

Haven Social Care Limited

# Haven Social Care Limited

## Inspection report

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Date of inspection visit:

27 January 2016

29 January 2016

03 February 2016

09 February 2016

Date of publication:

15 March 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 27, 29 January and 3, 10 February 2016. The first day of the inspection was unannounced, later days were announced to ensure the registered manager was available. The service was last inspected in January 2015 when two breaches of regulations were found. In January 2015 the service was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as people who used the service 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. The service had taken action to address these issues and now met the legal requirement for Regulation 9. In January 2015 the service was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered person had not notified the Care Quality Commission of allegations of abuse in relation to people who use the service. The service had taken action to address this issue and met the legal requirement for Regulation 18.

Haven Social Care Limited is a domiciliary care agency providing support to people in their own homes. At the time of our inspection they were providing support to 20 people.

The service had a registered manager in post. 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 did not have enough staff to ensure that people's needs were met. Although the service was taking action to address this, there had been periods where the staffing levels had been so low that people received care late and some care visits were missed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Staff recruitment policies were robust, but had not always been followed. This meant that staff who may not have been suitable to work in care had been employed by the service. This was a breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service was not consistently well led. The contingency plans for staffing had not been effective which had led to poor care being delivered. Although action was being taken to address this, issues had not been identified or acted upon in a timely manner. We have made a recommendation about quality assurance and audit.

Staff received group supervision and support. Staff told us they found the group supervision useful, however, the group setting meant that individual performance monitoring and development was not completed. We have made a recommendation about staff supervision.

People told us they felt safe when receiving a service and described how staff took action to keep them safe. Staff demonstrated they understood safeguarding adults policies and the registered manager took appropriate action to deal with any allegations of abuse.

People's care plans were detailed, personalised and contained robust risk assessments that ensured that risks to people were managed and their freedoms supported. People's care was reviewed regularly and where necessary changes were made to people's care packages.

Where the service was responsible for supporting people with their medicines this was managed safely and people were supported in a safe way. Likewise, where the service was responsible for supporting people with their food and hydration and other health needs this was managed well.

People told us their staff were caring and good at their jobs. People felt their care workers listened to them and provided them with high quality care.

Staff received the training they needed and people felt confident that staff had the training they needed to perform their roles.

The service had a complaints policy and people knew how to make complaints. People told us that when they had made complaints these had been resolved in an appropriate and timely manner.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

There were not enough staff to ensure that people's needs were met.

Pre-employment checks to ensure that staff were suitable to work in care had not always been carried out.

People's care files contained robust risk assessments that contained appropriate measures to mitigate against the risk of harm.

Where people were supported with medicines, this was managed in a safe and effective way.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff did not always receive supervision in a way that supported their continued development.

Staff received appropriate training for their roles.

The service sought consent from people in line with legislation and guidance.

People were supported to eat and drink enough to maintain a balanced diet.

People were supported to maintain their health and have access to healthcare services.

### Is the service caring?

**Good** ●

The service was caring.

People and staff had built up positive caring relationships with each other.

People and relatives told us their staff were caring.

People were offered choices about their care and these were respected.

People were treated with dignity and their independence was promoted.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had personalised care plans and received personalised support from staff.

The service adapted people's care plans to reflect changes in people's needs.

The service had systems for obtaining and acting on feedback from people and their relatives.

The service had a robust complaints policy and responded to complaints that were made.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

Feedback about the management and leadership of the service was mixed. While people recognised improvements had been made, there had been significant issues with the organisation and coordination of the service.

The service carried out a range of quality assurance checks for individuals, but there was no service wide audit which meant that themes and trends were not captured. This meant the service could not evaluate the quality of the care delivered.

# Haven Social Care 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.

The inspection took place on 27, 29 January and 3, 10 February 2016. The first day of the inspection was unannounced, later days were announced to ensure the registered manager was available.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we already held about the service including notifications and safeguarding records. We received detailed feedback from two local authorities involved with the service. We had also received anonymous feedback about the service through our website.

During the inspection we spoke with five care staff, the registered manager, six people who received a service and five relatives of people who received a service. We looked at 11 staff files including recruitment records, supervision and training records. We viewed the care files of six people including care plans, risk assessments, reviews, records of care delivered, medicines records and feedback forms. Various records and policies including the safeguarding adults policy, incidents, complaints, quality assurance, recruitment policy, meeting minutes and feedback forms were viewed.

