Haven House Care Limited

Haven House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This unannounced inspection was carried out on 15 July 2016. Haven House Residential Care Home provides accommodation and care for people who have a long term mental health condition. The service is registered to accommodate up to 19 people. On the day of our inspection 16 people lived at the service.

There was no registered manager on the day of the inspection however since the inspection the new manager has been registered. 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.

At our last inspection on 12 April 2016 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for this service was Inadequate and the service was placed in special measures. We carried out this inspection to establish whether the requirements were being met. We found on the this inspection that sufficient improvements had not been made and the service therefore remains in 'Special measures'.We found that whilst improvements had been made there was a lack of confidence in the Provider that improvements would be sustained.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this time frame. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures

There were not always enough staff at the service to ensure that people's needs were being met in relation to activities and meal preparation. However all other aspects of care were being delivered by the correct numbers of staff.

People's rights were not always met under the Mental Capacity Act 2005 (MCA). Assessments had not always been completed specific to the decision that needed to be made. DoLS applications had been submitted to the local authority but these were not always supported by the appropriate mental capacity assessments.

People were not always receiving care from staff who had received appropriate training specific to the needs of people that lived at the service. However supervisions and appraisals for staff were taking place.

People were not always involved in the planning of their care although this was being addressed at the time of the inspection. People did not always have access to meaningful and person centred activities.

There were occasions that staff were not responsive, respectful and attentive to people. However we did find that, overall, people were treated with dignity and respect and there were times where staff were caring.

Incidents and accidents were recorded however there was not always evidence of any learning from these in order to reduce the risk of falls and incidents in the service.

People did not always receive care and support that met their needs in relation to their mental health. However all other aspects of care was being delivered by staff who understood their needs.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We had not been informed of all significant events in the service.

Risk assessment guidance for people were detailed and being followed by staff. Staff had knowledge of safeguarding adults procedures and what to do in the event of abuse occurring. Appropriate checks were undertaken on staff before they started work. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

Medicines audits medicines took place. Medicines Administrations Records (MARs) charts for people were signed for appropriately and all medicine was administered, stored and disposed of safely by staff that were trained to do so.

The food choices and quality had greatly improved since the last inspection because a chef had been employed. People said that they enjoyed the food at the service. People at risk of dehydration and malnutrition had their needs met and people were supported to remain healthy.

There was a complaints procedure and complaints were recorded appropriately with information around how there were responded to.

People and staff said that the management of the service had improved and they felt listened to.

There were effective systems in place to assess and monitor the quality of the service. Although improvements had started to be made since the last inspection the quality of life for people remained below what people had a right to expect. Audits and meetings had been undertaken with people and had been used to improve the quality of care for people. People's records were kept securely.

During the inspection we found three continued breaches 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 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 always enough staff at the service to meet the needs of people in relation to activities, cleaning and preparing meals however there were enough staff for peoples personal care needs.

Risks of harm were being managed appropriately. Further improvement was needed to make sure learning took place following accidents and incidents to reduce the risk of recurrence.

People told us they felt safe and staff understood their responsibilities in relation to abuse.

People were receiving their medicines in a safe way and medicines were stored safely.

Safe recruitment practices were followed.

Is the service effective?

Requires Improvement

The service was not always effective.

People's human rights were at risk because the provider had not followed the requirements of the Mental Capacity Act 2005.

Staff did not always have the most appropriate training to be able to meet people's needs. One to one supervisions however were taking place.

People were provided with a choice of nutritious food and drink and people's weight and nutrition was always monitored.

People were able access to healthcare services to maintain good health.

Is the service caring?

Requires Improvement

The service was not always caring.

There were times where staff at the service were not always respectful and people were not always involved in their care planning.

People's rooms were not personalised to them.

However we did see that staff did treat people care, dignity and respect and staff were kind and considerate to people the majority of the time.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs.

There was not always the most up to date information available to staff about people's care needs.

There were not enough activities that suited everybody's individual needs.

People knew how to make a complaint if they needed.

Is the service well-led?

Inadequate

The service was not always well-led.

