

The Haven Residential Care Home Limited

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## 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

We inspected The Haven Residential Care Home on the 6 December 2018.

The Haven Residential Care Home caters for up to five people with mental health issues. At the time of our inspection five people were using the service. The service had spacious living areas and was set over two floors. The service was set in a residential area with easy access to the local community and had a small garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate

in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# The Haven Residential Care Home Limited

## **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.

This inspection took place on the 6 December 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with five people, the registered manager and one care worker. We reviewed two care files and records held in relation to the running of the service.

# Is the service safe?

## Our findings

People felt safe living at the service. One person told us, "I have lived here for a number of years, I feel safe here, it is cosy and comfortable." Another person said, "I feel relaxed here."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. One member of staff said, "If I needed to report anything outside I would go to social services." The registered manager protected people from financial abuse and supported people to manage their money.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence, they covered road safety and going into the community, managing money and environmental risks. The service had emergency plans in place and this included guidance to staff on fire evacuation procedures. Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid, if they needed immediate assistance from medical services they knew to call for an ambulance or would get support from the GP or minor injuries unit.

People received care from a consistent staff team. The registered manager told us that they did not need to use agency and staff worked flexibly to meet people's needs. Staff told us that there were enough staff available to support people with all their needs, including trips into the community. The registered manager had an effective recruitment process to check legal requirements and staff recruited were suitable for the role they were employed for.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements the registered manager employed people with the skills to complete these. The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

Medicines were managed and administered safely. Only trained and competent staff supported people with their medication, and where possible people were encouraged to manage their own medication. The registered manager ensured staff training was kept up to date and observed medication practices. Regular audits were completed and the pharmacy provider also completed a yearly review at the service.

## Is the service effective?

### Our findings

People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care. The registered manager ensured staff were kept up to date with training and where there was an identified need provided additional training. For example, all staff had received training in diabetes management when this became a need identified for people living at the service. In addition, the registered manager had sourced a pharmacy assistant to deliver medication training to staff to enhance their understanding of people's medication.

Staff felt supported at the service. One member of staff said, "I have completed various training including the care certificate." Staff told us that they had regular staff meetings to discuss the running of the service and people's needs. The registered manager told us that they had supervision with staff and completed yearly appraisals.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. One member of staff said, "We cannot make decisions for them, but we can advise and support them." Appropriate applications had been made to the local authority for DoLS assessments and where necessary lasting power of attorneys had been put in place for people. This told us people's rights were being protected.

People had enough to eat and drink. We saw that people had access to the kitchen and that this was a central hub for the service where people enjoyed sitting and talking. One person told us, "The food is lovely [staff name] is a very good cook." The registered manager told us that special diets were catered for to ensure people had all the nutrition and hydration required to keep them healthy. We observed lunch which was a very social occasion and people confirmed they enjoyed the food. People had choice over what they ate and chose options which they preferred.

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs, district nurses and the mental health team. The registered manager told us people were supported to attend health appointments and reviews regularly.

The environment was appropriately designed and adapted to support people. The service was spacious, people had their own large rooms and some had ensuite facilities. We saw that all the rooms had been individually decorated the way people wanted them.

## Is the service caring?

### Our findings

Staff continued to provide a very caring environment. Throughout the inspection we saw people and staff had good relationships. One person told us, "The staff are very kind." Another person told us, "This is the best home I have been in."

Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need, to know people, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines and maintain their independence. Staff were very keen to ensure people had choice and options over their life and could build on their independence. One person told us, "I like to go out every day to get a newspaper and have a drink at the café." Another person told us, "I like to go to the barbers once a week for a shave and I go to the bank." People chose how they wished to spend their time and some people told us that they liked to go out to clubs and were supported to follow their interests.

There was a relaxed atmosphere at the service and we saw that people were freely interacting with staff and each other. There was a sense of community with people getting along well with each other. People were supported and encouraged to maintain relationships with their friends and family whilst staying at the service. Relatives could visit at any time if they wished to see people, and staff also arranged to take people to visit their relatives and friends. One person told us, "All my family are coming at the weekend and we are going out to a Thai restaurant." They were clearly looking forward to this and told us how they were going to dress up and that the staff were going to help them dye their hair and paint their nails. People were treated with dignity and respect and their diverse needs were also supported. We saw that people's privacy was respected and staff asked permission before entering their rooms. If people wished they had a key to their room so that they could keep their property and belongings secure. One person showed us how they had a safe to keep their belongings secure.

People and their relatives were involved in the planning of their care and support needs. The registered manager worked closely with people to keep all their care needs relevant to them and up to date. Every month they summarised with the person what they had done during that month and discussed any plans for the upcoming month. The registered manager said that people had regular meetings to discuss communal living and promote tolerance, kindness and understanding at the service.



## Is the service responsive?

### Our findings

People continued to receive care that was individual and personalised to their needs. We saw from care records that people had person centred care plans in place which were very inclusive of people's views and wishes. This enabled staff to support them in the way they wished to be supported to live full and active lives. Support plans were regularly reviewed so that staff had the most up to date information to support people. Before people came to live at the service the registered manager met with them and their relatives to discuss their support needs to ensure they could be met at the service.

The service remained responsive. Staff told us how they worked with peoples changing care needs to ensure they had all the support and equipment they needed to support them. For example, when one person had temporary issues using stairs they had a stairlift fitted for them to use until they were able to walk upstairs unaided again. The registered manager also supported people to have their rooms decorated how they wished and helped them obtain the furniture they wanted. One person told us, "[manager's name] went shopping with me to help me buy new furniture for my room." They were very pleased with their purchases and showed them to us.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that the staff were very good at ensuring people were able to communicate in whatever form they found comfortable. One person told us, "I was going to have hearing aids but when I got them I didn't like them." However, we saw they did not have issues communicating clearly with staff.

People enjoyed varied pastimes and engaged in meaningful activities. People were supported to access activities that they enjoyed one person told us they liked going to day centres and another person told us that they liked going out on day trips. People also enjoyed going out together for pub lunches. The registered manager told us that one person wanted to join a healthy walking group so they were supporting them with this. One person had an interest in photography so staff were supporting them to travel to places of interest where they could take photographs and maintain their hobby.

The register manager had a complaints procedure in place. People told us if they had any complaints they would speak with the registered manager.

There was not any end of life care being delivered at the service, however the registered manager told us that they knew how to get support from the GP and palliative care team and that people would be supported to stay at the service.

## Is the service well-led?

### Our findings

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.

The registered manager understood their registration requirements including notifying us of significant events that happened at the service and displaying their latest report and rating. They were also aware of their duties under the new general data protection regulations. We found people's information was kept secure and confidentiality was maintained.

Staff shared the manager's vision for the service to give people confidence and support their independence. One member of staff told us, "We want people to have an active and good life and feel confident."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the registered manager and said they felt they had a good team. Staff had regular handover meetings to discuss people's care and used a communication book to relay important messages to each other. One member of staff said, "We have a good team and work well together, we have regular meetings where we all sit down together share food and discuss any issues." This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service on a daily basis through their interactions with people. People's opinions had been sought on activities and important decisions about the service, such as redecoration. People also discussed food and menus weekly. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The service had been developed as a small family home in the middle of the community. The registered manager told us the home was inclusive in the local community and people regularly accessed community facilities.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on health and safety, infection control and care records this information was used as appropriate to continually improve the care people received.