## Is the service safe?

### Our findings

People and their relatives told us they felt safe using the service. One person described how they bruised easily and their care worker would always explore these injuries and report them on to the registered manager. The person said, "[Care worker] asks me questions, if I've got a bruise she writes it all down, where and how I got it. [Care worker] is very efficient." A relative told us they felt their relative was safe with staff and they were confident to leave their relative alone with staff. Records showed that staff received regular training on safeguarding adults and staff were able to identify types of abuse. Staff told us they would report any concerns to their manager. The service had a robust policy regarding safeguarding adults, although the most up to date version was not contained in the service's policies file. The printed version did not contain the contact details for one of the local authorities the service operated in. This was brought to the registered manager's attention and was corrected at the time of inspection. Records showed that the service had responded to safeguarding concerns appropriately and taken action where required.

Care files contained a range of assessments, plans and risk assessments which described the support required to mitigate risks faced by individuals. These included environmental risks, moving and handling, personal care, medicines, skin health, nutrition and hydration, mental health and pets where appropriate. The moving and handling risk assessments were completed in detail and included photographs of the equipment used with detailed instructions for staff on how to support people safely. This meant that risks to individuals were well managed.

The registered manager told us, and people and relatives confirmed, that there had recently been a shortage of staff. A number of staff in key positions had left the service and other staff had been unwell. This had an impact on the people who received a service. Feedback from the local authority before our inspection included that people were experiencing late visits from care staff. This was confirmed by the people we spoke to. One person told us, "There are not enough staff." Another person commented, "At first it was really frustrating, I would get lots of calls telling me they were on their way. The weekends seemed to be a real problem, they only had two staff working. There's definitely a problem at weekends with a lack of staff." A relative told us, "On the weekends sometimes they can be late, they come eventually." The registered manager told us they were taking action to address this and were actively recruiting new staff. However, this had not been done in time to prevent the impact of low staffing levels. The registered manager had attempted to provide staff from within the service when it did not have capacity. Staff also told us there were issues with staffing levels at the weekend. One member of staff told us, "It was a problem but it's picking up now." The shortage of staff had led to some people missing their support and resulted in the local authority taking safeguarding action in relation to the service.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a robust recruitment policy which detailed extensive pre-interview screening of applicants to ensure they were suitable to work in a care setting. Staff files confirmed that extensive pre-screening and skills assessments were conducted with applicants. Records of interviews were not recorded and this was

brought to the registered manager's attention. The registered manager informed us that due to the extensive written assessments conducted prior to interview, the interviews themselves had been informal and not recorded. The registered manager told us they would record interviews in future in line with the policy. The completion of pre-employment checks, including the provision of two suitable references, ensuring applicants had the right to work and Disclosure and Barring service checks had been delegated by the registered manager. Records confirmed that the registered manager had identified that these checks had not been fully completed and they had taken action to address discrepancies. Disclosure and Barring service checks are carried out to ensure that people who are working in a care setting are suitable to do so, and disclose whether or not an applicant has any criminal convictions or cautions that the employer will need to explore to ensure they are suitable to work. Records showed that one member of staff was working with a positive criminal records disclosure that had not been explored by the service. This means that there is a risk that someone who was unsuitable to work in a care setting was employed by the service. The registered manager took immediate action to address this during our inspection.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsible for supporting some people to take their medicines. Records showed that where this was the case there were appropriately detailed care plans and risk assessments. These provided staff with the details of the medicines to be administered, when and how they were to be administered and the purpose for which they were prescribed. The service kept records of medicines administration and these were completed in detail, showing which member of staff had administered medicines and when the medicine was administered. Training records confirmed that staff who supported people with medicines had received appropriate training and had their competency assessed. A relative told us they were confident in the staff providing support with medicines. They said, "My relative takes 34 different tablets in one day and the carer has it all in hand. She checks it all each time." This meant that people were supported to take their medicines safely. Where people wished to self-administer their medicines appropriate risk assessments and support plans were in place.



## Is the service effective?

### Our findings

People told us they were asked to consent to their care and records confirmed that people had consented to their care packages. This was shown through people having signed their care plans and review documentation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 and found that the service was conducting capacity assessments to establish whether or not people had capacity to make certain decisions about their care, including administering medicines. Where people had legal representatives this was duly recorded and they were appropriately consulted about decisions relating to the person's care. Records showed that when people wished to make decisions that might be considered risky, capacity assessments had been completed and where people had capacity they were supported to make these decisions.