People and staff said that the management had improved since the last inspection. This is due to the new manager having started to make improvements. However due to the continued history of non-compliance we do not have confidence that the provider Is able to embed and sustain the improvements.

There were appropriate systems in place to monitor the safety and quality of the service. Records were kept securely.

Where people's views were gained and used to improve the quality of the service.

People and staff said that the management had improved since the last inspection

Notifications of significant events in the service had been made appropriately to CQC.

Haven House Residential Care Home

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

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider about the staff and the people who used the service. On this occasion we had not asked the provider to complete 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. Because of the concerns we identified at our previous inspection, the provider was sending in action plans to inform us of the improvements that they were making.

We looked through notifications that had been sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. This included safeguarding concerns, accidents and incidents and notifications about important events that had occurred.

This was an unannounced inspection which took place on the 15 July 2016. The inspection team consisted of two inspectors and one specialist mental health nurse. During our inspection we spoke with the manager, the provider, three members of staff, seven people who used the service and one health care professional. After the inspection we spoke with one social care professional.

We looked at four care plans, three staff recruitment files, medicine administration records, staff supervision records and mental capacity assessments and Deprivation of Liberty Safeguards applications for people who used the service. We looked at records that related to the management of the service. This included minutes of resident and staff meetings and audits of the service. We observed care being provided throughout the day including during a meal time.

We last inspected Haven House Residential Care Home on the 12 April 2016 where several breaches were identified.

Requires Improvement

Is the service safe?

Our findings

On the previous inspection in April 2016 there was not enough staff to meet the needs of people. We found on this inspection that the numbers of staff on duty had increased however improvements were still needed to ensure enough staff were available for activities and housekeeping.

People's needs were not always met because there were not always enough staff employed and deployed. On the day of the inspection there were no activities available for people until the afternoon due to the lack of staff available. The activity was limited and three people participated. The manager told us due to the lack of staff activities only took place in the afternoon and none at the weekend. They told us that they were still trying to recruit an activities coordinator and domestic staff, since the previous inspection in April. This meant that an additional carer had been deployed to undertake cleaning duties in the morning and activities for people in the afternoon. The manager told us that there was no activities coordinator or chef at the weekends and that the cooking was undertaken by carers. New staff were being recruited into these roles but they were still waiting for the recruitment checks to be completed.

As there were not always enough staff employed and deployed to ensure that people could participate in activities this was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However there were enough care staff to support people with their personal care. People told us that they felt there were enough staff working at the service. We saw that people did not have to wait for their personal care. Staff supported people when they needed help throughout the inspection. The manager told us that two carers were required to assist with care for 16 people. According to the rotas there were always the right numbers of staff on duty including at night where one care worker (with one additional care worker sleeping in to be called if needed) was required. We asked staff about staffing levels at the home. One staff member said, "The staffing levels are good. But it's not about the numbers; it's about making sure they (staff) are competent." This comment related to the fact that not all staff had the training they required to carry out their roles.

On the previous inspection in April 2016 we identified that risks to people had not been managed appropriately by staff. On this inspection we found that some improvements had been made. Accidents and incidents were now being recorded however there were not always details about what action was going to be taken to reduce further occurrence. One health care professional told us that they had observed one person who had fallen whilst trying to take their shoes off. We saw that this had been recorded but with no detail around how the person had fallen and what steps had been taken to reduce the risks. Another incident had been recorded (which resulted in injury) but with no detail around how the incident occurred or how this had been addressed.

We recommend that the provider ensures that they are doing all that is reasonably practicable to mitigate risks associated with accidents and incidents.

Improvements had been made to the maintenance of the environment and equipment that reduced the risks of incidents occurring. We looked in people's rooms and spoke to the manager and saw that where there had been damaged furniture the provider had addressed this by replacing or fixing it or had plans to do so. There were still areas that required some improvements in people's rooms in relation to the fixtures and fittings but the manager informed us that this was being addressed. All stained and discoloured bedding from the previous inspection had been disposed of and the broken door to the downstairs bathroom had been fixed. One of the bannisters in the hallway was still loose however we were contacted after the inspection by the provider to say that this had now been fixed. There were now window restrictors on all of the windows.

