

HC-One Oval Limited

# Haven Care Home

## Inspection report

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Date of inspection visit:  
05 August 2019  
07 August 2019

Date of publication:  
07 October 2019

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Haven Care Home provides nursing and personal care for up to 40 older people living with a range of health care needs. This included people who live with diabetes, a stroke and physical disability. Some people had memory loss or frailty associated with the age. Most people required support from two members of staff for personal care and mobility. There were 22 people living in the Haven Care Home at the time of the inspection.

### People's experience of using this service and what we found

The quality assurance and monitoring system was not effective. It had not identified the concerns we found at this inspection, and there was no evidence that management had responded to the improvements needed that had been found by HC-One, using their own internal inspection process.

There were not enough permanent staff, care staff and nurses, working in the home. This meant there was a reliance on agency staff, which had a negative effect on the support and care provided. The manager was from another of the provider's homes and was managing on a temporary basis. Care plans had not been updated and reviewed when people's needs changed; risk had not been identified and person-centred care was not consistently provided. Medicines were not well managed and safeguarding referrals had not been made in line with current guidance. Staff training was provided but had not included training to support people who had specific health care needs, such as mental health needs.

People were not consistently supported to have maximum choice and control of their lives. Where people had disabilities, such as poor eyesight, staff had not taken this into account when they developed their care plans. Staff had not consistently supported people in the least restrictive way possible and in their best interests; the policies and systems in the service had not ensured good practice.

Staff were kind and caring and enjoyed working at the home. A range of activities were provided, and people were positive about these and joined in if they wanted to. The home was clean and tidy, and people were protected from the risk of infection.

People, relatives and staff were positive about the current manager and felt they provided good support at a difficult time. This was due mainly to the changes in management at the home since the last inspection; which meant there was no consistent day to day management of the care and support provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (Published 7 August 2018) and there were two breaches of regulation. The provider completed an action plan to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of

two regulations and we identified two further breaches of regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the legal requirements related to safe care and treatment; safeguarding people from inappropriate care and treatment; person-centred care and good governance at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Haven Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Day one of the inspection was conducted by two inspectors. Day two was completed by one inspector.

#### Service and service type

Haven Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This first day of the inspection was unannounced. The second day was announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service, six relatives and a healthcare professional about their experience of the care provided. We spoke with nine members of staff including the manager, HC-One

Operations Manager, two nurses, four care staff, activity staff, the cook, kitchen staff and housekeeping staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at minutes from meetings, provider reports, cleaning schedule and training plan.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to provide safe care and treatment for people and had not ensured that people were safe from abuse or harm. There were breaches of regulation 12 (Safe Care and Treatment) and regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made; the provider was still in breach of regulation 12 and 13. We found the provider, manager and staff had not accepted responsibility for planning and delivering safe care and protecting people from the risk of harm.

### Staffing and recruitment

- At the last inspection we identified there was an over reliance on agency staff; a lack of oversight of the support and care provided and limited guidance for staff to follow, which put people at risk of harm. At this inspection we found this had not improved enough and continued to be an area of concern. There continued to be a reliance on agency staff and a lack of up to guidance for them to follow, which meant staff had not always provided the support people needed.
- People, relatives and staff said there were not enough permanent staff working in the home. One person told us, "Some are better than others, but the agency staff don't know what to do." A relative said, "The staff are stretched all the time but they are very kind."
- Staff told us, "There are too many agency staff, if we have the same ones they get to know people, but they often haven't worked here before and we have to check what they are doing" and "This affects the amount of time we can spend with residents, we are constantly reminding them and checking what is going on."
- Staff told us to prevent falls occurring, when staff were busy, people were supported to return to bed in the early evening. One member of staff said, "There is not always enough staff here and if we rely on agency staff, residents can be at risk. It reduces the risk if people are in bed, it is not ideal, but it keeps them safe." Records did not show that people had been consulted or agreed to return to bed because there were insufficient staff.
- The manager said they used the same agency staff if they could, but this was not always possible. There were three agency staff working in the home on one afternoon, they had not worked there before. One told us, "I have worked in care for years and am experienced." However, they did not know about people's specific needs and how to provide appropriate support. We observed that two agency staff were going to transfer a person using a hoist, permanent care staff had to take over from one of them so that the person was transferred safely. Staff said this was because the agency staff did not know the person's specific needs

when transferring with the hoist.