People told us that their care workers supported them with meals. One person said, "They make me nice food. If I don't like something they make me something else." Most people were supported by relatives to maintain a nutritious and balanced diet. However, where the service was responsible care plans contained detailed instructions for staff to follow and included people's preferences. For example, one care plan stated how someone liked to drink their coffee and how this should be prepared for them.

Most people receiving a service were supported by friends or relatives with their health appointments. Records showed that care staff escalated concerns about people's health and would facilitate appointments where required. One person was supported by care staff to attend hospital appointments. They said, "They help fill in the forms and help me to understand the appointments." Another person told us care staff supported them to arrange appointments when needed, they said, "They ring the GP for me and arranges appointments with my friend." This means that the service was supporting people to have their health needs met.

People told us they felt confident that the staff knew how to perform their role. One person told us, "They [care workers] know what they are doing. You can tell they've had the training." The service provided a range of training courses for staff including, fire safety, dementia, lone working, epilepsy, the role of the care worker, challenging behaviour, first aid, fire safety, safeguarding adults, end of life care, communication, person centred care planning and moving and handling. Records confirmed staff were up to date on their training. Staff told us they received regular training and the registered manager would get in touch with them regularly regarding training opportunities. All care staff were working towards completing the Care Certificate. The Care Certificate is a qualification that provides staff with the foundation they need to work in a care environment.

When new staff joined the service they completed an induction which included shadowing more experienced staff. Records showed staff completed a competency based assessment before moving onto lone working. The registered manager told us they had difficulty getting staff to travel to the office for supervision meetings as the office is located some distance away from the areas where staff lived and worked. This had been addressed by using group supervisions which were held every 3 months. These were used to discuss working practices, training, teamwork, record keeping and absence procedures. Staff told us they found these sessions useful. However, as these were group sessions they did not allow for personal development or individual performance issues to be addressed.

We recommend the service seeks and follows best practice guidance for supervising staff who work remotely.

## Is the service caring?

### Our findings

People gave us positive feedback about their care workers. One told us, "[Care worker] is genuine, and helpful." Another person said, "I find the carers very kind. My morning carer has become like a friend." A third person told us, "We have built up good relationships, they have a good approach." Relatives also spoke highly of the care workers, one relative told us, "Whatever [my relative] wants, the carer does." Another relative told us, "[Care worker] is so caring. She makes sure [my relative] is comfortable. They are close."

People told us that they now had regular carers, who had been able to build up relationships with them over time. This was contrasted with the feedback people gave us about the service they had received in late 2015. People said that in late 2015 they had had multiple different care staff and had found it difficult to build a rapport with them. People and staff told us they had enough time to get to know each other and this had improved recently.

Care files contained details of people's preferences and life stories before they received a service. They contained details of people's religious beliefs and cultural backgrounds. Staff told us they found this useful to help build relationships. One staff member described how they had shadowed a colleague and worked with a person's relative to build up their relationship. The staff member said, "The relationship is strong, I understand [the person]." Staff told us how they supported people to practice their religious beliefs, including supporting people to attend religious services when they wanted.

People told us that their care workers offered them choices and provided support in a way that matched their preferences. One person said, "They listen to me." People and their relatives told us they felt they were treated with dignity. One relative said, "The carers are experienced, they treat [my relative] with dignity." Staff described how they maintained people's dignity while supporting them with personal care tasks, particularly when people were receiving care in shared areas of the home. They described how they asked family members for privacy, or ensured that all care tasks were completed in a different room with the door closed. Records showed that people were supported to develop their independence skills where possible, and that when people no longer required support this was recorded and support was reduced as appropriate.

Staff told us how they offered people choices about their care, treatment and support. For example, one staff member said, "All the decisions are from [the person]. Whatever [the person] wants. They like to go out, so that's what we do."

## Is the service responsive?

### Our findings

At the last inspection the service was not keeping accurate records of people's care and was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had developed a template to record care delivered and this was well completed in all the files viewed. Care records detailed the tasks that were completed and included detail of information to be handed over to the next care worker. In some cases relatives also used the records to pass communication onto care workers.

The service conducted robust assessments of people's needs before they started to receive a service. These covered health needs, medicines, mobility and if equipment was needed to provide support. The assessment also included personal care needs such as continence needs, hearing and communication needs and preferences and mental health. Care files contained a section regarding people's current and former lifestyle. These were completed in detail and included people's work histories, family relationships and activities preferences and interests. For example, one person's file contained details of the different languages they spoke and how they had learnt them over their lifetime as well as details of their career and interests in sports. Descriptions of care tasks to be carried out were personalised and reflected individual preferences.