People's safety was assured because identified risks of harm were appropriately managed. During this inspection care plans contained risk assessments to identify any risks to people and measures to reduce these. Risks to people around inadequate nutrition or hydration, smoking, mobility and behaviours had been assessed and actions taken to reduce these risks. Risk assessments had been reviewed each month to take account of any changes in need. One person was at risk of their legs swelling and we saw staff ensured that their feet were elevated whilst they were sat down. We asked staff about their understanding of risk management and keeping people safe whilst not restricting freedom. One staff member told us, "We don't coerce people, even if they don't want to do something that would benefit them. If they do want to do something, even if it's risky, they have to be allowed to do it".

Appropriate checks were now being carried out on staff to ensure that they were suitable to work at the service. We reviewed the records of staff that had started working at the service since the last inspection and found that recruitment files contained a check list of documents that had been obtained before each person started work. Documents included records of any cautions or convictions, evidence of their conduct in their previous employment, evidence of the person's identity and full employment history.

On the previous inspection in April 2016 people's medicines were not always recorded, stored and disposed of safely. On this inspection we found sufficient improvements had been made. However further measures needed to be taken to make sure people didn't have access to medicines whilst the trolley was in use.

People's medicines were now being managed safely. Staff did not sign Medicine Administration Record (MAR) charts until medicines had been taken by the person. There were no gaps in the MAR charts. We noted MAR charts contained relevant information about the administration of certain drugs, for example, anti-psychotic medicines. Staff were knowledgeable about this and all the medicines they were giving. Information concerning people's allergies, if they had them, were clearly shown on the MAR charts. In addition, each person taking 'as needed' medicines, such as pain killers, had an individual protocol held with their MAR chart. This described the reason for the medicine's use, the maximum dose, minimum time between doses and possible side effects.

All medicines were delivered and disposed of by an external provider. We noted the management of this was safe and effective. Medicines were labelled with directions for use and contained the date of receipt, the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored.

Medicines were stored securely and in an appropriate environment. Medicines were stored in a locked room and dispensed from a drugs trolley. We observed that the medicines trolley and the room in which it was housed were left unlocked when unattended on six separate occasions at lunchtime. The staff member dispensed medicines to people in the dining room, which was adjacent to the treatment room in which medicines were stored. During this time, it would have been possible for unauthorised individuals to gain

access to the room and its contents. This did not protect people from the risks associated with medicines. We raised this with the manager who told us that they would address this with the staff member.

On the previous inspection in April 2016 people were not always protected from abuse. On this inspection there had been sufficient improvements in this area.

People told us that they felt safe. One person said, "I feel safe, I like the staff here" whilst another said, "I feel comfortable with all of the staff." Systems and processes were in place to protect people from the risk of abuse. Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. Staff said that they would refer any concerns they had to the manager or to the local authority if needed. One member of staff said, "I would let my manager know. If they didn't do something, I would go outside, to Social Services". There was a Safeguarding Adults policy and staff had received training regarding this since the last inspection. Staff were aware of the whistleblowing policy and all of them said they would use this if they needed to report any concerns they had.

People would be safe in the event of an emergency because appropriate plans were in place. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person that were updated regularly and a copy was kept in the reception area so that it was easily accessible. Staff were aware of where to access people's information and guidance about what to do in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

On our inspection in April 2016 we found that staff did not always follow the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS). The requirements were still not always being followed.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's human rights could be affected because the principles of the MCA and DoLS were not always followed. People were at risk of having decisions made for them without their consent, as appropriate assessments of their mental capacity were not completed. There was still no evidence that any mental capacity assessments had been completed when specific decisions had been identified and there was a question as to the person's capacity to understand and make the decision. One of the reasons given for the request stated that the person, 'Lacked capacity'. However, an undated admission assessment to the home stated that the person had mental capacity. It was not possible from the care plans to establish whether the person retained enough mental capacity to make decisions or not. It was not clear whether the provider should have referred the person for DoLS authorisation, which should only be done once it has been clearly established the person did not possess mental capacity to make a specific decision. In another person's care plan there were no mental capacity assessments in the care plan however, a letter from a health care professional dated April 2013 expressed concerns about the person's mental capacity. They had advised further investigations into this by the local authority but there was no evidence of follow-up actions in the care plans.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us that DoLS applications had been submitted for everyone at the service however they also told us that people at the service did not lack capacity to make a decision about living at Haven House. Without ascertaining that people lacked capacity the DoLS application may not be necessary which highlighted the lack of understanding of MCA and DoLS.