- The nurse on duty was also from an agency and had only worked at the home once previously. Care staff said it was difficult to clarify people's care needs with nurses who did not know people. In addition, there was no handover for care staff at the beginning of each shift, so they did not know if people's needs had changed and if additional support was needed.
- At the previous inspection the care planning system was being reviewed and the information available for staff to refer to was not up to date. At this inspection we found that although the new care plan format was in place; the care plans did not reflect people's needs and had not been reviewed and updated when people's needs changed. For example, when a person's mobility had changed and they were unable to walk around without assistance from staff. One person's care plan stated they were able to move around their room safely, when we observed, and were told, that they needed assistance from staff.
- There were effective recruitment procedures in place for permanent staff. Records showed that appropriate checks had been completed to ensure staff were suitable to work at the home. These included references, a Disclosure and Barring check (DBS – criminal record) and employment histories. Checks had also been made to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC), which confirms their right to practice as a registered nurse.
- However, although the information received from the agency's provided details of the training agency staff had completed, it did not ensure agency staff followed safe practice. For example, we saw one of the agency care staff wore sandals rather than appropriate footwear to protect their feet when assisting people with hoists and wheelchairs. Another agency care staff had not followed current infection control guidance and was using gloves consistently rather than when assisting people with personal care. We advised staff of this and the information was passed on to the agency concerned.

#### Using medicines safely

- At the previous inspection we found there was no system in place to ensure prescribed topical creams were available for people and that they had been used as prescribed. Records had not been filled in to show staff had applied creams when they were needed.
- At this inspection we found the process for ordering, storing and giving out medicines was appropriate. One person said, "I have my medicines when I need them." However, the management of prescribed topical creams had not improved.
- Staff said they completed the daily records, kept in people's rooms, when they applied creams. We found gaps on these records, staff said these were checked at the end of each shift so should have been up to date, but they were not up to date so staff could not be sure people had received their creams as prescribed.
- Staff did not consistently use prescribed creams. For example, a preventive spray cream was used for one person, this had not been prescribed. The spray was not recorded on the medicine administration record (MAR), so it should not have been used. Staff did not know who had added this to the person's daily record folder. Using the wrong creams could have ill effects on people.

The provider had not ensured there were enough staff with the right skills and knowledge, to provide safe care and treatment for people. Topical creams were not managed safely. The above are a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

- At the last inspection we identified staff did not have a clear understanding of when a concern should be reported to the local authority in line with current safeguarding procedures. At this inspection we found this had not improved sufficiently and there were incidents that should have been referred to the local authority. For example, there had been an incident of alleged neglect. This had not been reported to the local authority safeguarding team to review. .

- Another person required a specific prescribed treatment to help their skin. Staff had not used the treatment and the person's skin had not improved. This had not been raised as a concern. Following discussions with the manager they said they would refer this to safeguarding and send a notification to CQC.
- There were a range of responses when people and relatives were asked if the support and care provided was appropriate, met their needs and kept them safe. One person said, "Yes I am independent mostly so can decide for myself, but some staff are better than others. I like to get up early, some don't offer any support." Other people told us, "I am happy here" and "I get on well with all the staff they look after me."
- The feedback from relatives was they were not confident that staff consistently provided the care and support their family member needed. One relative said, "I don't want to have a day off (from visiting), I don't know what's going on." Another relative told us, "I am here every day and can help with meals and drinks. We have had to ask for different things to make sure (my relative) has the right care."
- Staff had attended safeguarding training, they were aware of different types of abuse and explained what action they would take if they had any concerns.

The provider had failed to operate effective processes to investigate allegations of abuse. This is a continued breach of Regulations 13 of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014.

