

Sun Healthcare Limited

Havenfield Lodge

Inspection report

Highfield Road
Darfield
Barnsley
South Yorkshire
S73 9AY

Tel: 01226753111

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection of Havenfield Lodge took place on 7 November 2018 and was unannounced. At the previous inspection in July 2017 we found issues with medication, consent, staff training and good governance. As this included four breaches of the Health and Social Care Act regulations, the home was rated overall as requires improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; in safe, effective and well led; to at least good. On this inspection we found some improvements had been made. However, the overall rating is still requires improvement.

Havenfield Lodge is a nursing home registered to provide accommodation and nursing care for up to 46 people who have a learning disability, and/or autistic spectrum disorder and/or physical disability. There is a separate flat within the home shared by three people with its own staff team. At the time of this inspection, 34 people were using the service.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider is aware of the changes in legalisation relating to the right size of the service and is working towards ensuring the service operates in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service are helped to live as ordinary a life as any citizen.

People were involved in their day to day lives through being empowered to make their own choices about where, who with and how they spent their time. Their independence was promoted and staff actively ensured people maintained links with their friends and family.

Staff were recruited safely and there were enough staff to take care of people and to keep the home clean. Staff received appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and received regular formal supervision where they could discuss their ongoing development needs.

People who used the service and relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. Appropriate referrals were being made to the safeguarding team when this had been necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain good health. This included access to healthcare professionals, and support with medicines. Medicines were stored and managed safely.

There was enough staff on duty at the right time to enable people to receive care in a timely way. In addition, people had opportunities to access a wide range of activities. The service had made extensive efforts to integrate the service within the local community. Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome.

Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences and likes. People were observed to have good relationships with the staff team.

Staff knew about people's dietary needs and preferences. We saw when people indicated they wanted drinks or food, staff made this available. People and relatives told us there was a choice of meals and said the food was very good. They told us an ample supply of drinks and snacks were made available for people.

The service met the requirements of the Deprivation of Liberty Safeguards (DoLS) and was acting within the legal framework of the Mental Capacity Act (MCA).

There was a comprehensive complaints policy and this was available to everyone who received a service including relatives and visitors. The procedure was on display in the service where everyone was able to access it.

People who used the service, relatives and staff spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, action had been taken to make improvements.

The environment was safe and people had access to appropriate equipment where needed. Staff had received appropriate training and support to enable them to carry out their role safely

There were appropriate governance systems in place to ensure quality of care was monitored and improved. The service engaged positively with people using the service and people and relatives spoken with felt they were listened to and their contributions were valued.

Whilst there were no breaches at the current inspection, we made recommendations to the provider in the body of the report under safe and well-led.

The administration of topical medicines such as prescribed creams was not recorded in a consistent way. Secondly, following risk assessments, specific care plans were not always in place for people. Thirdly, in addition some care plans for specific care regimes was limited and did not provide adequate information for staff to provide appropriate care. Lastly, while fire drills were regularly held, these practices did not include staff working during the night.

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.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review. However, the administration of topical medicines such as prescribed creams was not recorded in a consistent way.

While fire drills were regularly held, these practices did not include staff working during the night.

Is the service effective?

Good 

The service was effective.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health care services to meet their individual needs.

Is the service caring?

Good 

The service was caring.

People told us they had built strong, caring relationships with staff.

Relatives told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was

respected and maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care records were easy to follow, up to date and being reviewed every month.

There were activities on offer to keep people occupied.

A complaints procedure was in place and relatives told us they felt able to raise any concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

A registered manager was in place who provided effective leadership and management of the home.

Though effective quality assurance systems have been put in place to assess, monitor and improve the quality of the service; there are areas that still requires improvement; including the inconsistent recording of topical medicines and fire drills did not include staff working during the night.