This is a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On our previous inspection in April 2016 staff did not always have the training and experience to meet

people's needs. There were still areas that required work to be undertaken.

People were not always cared for by staff that had the skills needed to support people with a mental health diagnosis. All staff had undergone training recently in challenging behaviours and mental health. However the training sessions appeared to last for one hour in length. It was difficult to assess the quality or results of the training as no evaluation forms had been completed after the training. We asked the manager how the impact of training was measured and they told us that they observed practice but we were not provided evidence of this. We asked staff about their understanding of caring for people with a mental illness. One member of staff told us how they would record and report any concerns they had with the person but there was no evidence around how the member of staff could support the person with their mental health care.

People were not always cared for by staff that were skilled in relation to the work that they carried out. There were areas of mandatory training that had not been completed by all of the staff at the service. New staff had not completed First Aid training or a food hygiene course.

Staff were not suitably skilled in their role and training was not always appropriate. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the new manager had undertaken supervisions with all of the staff to discuss further training and development needs. However this had not led to staff being provided with all the training they required in key areas of their roles such as mental health knowledge.

On our inspection in April 2016 people's nutritional and hydrations needs were not always met. We found on this inspection that there had been sufficient improvements.

A new chef had started and this had a positive impact on the food and drink people received. People liked the food at the service. Comments included, "The food is very nice, it's lovely, I eat it all until it's gone", "We have a new chef, (the chef) is good, the food tastes nice" and "Lovely food, fantastic change from before, very good chef." We observed one person complimented the chef after lunch, they said, "The food was beautiful."

People were offered choices and all meals were very well presented and inviting. People in their rooms were also offered meals in the same way. The chef was given information about people's dietary needs by care staff. Information about allergies, texture-modified diets and dietary requirements for people with diabetes was recorded. There was a system in place to monitor food and fluid intake where necessary. Records had been completed accurately and reflected what people had eaten and drank. People were weighed regularly and where there was a concern guidance was sought from, for example, the speech and language therapist (SaLT) or GP.

People were supported to remain healthy. People told us that they were able to access health care professionals when they needed to and we saw that this was the case. People had access to a range of health care professionals such as mental health professionals, GP, SaLT and dietician. People were referred when there were concerns with their health. Where necessary multi-disciplinary teams of health care professionals supported people with their needs. One health care professional told us, "Our view of the home is that it is very good, residents always look healthy, a good weight and drinks are always available." They told us that they were happy with the care that people received from staff and that staff always followed the guidance that they gave.

Requires Improvement

Is the service caring?

Our findings

On our inspection in April 2016 we found that care was not designed with the input of people who used the service and that staff did not always treat people in a caring way. On this inspection whilst some areas were better there were still improvements required around how staff people treated with dignity and respect and people being involved in their care planning more.

People were still not always involved in their care planning. The manager told us that they were trying to involve people more but there was no consistency in the care plans that showed people were involved. However one person did tell us, "(The manager) did sit and do the care plan with me, it's something to do." Some care plans detailed the involvement with people whilst others did not. The manager told us that they were aware that more work was needed around this and they were hoping to recruit a deputy manager to assist with this. However this had not been achieved in a timely way since it had continued since the last inspection. People had not been involved enough to ensure they had care and care plans that were personalised and relevant.

People's rooms were still not personalised and lacked a homely feel. People told us that they were not involved in how their rooms were decorated and did not have an opportunity to choose their curtains or furniture. Rooms still had a mixture of furniture that looked worn. However people did have their own personal belongings in their room. There was no information on the provider's action plan on how this was being addressed.