#### Assessing risk, safety monitoring and management

- Staff said risk assessments had been completed for people before they moved into the home, to identify individual needs, and were updated as part of the care plan reviews.
- We found risks had not been consistently reviewed when people's needs had changed, and care plans had not been updated. For example, one care plan stated a person was at risk of falls and they needed assistance from staff to move around their bedroom using a walking aid. It was not recorded if one or two members of staff were needed and on talking to staff they were unsure. One member of staff said they, "Can walk using the aid with one staff." Another member of staff told us, "Depends on how they are feeling, some days are better than others." This was not recorded in the care plan, there was no guidance for staff to follow to assess people's needs on a day to day basis, and to ensure appropriate support was provided.
- People had personal emergency evacuation plans (PEEPS). These are designed to provide guidance for staff if people need assistance to leave the home in case of emergency. We found these had not been updated when people's needs changed. For example, one stated that a person could use the stairs to walk down from the bedroom on the first floor with one member of staff. The PEEPs did not reflect their changes in support need and increased assistance the person needed. This might put them at risk of harm if staff had tried to assist them to use the stairs. The manager updated the PEEPs during the inspection.
- We discussed with the manager and operations manager that more robust systems were needed to ensure records reflected people's assessed needs as this was an area that needed to improve.
- Other risk had been identified and staff explained how they assisted people to be independent in a safe way. Assessments included Waterlow for risk of pressure damage, MUST (Malnutrition universal screening tool) for nutritional needs and diet and moving and handling, to support people to move around the home safely.
- Health and safety checks were completed to ensure the environment was safe. This included checks on legionella, electrical and fire equipment. The fire alarm was checked weekly and maintenance of the system was being carried out during the inspection.

#### Learning lessons when things go wrong

- Staff were clear about what they would do in the event of an accident or incident. One member of staff told us, "I would check how the resident was and call for assistance. The nurse would check everything was ok and we would help the resident."
- There was a system in place to audit accidents/incidents, to assess how they occurred and what action

was needed to prevent them re-occurring.

#### Preventing and controlling infection

- The home was clean and tidy, there was an effective cleaning schedule in place to reduce the risk of infection.
- Staff said they had attended infection control training. Protective personal equipment (PPE), such as gloves and aprons were available and, there were hand washing and sanitising facilities throughout the home. Laundry facilities with appropriate equipment to clean soiled washing safely were available.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People said they made decisions about the care and support they received. One person told us, "I am quite independent so can do most things for myself, so I decide what I want to do." Another person said, "They ask if we want to do anything, but I want to stay in my room."
- We saw staff respected people's choices and offered alternatives, such as joining in activities. Staff asked people if they needed assistance and if they had everything they needed, whilst also encouraging people to do things for themselves.
- Staff said they had completed the on line MCA and DoLS training and understood how these were related to the support and care they provided. One member of staff told us, "We know how residents respond when we ask them if they want to get up or have a lie down after lunch. I have got to know them really well, I know how they react if they don't like or want to do something."
- Mental capacity assessments had been completed and there was some information about areas where people may need additional support. Where a person had been assessed as lacking capacity a DoLS referral had been made to the local authority and any conditions to meet the DoLS were being met. This included the code for the locked doors to each floor and to access or leave the building and for the use of bed barriers.
- We found relatives had been asked to sign care plans and/or consent forms for photographs, for people who had capacity. There was no additional information to explain why this had been done.

- For example, one person had sensory loss and may have been unable to see the form, but there was no record of a conversation with the person to discuss this or that an agreement had been reached that enabled the relative to sign on their behalf. This is an area where improvements are needed

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff training, skills and experience

- We saw from records that people's individual needs had been assessed before they were offered a place at Haven Care Home. Staff said this was to make sure they could provide appropriate care and meet their needs.
- These assessments had been completed with the people concerned and their relatives if appropriate. One person said, "Yes they came to see me to talk about what I need."
- However, we found that assessments had been completed for people; places assured, and people moved into the home when staff may not have had the skills needed to meet individual needs.
- For example, people who needed support with mental health needs. Staff said they had not been given any training in mental health awareness and we found no evidence that this training had been held or was being arranged.
- The assessments were used to develop the care plans, which staff said they referred to for information about people's needs and guidance, so they could provide the care people wanted. We found no specific guidance for staff to follow to support people with mental health needs in the care plans.
- Improvements were needed to ensure there was a clear understanding of people's needs and staff have the skills and understanding to meet people's needs.