Havenfield Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 7 November 2018 and was unannounced. The inspection was undertaken by two Adult Social Care Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service; in this case this was learning disability. They supported with this inspection by speaking with people who used the service and carrying out telephone interviews with relatives to seek their views about the service.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, three staff recruitment files and records relating to the management of the service. We spoke with twelve people, seven relatives and a professional visiting the service. We also spoke with eight staff and the registered manager.

Is the service safe?

Our findings

When we inspected the service in July 2017 we found the service was in breach of regulation 12 (Medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. At this inspection we found some improvement has been made. New topical creams and forms are in service users' rooms and other staff are receiving additional medication training.

Medicines were stored, managed and administered safely. We saw medicines were stored in a locked room in trolleys, or in cabinets or fridges where required. The senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to make this happen.

However, the administration of topical medicines such as prescribed creams was not recorded in a consistent way. The MAR did not include information such as a body map of where the cream should be administered and when.

We recommend the service ensure topical medicines be recorded consistently.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff were able to tell us about signs of potential abuse and what they would do to report this. One staff member told us they would not hesitate in reporting anything which involved bad practice.

Staff had completed safeguarding training. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

People who used the service told us, "It's my home. I feel safe and I like it here. I've got my own room and the staff are good to me." Another person said, "I feel safe with the staff. They are very supportive."

A relative told us, "[Name of relative] is absolutely safe. I've no concerns whatsoever. It's a wonderful place. I can't praise the staff enough. They love it there and are very happy." Another relative commented, "Yes, I do think that my [Name of relative] is safe there. They moved in in March and I've never had any concerns about their welfare since they moved."

Systems were in place to identify and reduce risks to people living within the home. We found care plans contained individualised risk assessments to help manage risks appropriately and keep people safe. For example, risk assessments were in place for people when out in the community, managing personal finances and managing the potential risks associated with behaviours that may challenge.

People behaviour plans included clear explanations of what could trigger behaviours, how behaviours were displayed and what staff needed to do. Staff were provided with guidance on how to appropriately support the person to respond to their changes in behaviour and help reduce their anxieties.

The registered manager held some money for safekeeping on behalf of people who used the service. Records of monies held were kept and receipts for any purchases made were obtained.

People's care needs were assessed, and appropriate plans of care put in place. However, some people whose risk assessments stated they required a specific plan; for example, bathing or finances; these were not always in place. The registered manager agreed to address this.

We recommend the service ensure all risk assessment that requires a specific plan be put in place.

Recognised risk screening tools were used for pressure area care and falls. We saw specialist equipment such as sensor mats, pressure relieving cushions and mattresses had been obtained and were being used by the service to mitigate risks.

Where people had moving and handling care plans we saw there were instructions for staff. However, the information provided was limited. For example, they did not include information on how to support the person, which sling type to use and step by step repositioning instructions. The registered manager agreed to address this.

There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was a fire risk assessment and people had an emergency evacuation plan (PEEP) in place in their records and in the fire safety file. The PEEPs were specific to each person and gave staff and emergency services information they would need if the building had to be evacuated. For example, one person's PEEP said they could refuse to leave the building and gave instruction on how to deal with this situation.

Risks and choices were balanced and designed to encourage people to develop their independence. We saw risks to people using the service and to the staff supporting them were assessed. People's care records detailed action staff should take to reduce the chance of harm occurring to them or staff.

During our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people's needs. Some people required additional staff support when they were out in the community or taking part in social activities. Staff we spoke with told us there was always enough staff to ensure people were safe and could take part in activities of their choice. We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files. A staff member confirmed that the recruitment process had been in-depth. We checked three staff files and they contained the required employment checks.

The service was well maintained. Systems were in place to check and ensure the safety of the premises and we saw certificates in relation to gas, electricity, water and fire safety.

We saw the fire alarm was tested weekly and fire drills were held. Staff could tell us what they needed to do if the fire alarms sounded. We checked records and found evacuation drills had taken place. However, they did not include staff working during the night. We asked the registered manager to address this shortfall.

We recommend the service ensure all staff have evacuation drills so they know what to do in an emergency.

