The Haven Residential Care Home Limited

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Inspection report

The Haven Residential Care Home Limited
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Haven Residential Care Home provides accommodation, care and support for up to five adults with mental health needs. There were four people in the service when we inspected on 25 April 2016. This was an unannounced inspection.

There was a registered manager in post. The manager was also a director of the organisation. 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.

People received care that was personalised to them and met their needs and wishes. Staff listened to people and acted on what they said. The atmosphere in the service was relaxed and welcoming. Feedback from people about the staff and management was positive.

Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew how to report any concerns to management.

Staff knew how to minimise risks and provide people with safe care. Procedures and processes guided staff on how to ensure the safety of the people who used the service.

People were provided with their medicines when they needed them and in a safe manner.

There were sufficient numbers of staff to meet people's needs. Recruitment processes checked the suitability of staff to work in the service. People were treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Staff were trained and supported to meet the needs of the people who used the service. People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People were involved in decisions about how they were supported outside of the service. However, it was apparent that at least one person was not free to leave the service on their own. The registered manager recognised the importance of ensuring relevant safeguards were in place to protect people who may be deprived of their liberty. They confirmed they would consult the latest Deprivation of Liberty Safeguards (DoLS) guidance and make relevant applications if necessary.

A complaints procedure was in place. People's comments, concerns and complaints were listened to and addressed in a timely manner.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system where shortfalls could be identified and addressed promptly. As a result the quality of the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Procedures were in place to safeguard people from the potential risk of abuse.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs effectively.

Staff understood the importance of gaining people's consent. The registered manager agreed to consult the latest Deprivation of Liberty Safeguards (DoLS) guidance to assess whether applications should be made.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

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Detailed findings

Background to this inspection

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

This unannounced inspection took place on 25 April 2016 and was carried out by one inspector.
Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with the registered manager and three other members of staff.

We spoke with all four people who used the service. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care and support needs were being met we reviewed three people's care records and other information, for example their risk assessments and medicines records.

We looked at three staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Good

Is the service safe?

Our findings

People presented as relaxed and at ease in their surroundings and with the staff. A person told us, "I feel safe…I like living here."

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults procedures. They were aware of their responsibilities to ensure that people were protected from abuse. One staff member told us, "Safeguarding is about abuse…protecting from harm. How you protect them [people who use the service]."

One member of staff explained what they would do if they needed to report a concern, "First incidence I'd go to [registered manager.] I could go to [local authority], CQC, the police." All staff we spoke with were clear on what constituted abuse and the importance of reporting any concerns to the management of the service. However some staff were unsure of the whistleblowing procedures should they wish to raise a concern to appropriate professionals outside of the service. The registered manager said that further training sessions would be arranged in relation to this.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with using mobility equipment, pressure ulcers and falls. They were regularly reviewed and updated when people's needs had changed and risks had increased. They were also updated to ensure staff knew how to provide their care and keep them safe.

Individual assessments included potential risks due to health conditions or lifestyle choices such as diabetes or smoking. Risk assessments had been completed in relation to this. An agreement had been reached with people that a smoking area would be provided in the garden but that there would be no smoking after 8pm. People confirmed to us that they had been involved in this decision and were happy with this arrangement. A member of staff told us, "If someone wants to do something risky we'll explore it. But it is their choice. We'll assess it." This showed that people were involved in making decisions about taking risks.

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken and there was guidance to tell people, visitors and staff how they should evacuate the building if this was necessary. Although there were comprehensive risk assessments in place for each person and each member of staff, no general health and safety risk assessment had been carried out. The manager confirmed they would ensure that these were put into place.

There were sufficient numbers of staff to care and support people according to their needs. A member of staff told us, "It's pretty much one to one contact. It's nice to be able to identify things sooner." This showed that any changes to people's care and support needs were quickly identified and acted upon if necessary. A person said, "There is always someone around. We are not left without anyone." Night time assessments were in place for each person to ensure adequate staffing levels. A member of staff said, "[Registered

manager] is here at night. It will change if someone is not too well." This showed that the service reviewed whether they had sufficient staff on duty and adapted staffing levels to meet the current needs of people.