Staff support and induction

- People said permanent staff were very good and knew how to support them. One person told us, "The staff who know us are very good, but I don't know what training some of the others have. Not enough?"
- Staff said they had regular training and were reminded if any updates were needed. One member of staff said, "I have done moving and handling, infection control, health and safety, first aid and equality and diversity." Another member of staff, "I am up to date with all the training and just finishing the care certificate."
- Staff said supervision had been arranged with the current manager and they had previously had one to one meetings with previous managers. One member of staff told us, "Yes we have supervision meetings to talk about working here, our practice and also how we might want to develop our career."
- New staff completed induction training. One member of staff said they had completed on line training while their employment checks were being processed and then worked with senior staff. "They showed me how to care for the residents. I haven't done this before, they were very good, I could ask questions and became more confident, then I could look after people on my own and plan their care."
- Nurses said they attended all the training and kept up to date with their practice as required by Nursing and Midwifery Council.

Supporting people to eat and drink enough to maintain a balanced diet

- People said the food was very good and they were offered choices for each meal. One person said, "We can change our mind if we don't like what is offered, but I like most things I have no complaints."
- The cook had a very good understanding of people's dietary needs and preferences. Specific diets were catered for including soft and pureed meals, and there was a vegetarian option for each meal. Fresh cakes were made daily and a variety of snacks were available for people to have at any time. One person celebrated their birthday during the inspection, a birthday cake had been made by the cook and activity staff arranged a birthday party for other people to join in if they wanted to.
- People chose where to eat their meals. Some preferred to have them in their bedroom while others used

the dining room. Meals in the dining room were relaxed and sociable with people, relatives and staff chatting as they offered people assistance when needed.

- People's diet was monitored, they were weighed regularly and if staff had any concerns they contacted their GP for advice. Staff said, "We use the food and fluid charts to record how much people eat and drink, but we know at mealtimes how much they have."
- Staff described the meals to people with limited eyesight and used plate guards so people could be as independent as possible at mealtimes. They asked people if they wanted the food cut up and offered assistance and waited for a response.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People told us appointments were arranged with health and social care professionals when they needed them. One person said, "Yes I see my GP when I need to." Another person told us, "My daughter visits regularly and arranges all that."
- Referrals had been made to specialist services when needed. Such as the speech and language team (SaLT), if there were concerns about a person having difficulty swallowing or at risk of choking. One relative said SaLT had provided clear information about the meals their family member could continue to enjoy.
- Appointments with chiropodist, optician and audiologist for hearing tests were arranged when needed.
- Staff said records were kept of professional's visits in the care plans and these included guidance for staff, if there were any changes to the person's care and support needs. We found visits had been recorded in the care plans and communication book.