Staff told us they completed training in infection control and the home was clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and used these appropriately.

The service employed housekeeping staff. In addition to this, there is also separate living accommodation care staff who support people to be involved with cleaning tasks. This helped people to develop their daily living skills and independence.

From the records we reviewed, we concluded accidents and incidents were recorded in detail and accurately. Handovers and staff communication books were used to keep staff up to date with incidents and any changes to practice. Lessons learned were shared amongst the service at handovers and staff meetings. For example, a person had suffered some falls and this prompted a new category of 'near miss falls' included in the monthly analysis so that signs leading up to potential falls could be recognised. This demonstrated the home used lessons learned and made improvements when things went wrong.

Is the service effective?

Our findings

When we inspected the service in July 2017 we found the service was in breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because conditions on a Deprivation of Liberty Safeguards (DoLS) authorisation had not been met. On this inspection we found improvements had been made. The service is no longer in breach of regulation 11. Best interest discussions have taken place and involved external parties (families and other professionals) where possible and these were clearly documented and evidenced in people's files.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 authorisation to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were authorised DoLS in place for the people using the service. These conditions were being adhered to. We saw staff training was in place around MCA/DoLS. Staff we spoke with had a good understanding of the MCA and what impact this had on people living at the service. We concluded care was delivered in the least restrictive way possible.

People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals; for example, how to support someone with their medication. No one had a family member with Lasting Power of Attorney (LPA) or was being supported through the Court of Protection. An LPA is a legal document that allows a person to appoint others, usually a family member, to help them make decisions or to make decisions on their behalf. The Court of Protection makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made.

We saw the service had a good understanding of consent and ensured people were given a choice about how their care was provided and how they liked to live their life. Staff had in depth knowledge and understanding of the people they supported. Staff gave examples of how they supported people in all areas of their lives. Observations of staff showed they were skilled in interpreting people's behaviours and communication. These skills ensured those who were unable to verbally communicate their needs and wishes still had their views and wishes respected by staff.

During the inspection, we observed that people were asked for their consent before care was given. We heard lots of questions like, 'Do you mind if I help you with that?' and 'Can I just help you to do this?'.

When we inspected the service in July 2017 we found the service was in breach of regulation 18 (Staff) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not always received sufficient training and supervision to enable them to provide effective support to people who lived at the home. On this inspection we found improvements had been made. All nurses had completed updated training and had competency assessments carried out.

An induction programme supported new staff to understand their role. The induction, which incorporated the Care Certificate consisted of training and competency checks. The care certificate was introduced in April 2015 and provides a minimum set of standards for workers new to health and social care to follow. This comprehensive induction helped to ensure staff were skilled to meet the needs of the people they were caring for.

Following induction, staff completed an ongoing programme of training. The training matrix showed staff were up to date with training which included infection control, medicines, nutrition and hydration, care of people living with dementia, moving and handling, food safety awareness and safeguarding. This helped to equip staff with the required skills to provide specific effective care.

Staff we spoke with told us they felt supported and said they could go to the registered manager and nurses at any time for advice or support. There was a structured probation, supervision and appraisal system in place. Annual appraisals were completed with staff. Most staff received regular individual supervision, which covered tasks, responsibilities and training and development.

Staff told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us; "The manager has an open-door policy, listens and acts on any issues required. We are a good team."

Staff and the registered manager told us handovers were conducted at the start of each shift where any concerns were discussed. We saw these took place. Staff told us these were a valuable tool for keeping informed about people, their healthcare needs and any service updates. The service worked with a range of health professionals to develop care plans that adhered to recognised guidance. Staff received training in topics such as positive behaviour support to ensure they worked to best practice guidance in managing behaviours that challenge.

We saw evidence of hospital passports in people's care records. Hospital passports give key information about the person and their required care and support in case of hospital admission. This provided continuity of care for people when away from the home.