Recruitment records showed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Suitable arrangements were in place for the management of medicines. We saw that people received their medicines in a safe and supportive way from staff. People were encouraged to self-medicate where it had been assessed that it was safe to do so. A member of staff told us, "[Person] self-medicates but we will observe." Aids were available to assist people to understand about their medicines, what they look like and what they were for. A person said, "They talk it through with you." Another commented, "I like doing it myself. It's a bit of respect really." There were details in people's records which showed how they liked to take their medicines. For example, "[Person] takes [their] medication with chilled water from the fridge." This showed that people were involved in the management of their medicines and were supported to be as independent as possible.

Medicines administration records identified staff had signed to show that people had been given their medicines at the right time. Medicines were stored safely but available to people when they were needed. People who were prescribed medicines to be taken 'as and when required' were given the choice whether they felt they needed it. For some people it had been assessed that there were times staff may need to make a best interest decision regarding whether a person was given a medicine. For example, if someone became very upset and unsettled and were a risk to themselves and others. Protocols were in place to give staff guidance in these circumstances. We saw in the protocol for one person, "Try diversion therapy first, i.e. talking about [subjects the person discussing.]" Staff confirmed that alternative methods of making people feel calmer were tried first and that medicines were only administered when they were really needed.

Staff had been trained to administer medicines safely. A member of staff told us, "It has to be right person, right dose, right time. They need to be consenting." Regular audits on medicines and competency checks on staff were carried out. A member of staff confirmed, "She [registered manager] stands with me to see how I do it, make sure it is safe." These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. The pharmacy supplying the service also carried out an annual review.

Good

Is the service effective?

Our findings

Staff were provided with the training they needed to meet people's needs and preferences effectively. They were regularly supervised and supported to improve their practice. Each member of staff had an individual development plan where any training needs were identified. New members of staff were completing the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their work. One member of staff showed us the part of the certificate that they had been working on and explained, "I use a book to answer and they [senior staff] do observations too." Another person said, "I'm keen to learn more, there is lots of learning to do."

Staff told us that they felt supported in their role and had regular one to one supervision and team meetings where they could talk through any issues, seek advice and receive feedback about their work practice. A member of staff told us, "We have staff meetings every three to four months." Records showed that during supervision meetings specific topics had been discussed such as philosophy of care, dizzy spells, food hygiene and infection control. These support systems helped staff to develop their knowledge and skills. The manager felt this approach also motivated them to provide a quality service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that no applications had been made under DoLS to the relevant supervisory body because it was not felt to be relevant for anyone. They had discussed with people what support they required when going outside of the service and explained, "We do a risk assessment and talk to them about it." One person said "I don't go out without a carer. I'm happy for them to come with me."

It was clear that people would be strongly discouraged from leaving on their own." A person told us, "We always go out with an escort." A member of staff commented, "Three people, when they go out you would need to go with them. [Person] can go on [person's] own." The Department of Health guidance relating to DoLS asks that services apply an 'acid test' which asks the questions, is the person under continuous supervision and control and are they free to leave? The registered manager understood the importance of ensuring the appropriate safeguards were in place and said they would consult the latest guidance and apply the 'acid test' to assess whether DoLs applications should be made.

We observed that staff sought people's consent and acted in accordance with their wishes.
Mental capacity assessments had been carried out in relation to the wishes of a person to refuse a particular treatment. Records showed that discussions had taken place with the person together with input from relevant healthcare professionals and it had been assessed that they had the capacity to decide whether or not the treatment should take place.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. People's care plans showed that there were management plans in place in relation to diabetes, reduction of anaemia and cholesterol. People confirmed that they were supported and encouraged to eat a diet which would help them to control health conditions such as these.

People were offered a choice of what they would like to eat and were involved in planning the weekly menus. Staff explained to us that sometimes people would all have different things depending on their preferences. A person told us, "We have a meeting nearly every Sunday to choose what we'd like. We have fish and chips on a Friday." Another person said, "I like the food. We have curry at least two to three times a month."

People had access to health care services and received on-going health care support where required. We saw records of visits to health care professionals in people's files. A person explained to us what happened if they were unwell, "They arrange for me to see the doctor. Staff make the appointment." Another person said, "If we are ill we can rest. Once I had [medical condition], a doctor was called round. They make provision like that." People were supported by staff to attend appointments. A person commented, "Sometimes I go to the clinic. They [staff] escort me." A member of staff explained, "We've got good at identifying when something is not right." This showed that staff were aware of people's routine health needs and were proactive in involving health and social care agencies when additional support was required to help people stay well.