Adapting service, design, decoration to meet people's needs

- The building is an older building with a large extension to the side. The older building retains many of the original features, including a large lounge/dining room which was used for activities and celebrations. The extension is spacious and has a smaller lounge/dining room on the first floor.
- Corridors are wide and allow access for people with wheelchairs and walking aids to move around safely.
- People said they liked their rooms and brought their personal possessions with them when they moved into the home.
- One person told us, "I had a good look around other rooms and decided on this one. I like it." Another person said, "I like having my own bathroom, so it is the best room for me."
- The layout of the lounge/dining room had been changed since the last inspection. The dining area was used by more people at mealtimes during this inspection, new armchairs had been provided and it was clear the room was well used.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they staff were very nice and provided the care they needed. One person told us, "I get on very well with all the staff, they look after me." Another person said, "They are very good."
- Staff treated people with kindness and ensured their choices and preferences were respected.
- One person said they would like to go back to their room in the afternoon, and staff helped them use the lift to return to the first floor bedroom. When another member of staff asked them if they wanted to join in the afternoon activity the person changed their mind and staff helped them return to the lounge, so they could listen to music. The member of staff said, "It is up to them."
- Staff told us, despite the issues with staffing, they enjoyed working at Haven Care Home. One member of staff said, "Yes I really enjoy working here." Another member of staff told us, "We work well together I think, as a team most of the time."
- Staff had a good understanding of equality and diversity, and we saw staff supported people equally throughout the inspection.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made decisions about the support and care provided. One person said, "I need help to get around and sometimes I just want to stay in bed, so they leave me. What I want."
- People were offered options about the care they received, such as if they preferred male or female care staff; this was recorded in their care plan and staff respected their choices.
- Staff knew people very well. They told us, "Each resident has their own way of doing things." "We respect their opinions about everything and support them to do what they want to do" and "It depends on them, we give them the support they want."
- Staff said they had been given the confidentiality policy during their induction training and understood how important it is to protect people's personal information. One member of staff said, "We don't talk about residents unless we need to talk to their GP, a relative or during handover and their needs have changed. Even then we talk privately in the office or the resident's room."
- Relatives said they were always made to feel welcome and felt staff were pleased to see them. One relative told us, "They always say hello and ask us if we would like a drink."
- Staff knew how important it was for people to keep in touch with their relatives and friends and maintain relationships with them. One member of staff told us, "Relatives are important for residents health, they are often part of the care planning group and we discuss residents needs with them if we need to."

## Respecting and promoting people's privacy, dignity and independence

- People said staff encouraged them to be independent and respected their choices. One person told us, "I am quite independent so can do most things by myself and they respect what I want to do."
- We saw staff protecting people's dignity and privacy when supporting them with personal care. They closed bedroom doors and were discrete when asking people if they were comfortable as they suggested they changed their clothes.
- Staff clearly understood how important people's personal space was to them. Staff said, "We help them to have their bedrooms as they want them" and "If they want a picture up or shelving or anything else we can organise that with maintenance." One person said, "I like my room as it is, has everything I need and it is my space."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same and we have identified a breach of regulation.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the previous inspection we found the care plans did not accurately reflect people's needs and the guidance was not clear. In addition, we found gaps in the records kept in people's room with regard to topical creams and repositioning charts.
- At this inspection we found the record keeping had not been improved. Care plans did not clearly reflect people's individual needs, they had not been updated when people's needs changed and the records in people's rooms had gaps. Staff had no way to correlate the records and conversations with people and staff to show that appropriate care had been provided.
- There were varied responses when we asked people and their relatives if they were involved in planning and delivering the care people needed. One person said, "Yes I am involved and staff ask me about the care I receive." Another person told us, "I haven't seen a care plan, what is it."
- A relative said, "I am here all day to make sure (my relative) has the right care and support and if I think something is needed I will arrange it myself. I am expecting a call from the GP today to talk about pain relief." Another relative told us, "What's written in the notes is a fabrication. They tick the boxes to say things have been done and they haven't." Their family member agreed with these comments.
- People's needs had not been re-assessed before they were re-admitted to the home following treatment in hospital. Care plans had not been updated to reflect any changes in health care needs. For example, when asked staff said one person had not been eating or drinking as much since they returned from hospital two weeks previously. There was no record of this in the care plan; staff had not used a food and fluid chart to record what they had to eat and drink and therefore they did not know if the person had enough food and fluids. Staff talked to the nurse about this and a food and fluid charts was started.
- A person with a specific health care need had moved to the home for end of life care. The condition was such that any changes might occur quickly and there was no care plan in place to provide guidance for staff to assess the person's needs or what support they might need if their health needs changed. Medicines to ensure they were comfortable if this occurred were not available. The manager told us they discussed this with their GP during the inspection and would update the care plan.
- Training that reflected people's specific needs had not been arranged. For example, staff told us they had not had any training in supporting people who needed rehabilitation following surgery or injury, and people had been admitted to the home with these needs. One member of staff said, "We do the very best we can, but there is no clear guidance for us to follow." There was no evidence to show that action had been taken to arrange rehabilitation to improve mobility and independence in a timely way.
- Staff said they were aware the care plans were not up to date and did not accurately reflect people's