The provider had not ensured that care and treatment was provided that met people's individual and current needs and preferences. This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always treated with respect and dignity or encouraged to make decisions for themselves. For example, we noted at lunchtime that condiments such as sauces were not kept on dining tables. We heard one person say, "Is it alright I get it (tomato sauce) for myself?" A member of staff replied, "No, I'll get it". The staff member then poured the sauce without letting the person do it for themselves, though they were capable. Similarly, staff went from table to table offering and dispensing tartar sauce instead of placing it on dining tables to encourage people to dispense it themselves. We heard one person repeatedly ask for a second helping of dessert without a response from staff. The second helping was eventually provided. On another occasion we heard one person talking to a member of staff (whilst the person was sat in the chair), the member of staff didn't look at the person to acknowledge them. They carried on their duties without stopping and talking to the person. We raised this with the manager who was aware of the member of staff and said that they were taking steps to address this.

We did see occasions were people were treated with dignity and respect. We observed staff knocking on people's doors before entering and providing care behind closed doors. We asked staff how people's dignity was maintained. One staff member told us, "Well, we do our best to treat people as people. That's very important to me." One health care professional told us that staff always ensured that the curtains were

closed and the door was shut when they were providing care to them.

People said that staff were caring. Comments included, "I like the staff here, they spoil me, staff are kind", "Staff are friendly" and "Staff are kind."

We saw interactions between people and staff that showed staff to be caring and compassionate. One member of staff ensured that people in their rooms were not socially isolated. We saw one person being greeted in their room by staff in a jovial way which the person responded to. Another member of staff was encouraging people during an activity in the afternoon and gave compliments to people. One health care professional told us, "Staff are very good, reassuring (the person) when I am here."

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection in April 2016 care plans were not detailed and people did not always have access to activities. At this inspection we found that some improvements had been made but there were still areas of improvement needed around care plans and activities.

People did not always receive care and support that met their needs in a personalised way. The provider's statement of purpose stated 'we will monitor psychological health and ensure that preventative and restorative care is provided'. We saw no evidence of this taking place on the day of inspection. Care plans still lacked any guidance for staff on how best to support people with their mental health. In one care plan there was a mental health assessment, but no assessment of any triggers so that staff knew how to respond, there were no recommendations or any actions to take to support the person. In another person's care plan the mental health assessment was not very comprehensive and there were no indicators of what caused the person's anxieties to enable care staff to meet their needs effectively. It stated that they were being treated for depression however there was no care plan to guide staff. Where people's moods fluctuated there were no behavioural charts in place for staff to monitor this. The manager told us that they knew the care plans required more work and provided us with an action plan to address this.

When asked about activities one person told us "I get bored here." However another person told us that they got to do lots of things in the service. They said, "I watch television, I like playing Bingo and colouring."

Throughout the morning three people were taking part in arts and crafts and other people were sat in the lounge or going outside for a cigarette. In the afternoon we saw a member of staff do crafts with three people in the dining room with the same three people. However when asked what activities were taking place outside of the service one member of staff said, "I was going to take (one person) out into the garden or for a walk by the road." There was evidence that people attended a local centre on some days and a gardening group but no evidence of therapeutic activities to assist people with their recovery. There was a section in people's care plans around 'activities of daily living' but these had not been completed in sufficient detail to include people's personal choices and preferences. One care plan stated, 'Engage me in structured activities, sensory stimulation by providing a program of activities…' but we did not see evidence of this on the day. The manager told us that they were still trying to recruit an activities coordinator and that once they did they would be responsible for ensuring that activities were more person centred. However people had been waiting for this change since prior to the last inspection in April. For one person we spoke to, and for others we observed, this lack of activities that suited them had an effect on their quality of life.

Care and treatment was not always provided that met people's individual needs and preferences. This is a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see that care plans were more detailed around other aspects of people's care. For example, one person had a skin condition. There was an up to date risk assessment and care plan in place, which contained detailed instructions concerning how and when the persons skin should be checked and staff

were following this guidance. Another person had diabetes and there was a clear plan in place that staff were following to manage the risks of this. Other people's care plans had a description of their medical history, moving and handling, skin care and sleep routine and how people needed and wanted to be supported. Staff discussed people's most up to date needs during daily handovers.