Where staff were concerned or had noted a change in people's health we saw they had made referrals to health professionals. Care records showed people had access to a range of health and social care professionals and these were named in people's records; such as GPs, district nurses, dieticians, opticians and dentists. For example, we saw the service referred people at nutritional risk to the speech and language therapy (SALT) team. Care plans and risk assessments were in place reflecting the advice provided by the SALT team.

Some people had health action plans in place. A health action plan helps support people with learning disabilities to keep healthy. Health action plans contained details of health appointments attended and

what they needed to do to stay healthy. This meant people were effectively supported in accessing healthcare services and received ongoing healthcare support.

A relative told us, "If our [Name of Person] has any accidents or their needs change, they are straight on the phone keeping us updated. It's a nice place and they get along with all of their carers."

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically

We saw that menus offered variety and provided a well-balanced diet for people. We saw that the menus were put together using feedback from people about what they liked and didn't like, as well as input from a dietician and a speech and language therapist. Where people did not communicate verbally, their plans also included relevant information about what they liked and did not like to eat and drink. This had been built up from what people had indicated they enjoyed, staffs' observations of people's reactions to different food and drinks, and information from people's families.

People's weight was monitored as necessary. Where people needed support with making choices and communicating their preferences, pictorial menus and objects were used to help people with this.

There were two sittings for lunch. Some people for the second sitting were waiting outside the dining room ten minutes before they could go in. We asked the registered manager about this. They told us the first sitting is for those who needed staff support and they were always reviewing the best way to do this.

People we spoke with told us, "[Name of person] is a good cook. I keep saying to them I'll put them in for a Michelin Star! Yesterday evening was ten out of ten. I get a choice of what I want to eat and there's enough food for me personally." Another person said, "The staff make all the food. If I ask they will get me a snack. I like the food here. I get enough and I get a choice." Two other people said, "I like the food. There's choice and if I don't like something, I can have something else. I'm on a diet now though." "We can ask for a drink anytime and they do come around and ask us as well."

A relative that we spoke with told us, "My [Name of person] gets ample food, too much really. [Name of person] is a plain eater. They do accommodate this though. Say if they're having lasagne, they will make a jacket potato and salad."

The premises were undergoing upgrading. People's individual needs were met by the adaptation, design and decoration of the service. We saw the building was homely and spacious. We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs.

There were a number of communal lounges, including large and small rooms, which were used for a range of activities and as private space to meet with family and relatives. The outside area was accessible to the people who lived at the home.

Is the service caring?

Our findings

From our observations and from speaking with staff it was clear staff knew people well and understood their likes, dislikes and care needs. There was a calm and friendly atmosphere within the home.

People had developed positive relationships with the staff supporting them. They knew the staff who supported them, and we saw good rapport had been developed. Staff used a good mixture of verbal and non-verbal communication to provide comfort and reassurance. People looked comfortable and relaxed in the presence of staff. We observed light-hearted interaction where people were laughing and joking.

Staff communicated well with people to provide comfort and reassurance. Staff explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. We saw staff knocked on people's doors and consulted with them before supporting them with any care tasks. Staff told us they explained to people what was happening at each stage of the process when delivering personal care. One staff member told us, "I always treat people with dignity and respect. I knock on doors, I speak to people correctly."

Staff we spoke with were positive about their role. One staff member told us, "I like the people we support, I like what we do, it's making a difference, even if it's small."

An equality and diversity policy was in place to ensure that people were treated with dignity and respect regardless of their gender, age, disability or religious beliefs. Care plans were created with people's and family input to ensure their needs were met in a way which reflected their individuality and identity. Staff had completed equality and diversity training which encouraged them to promote individuality and ensure people's personal preferences, wishes and choices were upheld.