individual needs. One member of staff said, "We check with each other if anything has changed, there is no handover, so it is the only way to find out." Another member of staff told us, "Sometimes we have to go and find the nurse (permanent nurse), we know if a resident isn't right, so we check if we need to do anything different."

The provider had failed to ensure care planning records were up to date, reflected people's individual needs and included guidance for staff to follow, to ensure people received person-centred care. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had different communication needs and staff were aware of these. One person said, "I wear glasses, they are kept next to my bed, so I know where they are."
- Staff talked about people who needed support to use hearing aids and glasses, and one person who required more support due to limited eyesight. We saw staff and visitors responding to them as they asked who was there and checking they were not on their own. There was no clear guidance in the care plan, and staff had not investigated alternative support after their companion's, another person living in the home, health needs had changed, and they were no longer able to sit together and support each other.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People said they could join in the activities if they wanted to. One person told us, "There is usually something going on, we have a sheet so we know, I don't join them all. I am enjoying sitting in the garden today."
- During the inspection several activities were provided, music, bingo, a birthday party and sing-a-long. The range of activities varied and included arts and crafts, visits from local churches, Pet pals, reminiscence and skittles.
- Activity staff were continually looking for additional ways to 'occupy residents'. They had a good understanding of how people spent their time before they moved into Haven Care Home and planned to re-introduce some of their hobbies and interests.
- The activity organiser said, "We know some residents had their own gardens and liked gardening, so we have grown some seeds and we will be using the raised beds to grow plants, probably next year." The seeds had sprouted and were growing on the window ledge, so people could see them.
- Links were being developed with the local community. A Harvest Festival had been arranged for September and the activity organiser had contacted local clergy to ask they attend and provide a religious service.
- Activity staff spent time with people in their bedrooms. They told us, "I walk around when I arrive and say hello to all the residents. I check if they need anything and remind them what we are doing each day and ask if they want to join us" and "If they have any suggestions we can try and arrange it for them."

#### Improving care quality in response to complaints or concerns

- People and relatives were aware of the complaint's procedure. One person told us, "I don't have any complaints. If I did would talk to the manager." A relative said, "I do raise issues and complaints and they do chase things up. It's definitely on the up."
- The provider had a complaints policy, which is displayed at the entrance area and given to people when

they moved into the home.

- We found there had been nine complaints since January 2019. All had been responded to, seven had been resolved and two were ongoing at the time of the inspection.
- Five compliments had been received and thank you cards were pinned on the wall near the entrance.

