding and raising a concern. We have policies and procedures in safeguarding and also a whistle blowing policy and procedures, in addition we follow the South Yorkshire Safeguarding procedures as set out in their policy."

People's risk of abuse was reduced because there were suitable recruitment and selection processes for new staff. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults. Staff were only allowed to start work when satisfactory checks and employment references had been obtained.

No person living at Haven House was currently taking medication, however people could be assured that they would receive their prescribed medicines safely. Staff described how they checked people's Medicine Administration Record (MAR) charts to ensure that they were administering the correct medicine at the correct time. Staff had received training in how to administer medicines safely.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continued to be good.

A relative and a professional we spoke with were predominantly positive about people's care at Haven House. Although a relative told us, "I know who to contact but I don't get routinely contacted." A professional described communication as, 'sometimes hit and miss' in relation to the person's availability for work.

People were encouraged to make their own decisions, such as what they wanted to do and where they wanted to be. Staff understood how The Mental Capacity Act 2005 (MCA) required them to promote people's rights. Staff knew what to do if people needed assistance to make some decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found where staff needed to deprive anyone of their liberty the necessary action had been taken so the people's rights had been protected.

People continued to be cared for by staff who received on-going training and supervision to do their jobs effectively. Staff told us they completed a programme of induction when they first started working at the service. One staff member told us, "I had an induction. It was good. I learnt a lot. It opened my eyes to the job." Training records showed all staff had been provided relevant training, relevant to the needs of people they supported. This included medicine management, mental health awareness, safeguarding, MCA and DoLS.

Staff told us and records confirmed that staff were regularly supervised and received an annual appraisal. One staff member said, "I receive supervision on a regular basis but I could speak with my manager at any time. They are very supportive." Notes of meetings showed staff were provided guidance on how to achieve positive outcomes for people. Training needs were also reviewed.

People had access to healthcare services when required. People's well-being in relation to their health care needs was clearly documented. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. Health records detailed people's past and current health needs as well as details of health services currently being provided. They helped to ensure people did not miss appointments and recorded outcomes of health check-ups and could be used to help ensure people received continuity of care if admitted to hospital to enable hospital staff to understand the person and meet their needs.

People's nutritional needs were met with support from staff. Some people were supported to buy groceries

and prepare their own meals and snacks. One staff member told us, "It's important people are involved in food shopping." People planned their meals with staff support. Mealtimes were flexible around people's individual preferences and routines. If people decided they did not want a certain meal, alternatives were provided.

Staff were aware of people's special dietary needs, and how to support them correctly. Concerns had been raised regarding one person's weight. Staff supported them following guidance from a dietician. To encourage the person to eat, staff had developed routines and strategies. Staff monitored the person's food and fluid intake, and the person received special dietary supplements to ensure they had enough to eat and drink to maintain their health.

Is the service caring?

Our findings

At this inspection we found people enjoyed the same positive interactions with staff as they had during our previous inspection. The rating continued to be good.

People remained cared for by staff who were compassionate and kind. One person told us, "I appreciate everything they do for me." Another person said, "Staff are nice." Staff and the registered manager showed they knew people well and understood their needs, preferences, daily routines, and their backgrounds. Staff also knew how to support people with their needs and requirements. This showed staff had developed good relationship with people. We observed positives interaction taking place between staff, the managers and people. They spoke to each other in a friendly and respectful manner.

People were supported by staff who had the skills and knowledge to care for them. Staff understood how to meet people's individual needs. Staff knew people's particular ways of communicating and supported us, during the inspection, when meeting and talking with people. This showed us the staff knew people well. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed.

People received information about their care and support. The provider gave people a 'service users guide'. This contained information about the service including, the property and staff team. The service user guide was produced in an accessible format with large print and a large number of photographs to support people's understanding.

People were supported to maintain relationships that were important to them. The PIR described how one service user's mother was invited to a social service review at the home with social workers and the home staff and where issues were highlighted and the relative agreed to give support. We saw the care plan had documented this. However one relative told us, "I do have contact with the home but I don't always get invited to reviews."

Staff continued to treat people with dignity and respect. Staff also gave people the privacy they needed. People told us that staff knew not to interrupt them if they wanted to spend time alone. One person said, "They [staff] know that sometimes I like to do my own thing and stay in my room." Another person told us, "I love them to bits." People also told us staff always sought permission before entering rooms. We saw that people's personal hygiene was promoted. One professional told us that they sometimes saw one of the people who lived at Haven House was in need of their clothes washing. During our inspection we saw staff encouraging one person to have their jacket washed.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continued to be good.

People were involved as much as possible with planning and reviewing their own care and making decisions about how they liked their needs met. One person told us, "I know all about my care plan." People were well known by the staff who provided care and support and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. For example we saw staff encouraged one person to assist with a shopping list and meal planning. This helped ensure everyone's voice was heard. One person said, "I sometimes go to the shop or supermarket and can choose what I like."

The PIR recorded; each service user has a person centred care plan that is personal to them and details their needs choices and preferences. Care plans are reviewed regularly and any changes in needs are identified and care plans changed. Care plans clearly show the needs of the service user which staff are able to follow in order to care for the service user safely. Staff work to the plan when supporting the service user and service users agree their care plans. In addition one service user has a pictorial care plan. They detail what a person likes and doesn't like as well as what they need to keep them safe as well as their dreams, the things they want to do.

The service continued to promote people's interests and occupied them with activities they enjoyed doing, including employment. One person worked in local charity shop as well as working on a fruit and vegetable stall at the local day centre. They told us, "I have three jobs which I really enjoy." They showed us photographs and described with detail and pride the jobs they did. They also showed us a spread sheet they had developed to monitor the hours they had worked and the pay they received. One person was particularly interested in a popular television show. They told us that staff had helped them to apply for tickets to see the show.

We looked at how complaints were managed by the provider. No complaints had been made, however the registered manager was aware of the correct procedures to follow if there were any. People told us they had no complaints, however were confident to raise any concerns and felt any issues they raised would be addressed.

Is the service well-led?

Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The rating continued to be good.

The service continued to be managed by a registered manager who was aware of the responsibilities of this role and who was accessible to staff and people living at Haven House. 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.

The registered manager knew the people living at Haven House well and we observed that people were confident in approaching the registered manager and they engaged positively with people. Staff told us, "The manager is good and very supportive. She is always accessible for both staff and the people living here." The registered manager arranged meetings for staff to discuss improvements to the support people received. The registered manager used the team meeting forum to provide staff with information. Staff told us they were able to express their views on the service and they were listened to.

The service and registered manager continued to involve people and staff in the running of the service. People told us they had regular forums to discuss various aspects including menu, activities and house rules. People also told us that they had been involved in choosing colour schemes for redecoration in the home.

The quality of the service was monitored by the provider. The registered manager undertook regular quality assurance checks. The areas audited included health and safety records, care records, staff meetings, medicines records and complaints. Where shortfalls were identified the registered manager developed an action plan to resolve them. The results from the registered manager's actions were checked at the following audit. This meant people continued to be supported in a service with robust quality assurance processes.

The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required. The registered manager reviewed and shared accident and incident forms and worked closely with health and social care professionals.