People we spoke with said, "I think that the staff think I wind them up sometimes with things I say, but I do believe that they are good at their jobs. I've been asked if I want to work here." "I do like the staff. They are caring most of the time. I get up early but can have a lie-in if I want to. We are off to Oakwell and then Morrisons for dinner today." "I'm off to the doctors, the staff support me to my appointments." "They do let me decide what I am going to do each day. I have capacity so I go on the bus and go to Barnsley, Goldthorpe or Doncaster even." "My dad lives at the back of here and they let me pick a bedroom that overlooks onto his house when I moved in."

A relative we spoke with told us, "[Name of Manager] and all the staff are very, very good. Another relative commented, "We find that most of the staff are caring. They say things like 'I'd take them home if I could' about my [Name of person] so I know that they care about them and you can tell they are caring people. "They are a strong team and we feel that our relative is very well looked after."

People's personal information and sensitive data was stored securely to uphold confidentiality and protect their privacy. We saw records containing people's and staff's private details were kept locked away and computers were password protected.

Is the service responsive?

Our findings

People's care and support needs were assessed prior to admission and subject to regular review by staff with the person's input. We saw care records were clear, easy to read and gave detailed information about people's individualised care and support needs. These contained information about the person's likes and dislikes, goals and triggers for challenging behaviours.

The staff we spoke with understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted with people positively, inclusively and in line with their care plans. The atmosphere in the service on the day of our inspection was extremely pleasant as well as positive between staff and the people they supported.

The service was working under the principles of the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service ensured that any information people needed was available in easy-read or pictographic formats. The provider also had a policy in place regarding accessible information. We were told by the registered manager when key information such as complaints and safeguarding processes were needed in easy read format they would be available to people, families and staff. We saw evidence of the easy read format on menus as well as the complaints procedure.

The staff team demonstrated a commitment to supporting people to engage in interests and activities both within the home and in the local community. People who used the service were asked what activities they would like to do, and their preferences were listened to and acted upon.

We saw the service displayed pictures of activities undertaken with people. People had been on holiday and had planned holidays for the coming year in the United Kingdom, Canary Islands and Spain. People were supported to attend local discos. Generally, people had access to a range of activities and were supported to attend day centres, go on outings and undertake activities internally within the home. The service had their own vehicles, which increased their flexibility to take people out.

There was evidence throughout the inspection that people were involved in social activities. Shortly after we arrived, five or six people were waiting for the mini bus to go to Oakwell; the home of Barnsley FC. People who lived at Havenfield took part in a group called 'Reds in the community'. For the people who attended this group, they received free tickets to Barnsley football club home games.

There was an activity Board displayed and showed that there is something to do or happening each day. This included a hairdresser, information technology, shop, cook & eat, art, ICT, photography class, advocacy, maths, discos, walks, college days and trips to the pub and takeaway nights. There was a dedicated activities co-ordinator and on the day of the inspection they were taking names for the disco that night.

People who used the service said, "I've been here for a long time. I get to do all different activities. Today is football club and it's my choice to pick what we have for food at lunch so we are going to Morrisons. I like

Morrisons food." "I do a cookery class every Friday. Mainly though, I just like to watch the TV." Another person said, "I am going to Barnsley FC this morning and then for dinner. I like to get out and I get a lot of chances to go out. I think we could do with another mini bus though."

Other people said, "I enjoy jigsaws and colouring. I have my jigsaws next to my bed." "I go out to sewing class." "I had my nails done yesterday. I chose the colour." "I get my hair done at the local hairdressers sometimes. Cut and coloured." "We have a takeaway night as well." "You can do as much or as little as you want here." "I do Art class on Monday, cook shop and eat on Tuesday, snooker on a Wednesday and bingo on a Thursday." "I'm not going out today but I do go out sometimes."

A relative that we spoke with told us, "[Name of person] would go out every day if they had another mini bus. The activities co-ordinator is wonderful. They have to take turns though as they only have one bus. They do art, cook and eat, goes to the hub for their nails done and the Hydrotherapy sessions at Greengate have been great for them. Their stamina has improved no end."

Another relative commented, "[Name of person] does have a Care Plan which I'm involved in but the fact is they are confined to bed permanently and it limits the amount that the staff can do with them. They do keep in touch regularly about their treatment though."