There was a complaints procedure in place which was displayed in reception. People did tell us that they would make a complaint if they needed to. There had been no complaints at the service since the last inspection in April 2016. When asked what they would do if they were unhappy about something one person told us, "I would talk to my key worker." Another person said, "If I was fed up I would talk to staff."

Inadequate

Is the service well-led?

Our findings

Since the last inspection the management of the service had improved, which had had a positive impact on the care people received. People were positive about the new manager. They told us that they felt comfortable with the manager and that they knew they could approach the manager whenever they wanted to. They all said that they noticed a positive change since the manager had started and that they felt more involved in the running of the service.

However, because there is a history of non-compliance with the regulations we do not have confidence that the provider is able to sustain and embed the improvements the manager has started to make. In September 2015 the service was found to be inadequate and breaches were identified in a number of areas. As a result warning notices were issued. When we re-inspected in April 2016 improvements had not been made and further breaches had been identified. Therefore instead of improving the service and care people received the provider had allowed the service to deteriorate and had failed to take action in a timely way. Although during this inspection the manager has started to make improvements the provider notified us that they no longer wish to be the provider of Haven House. The provider's plans to withdraw from providing the service have an impact because they are not fully committed to making the improvements that are needed. The evidence for this is the history of non-compliance and lack of action to improve the care and that they had failed to inform the new manager that the service was rated inadequate when they took up the post. They had also not always been open and transparent with the manager which had an impact on the running of the service. There had been a significant safeguarding concern raised to the Provider which they had not shared with the manager of the service. The manager told us that communication from the Provider was not always as it should be.

On the previous inspection in April 2016 there were not effective systems in place to quality assure the care that was provided and to make improvements to peoples care. We found on this inspection there had been sufficient improvements in this area however there were still breaches in regulations around person centred care, MCA and staffing levels. The provider still needed to make changes to the service to ensure that what they say they provide, including, preventative and restorative care is consistently provided.

Since the inspection in April 2016 the provider had been sending in periodic action plans to show how they were meeting the warning notices that were issued. The action plan detailed timescales to make improvements but these timescales were not being met in all of the areas.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of most significant events in a timely way so we could monitor what was happening in the service. However one significant safeguarding event which the provider had been made aware of had not been shared with the manager or notified to CQC. We did see that people's records were kept securely within the service.

We saw during the inspection that the manager had an open door policy, and that people and staff accessed their office through the day. The manager engaged with people and although they had only been at the

service a short time had a good amount of knowledge about the people living at the service. People said that the manager was visible in the home and was often walking around to make sure people were okay.

There were a number of systems in place to make sure staff assessed and monitored the quality of care. People's views had been sought and these used to improve the quality of care. We looked at notes of the residents meeting in July 2016. We saw that discussions took place around what meals people wanted, what trips they would like to take place. There were action plans from each meeting and these were followed up and actioned. For example a holiday for people was being arranged.

Various audits were carried out by the provider, such as health and safety, medicines and home maintenance. The manager also undertook monthly quality assurance checks and produced an action plan to address the shortfalls. In the short time that the manager at been at the service they had identified the need for updated care plans, staff one to one supervisions and additional training. All these were being addressed at the time of the inspection. However improvements were needed around the analysis of accidents and incidents. Accidents and incidents were recorded but with no information how they had been analysed to try to prevent future accidents. We fed this back to the manager who said that they would address this.

The manager gained staff feedback through periodic meetings. An action plan had been devised to address areas needing improvement. We saw in each meeting actions from the last meeting were discussed. This included staff ensuring that they were offering people choices, changes to the way the care provided was being recorded. We saw that these had been addressed. However we noted despite this that staff did not always translate these discussions into practice, such as not offering people the choice of their condiments at lunch time. There is more work to be done to change the way staff work and to monitor this to ensure that the managers intended improvements are being put into practice. Staff we spoke with felt they could voice their opinion openly and felt supported.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that care and treatment was provided that met people's individual and most current needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that people's consent had been gained and their capacity had been assessed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that people who used services were cared for by sufficient numbers of competent and experienced staff.