#### End of life care and support

- Staff said they had completed end of life training. The current training plan did not show this was offered by the provider but, staff explained that people wanted to remain at the home as their health needs changed.
- Staff knew some people were receiving end of life and palliative care support. They explained how they assisted people to be comfortable and ensured they had the care and support they needed.
- Care plans showed that some people had discussed their end of life wishes, including do not resuscitate decisions, whilst others had chosen not to and staff respected this.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Required Improvement. At this inspection this key question has remained the same and we have identified a breach of regulation.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous inspection we identified that HC-One, as the new provider, had introduced a new quality assurance and monitoring system and their own policies and procedures. They were new to the registered manager and staff at the time and they had not yet used them to assess the services provided.
- At this inspection we found the quality assurance and monitoring system has been in use since the last inspection but, it has not been effective and failed to identify the areas of concern we found. For example, the new care plan format was in place, however, the care plans we looked at did not reflect people's needs and had not been reviewed and updated when people's needs changed.
- This was despite 'Resident of the day', which involved looking at all aspects of the services provided for each person as well as a review of their care records. Staff said nurses, care staff, the cook, housekeeping and maintenance were all part of the review. These were clearly planned, one each day of the month, and a timetable for these was displayed on the wall of the manager's office but, they had not been done.
- There has been no registered manager working at the home since the end of 2018. Managers had been appointed, they had been responsible for the day to day management of the home and had made changes.
- Staff viewed some of the changes as having a negative effect on their practice and their ability to provide appropriate support and care. Such as, the decision to stop the afternoon tea round. People and relatives had complained about this change and told us they had been told it was 'institutionalised'. This change meant the opportunity for interaction was missed as we saw the tea round had a positive effect on people and staff at the previous inspection. It provided another opportunity for staff to talk to people, who chose to remain in their bedroom, and their relatives. People sitting in the lounges chatted about the homemade cake, biscuits or fruit they could choose from or have some of each.
- The current manager and the operations manager were unaware the afternoon tea round had been stopped or that care staff no longer had handover at the beginning of each shift. They told us both of these would re-start the following day.
- Staff did not have a clear understanding of their roles and responsibilities. Nurses had been asked to take on additional responsibilities and the provider had asked some care staff if they would like to take on the role of associate/assistant nurse. Staff said there had been a lot of changes with nurses and care staff leaving; they were not sure who was responsible for day to day decisions, as they were not kept informed and they did not know how the service would develop.

### Continuous learning and improving care

- HC-One carries out an internal inspection of their services yearly. The last one was carried out at Haven Care Home in July 2019. It identified areas where improvements were needed. These included to food and fluid records to evidence that people had enough to eat and drink and to the resident of the day process to show that people and relatives were involved in the process and that there was room for improvement in the daily records and end of life records to reflect people's choices. These were some of the areas we found improvements were still needed and we were unable to identify what action had been taken to learn from this report and improve the care provided.

The provider had not ensured the quality assurance system was effective and had failed to maintain accurate, complete contemporaneous records. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Feedback from people and relatives varied with some very positive and others concerned about the changes in management, staff leaving and the use of agency staff.
- One person told us, "I have the support I need, the staff are nice and leave me alone if I want them to." Another relative said, "The staff always ask if I need anything and they know how to look after me."
- Relatives were not confident that they were kept informed of any changes to people's needs. One relative felt this was improving and the manager understood their responsibility under duty of candour. They said, "I think it has got better, if we want to know anything we can ask the manager."
- The current manager is registered with CQC as the manager for another HC-One care home, and will be managing the services at Haven Care Home until the recently recruited permanent manager takes responsibility for the day to day management of the home.
- People and staff were very positive about the manager and felt more supported; they knew it was temporary and hoped the new manager would have a similar style of management.
- Manager's had kept CQC informed through notifications about issues at the service that might impact on people or staff, as part of their regulatory responsibility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were positive comments from people, relatives and staff. People said they had been involved in decisions about the care they received, and staff enjoyed working at the home.
- In contrast people and relatives were not aware of any improvements to the services provided. One person said, "It needs to improve here. It used to be very good, couldn't fault it, but now?"
- Relatives said there had been residents' meetings and a questionnaire had been sent out. However, one relative said they had not seen the minutes from the meeting; they were not sure any action had been taken, and they had not been told how the questionnaires response had affected the services provided.
- The minutes of the staff meetings informed staff about the planned changes in management and any improvements in practice that were needed. The residents meeting also advised attendees about the proposed management changes, new care staff and re-decoration of the home.

Working in partnership with others

- The staff worked closely with health and social care professionals. Appointments were arranged when needed, such as with GP's, and referrals were made as required.
- The management said they had made referrals to the local authorities, for safeguarding and DoLS,

although we found some of these had been delayed.

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 the care and treatment of service users was appropriate, met their needs, and reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured there were enough staff with the right skills and expertise to provide safe care and treatment for people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had not ensured that people were safeguarded from unsafe care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured the quality assurance system was effective, had failed to maintain accurate, complete contemporaneous records and provide person-centred care.