We saw some people had detailed and person-centred care records in place. For example, one person's records told staff the time they like to get up in morning, how to support them depending on their mood and what support they required with personal care. The records clearly stated what the person could do for themselves and how important it was to prevent them from becoming agitated.

Care records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making.

We saw people had access to a complaints procedure in easy read format. The service had not received any formal complaints. Relatives told us if they had raised any issues, no matter how minor the staff and registered manager had listened and all issues had been addressed.

One relative said. "The only concerns I've had are about small things, sometimes it's as if staff don't read the notes from the previous shift and I have to ask for things to be done again from another member of staff the following day. They've listened when I've mentioned anything though." The registered manager told us they worked closely with the Macmillan service for additional support in ensuring people are comfortable in their last days of life. They build on the links formed with external organisations (End of Life) that promote and guide best practice in order to use this to train staff and help drive improvement. We saw some people had their end of life wishes recorded and staff spoken with told us they had training.

Is the service well-led?

Our findings

When we inspected the service in July 2017 we found the service was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because accurate records were not always kept and effective quality assurance systems were not in place to improve the quality and safety of the service. At this inspection we found some improvement has been made. Audit tools had been redeveloped and amended to reflect discrepancies in individual care plans and appropriate documentation had been recorded. Regular area checks were made to ensure confidential documentation was not left unattended in unsecure areas and the office door is always locked when unattended.

There was a registered manager in post who provided leadership and support. Families who used the service told us the registered manager was well thought of and said they were approachable and took on board any suggestion they made.

Some of the comments from relatives that we spoke with included: "[Name of Manager] is always around and is easy to talk to. If I want a five or ten minutes chat it's never a problem. The manager listens to us as well." "I do talk to [Name of Manager] a lot. They are friendly and approachable. They're a very good fit for Havenfield." "If we have any worries, we can phone anytime and [Name of Manager] always answers or gets back to us as soon as they can. Overall, communication is good."

Staff morale was good and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people came first.

Staff told us that they attended monthly staff meetings and minutes showed that in-depth reviews of peoples' support needs had taken place. We looked at the minutes of a team meeting which took place in September 2018 and saw team meetings were also used as an opportunity to revisit policies and procedures or any training needs.

The service conducted regular audits of care plans, health and safety checks and medicines documentation, and had a clear system of audit. Audits gave clear actions for staff to take and where improvements were identified and there was evidence that discussions took place and if necessary, training or support was provided. Staff told us they received feedback from audits and were continuously improving their records and practice. We saw reports of bi-monthly monitoring visits taking place by the provider and action plans provided.

We saw the service worked in partnership with other agencies such as clinicians and social care professionals in order to provide effective support for people. For example, we received positive feedback from a social care professional about how the service had worked effectively with them to improve people's care.

People had key workers or named nurses who generally kept paper work up to date and completed monthly keyworker documents. However, some people whose risk assessments stated they required a specific plan did not always have these in place. In addition to this where people had moving and handling care plans, the information provided for staff to adequately support the person was limited.

Overall, policies and procedures and staff training were continually under review to keep up-to-date with changes in equality and human rights legislation. It was also noted that medication competency assessments were being completed on a six-monthly basis. Staff also now endeavour to find time and opportunity to record in care files several times during each shift to ensure information is not omitted and completed in a timely manner.

Staff at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles and were held to account for their performance where required. Each member of the team had been allocated a champion role so they could focus on best practice in their area. The registered manager told us this would improve standards further. The quality assurance system included lots of checks carried out by staff, the registered manager and the provider representative. A culture of continuous learning meant staff objectives focused on this and improvement within the service.

Providers are required by law to notify the CQC of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home and we found the service had also met this requirement.

While the provider is aware of the changes in legalisation relating to the right size of the service and is working towards ensuring the service operates in line with the values that underpin the Registering the Right Support and other best practice guidance.