The registered manager told us that staff would contact her if they thought that someone's needs had changed and they required a change in their care package. This was confirmed by staff and people who told us that staff write down any concerns and phone the office. One person had found that they required two staff rather than one to support them in the morning. The registered manager had liaised with social services to secure an increase in the care package. The person's relative told us, "I didn't even have to ask, they just got it [increasing the care package] sorted out."

The service used a system of telephone checks to obtain feedback from people about the service and this worked alongside a system of quarterly reviews. People told us, and records confirmed that there had been a period in late 2015 when these reviews had stopped happening due to the departure of key staff. Records showed that these were happening at the time of inspection. Records showed that feedback was largely positive about care workers but people and their relatives raised issues about the timings of care visits. People had annual reviews where their whole package was re-assessed and feedback was obtained about the quality of the service they received. This meant that people received personalised care that was responsive to their needs.

A number of people and relatives informed us that they had made complaints about the quality of the service during late 2015 and records confirmed this. The service had a complaints policy which detailed the timescales for response and how to escalate concerns. People told us that the registered manager had listened to their concerns and taken action to resolve them. One relative told us, "I have raised concerns and she [registered manager] dealt with it straight away." Another relative told us they had raised concerns a number of times but that the service had now improved. This meant the service was listening to and responding to people's experiences, concerns and complaints.

## Is the service well-led?

### Our findings

At the last inspection the service was found to be in breach of Regulation 18 of the Care Quality Commission (Registration) regulations 2009 as they had not been notifying us of incidents as required. The service had taken action to address this and now had an incidents and notifications folder to track notifiable incidents. The service had been submitting notifications as required.

Feedback from staff regarding the registered manager was positive. Staff described the registered manager as approachable, open and supportive. One member of staff said, "[Registered manager] checks we are ok, she's supportive." People told us that staff were caring and supportive and had a positive attitude towards their work.

Feedback from people and their relatives was mixed. Some people spoke highly of the registered manager, describing her as "Absolutely brilliant" and "Very nice, always happy." Feedback across all the people we spoke with was consistent that there had been a dip in the quality of the service during late 2015. This corresponds with the feedback received from the local authority that they had received complaints about the quality of care. This was acknowledged by the registered manager and was attributed to the loss of key staff during this period. Most people were happy that these issues had now been resolved, and that the registered manager had taken appropriate action to resolve problems. One person said, "I spoke to the manager, it really picked up after Christmas and now it's really good."

Some people continued to express concerns. People told us that previously the service would contact them regularly and they would be informed in advance of changes to their care, for example when a different worker would be coming. A minority of people and their relatives told us that they now had to initiate this contact and they sometimes struggled to get through to speak to someone. One person said, "No one turned up that day, I couldn't get through to [registered manager]." Another person said, "It's become up to us to find out what is going on. You have to ring her. I think good management is putting people first which doesn't seem to happen with her."

These issues were discussed at length with the registered manager who recognised that the loss of key staff had led to a dip in the quality of the service provided. The registered manager was in the process of recruiting new staff, both care workers and administrative support, to address these issues. The registered manager had also re-developed the disaster and emergency recovery plan to include contingency plans for staff shortages and their own absence. However, the fact that the quality of service deteriorated so rapidly and to such an extent that calls were missed and safeguarding alerts raised meant that the service had not been well led. This is because the contingency plans to deal with staff shortages had not been effective.

The service conducted regular telephone interviews with people who used the service which were used to collect feedback and monitor the quality of the service. In addition, during the quarterly review meetings feedback was collected about the quality of support by specific care staff. The quality assurance conducted by the service was completed at an individual level and was not collated across the service. This meant that the service was not able to identify patterns to feedback and take action to address it. This was brought to

the attention of the registered manager who informed us that they are working with a consultant to develop their quality assurance. The current arrangements did not ensure that the service was consistently delivering high quality care.

We recommend the service seeks and follows best practice guidance in relation to monitoring the quality of the service provided.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The service was not operating effective recruitment procedures to ensure that persons employed were of good character. Regulation 19 (1)(a)(2)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The service did not deploy sufficient staff to ensure that the needs of service users were met. Regulation 18 (1)