Good

Is the service caring?

Our findings

The atmosphere within the service was relaxed and welcoming. A person told us, "It's a very nice little place. It's nice and warm." Another person said, "I like the place. You get everything done."

People were positive and complimentary about the care they received. A person said, "They treat me very well." Another person told us, "We are well looked after. I had stomach trouble about a month ago, [registered manager] sat up with me all night."

We observed staff demonstrating empathy, understanding and warmth in their interactions with people. A person said, "The staff are good. Very compassionate." Staff talked about people in an affectionate and compassionate manner and were caring and respectful. For example they gave people time to respond and explored what people had communicated to ensure they had understood them. A person commented, "They are patient," and another person said, "They are very kind."

Staff showed genuine interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them. A member of staff said, "We are all so familiar we know what's important to them." Another staff member demonstrated that they knew what a person liked when they said, "[Person] likes to do [particular activity.] [Person] I know [they] like the radio. We listen for a song [they] like, it helps [them] to relax." A person confirmed, "They do know us well."

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. People had copies of their care plans in their bedrooms and they had completed parts of these themselves. A person told us, "We have care plans. They record everything. Sometimes we write in them." Care plans included their likes and dislikes, preferences about how they wanted to be supported and cared for. A member of staff explained how they reviewed care plans monthly with each individual, "We sit down with them, ask their opinion, 'what would you like to say about this?' and write it down." When asked if the staff discussed their care plan with them a person confirmed, "About once a month I think it is."

People wherever possible were encouraged by staff to make decisions about their care and support. This included when they wanted to get up or go to bed, what activities they wanted to do, what they wanted to eat and where they would like to be. For example, a member of staff told us, "We ask them if they would like to go shopping. If they say no we don't go."

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected and our observations confirmed this. People told us, "They always treat me in a dignified manner," "They always knock on the door" and, "They ask if they may hoover my carpet." One member of staff had been given the role of dignity facilitator and told us, "Dignity is also about simple things like talking to other people, asking about their day." Staff were mindful of how they could support people to preserve their own dignity. For example, one member of staff said, "When people are adjusting clothing we encourage them to do it in a personal space. "The service had recently held a dignity in care party as well as promoting

dignity meetings where people were given the opportunity to say what dignity meant to them. There was a display of people's responses in the communal lounge to remind everyone what was important to people. This demonstrated that staff recognised the importance of dignity as a core value in the service and worked together with people to promote it.

People were given information in a way that they understood and were given the opportunity to express their opinions about the way the service ran. There were copies of the service user guide and statement of purpose in people's bedrooms. Monthly house meetings took place as well as more informal meetings whenever people felt they would like to discuss an issue. A member of staff told us, "If there are issues we generally have a house meeting…Let's have a chat about this…What make you happy? What can I do to make myself happy?" A person told us about the meetings, "Sometimes they chat about things, what's your favourite meal, shopping, that sort of thing."

Good

Is the service responsive?

Our findings

People told us they received personalised care which was responsive to their needs and their views were listened to and acted on. A person told us that the staff were, "Very pleasant…help with everything." Care plans contained 'About Me' documents which had been completed together with people and included details of what was important to them.

Staff were knowledgeable about people and communicated with each other to pass on any changes in people's individual needs. Daily progress reports for each person contained details regarding mood and well-being as well as records of what they had done each day. A member of staff told us, "It's nice working in a small home, you can be a lot more responsive, you can see the signs quite quickly. You have time to see what is going on." Staff were aware of potential triggers which could cause people distress and understood what support was needed in these circumstances. This included identifying and responding to changes to their physical, social or mental health needs. For example a member of staff told us, "…. with [person] we start to look at body language. Try to let them calm first, talk about family."

Staff were continually striving to find out what motivated people and how they could best support them. A member of staff told us, "It's always a challenge to find something new. Working out what works well, what motivates, what makes them feel better, what helps them live more harmoniously?"

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. All aspects of people's physical, mental, social and spiritual needs were considered including their intellectual stimulation. When there had been changes in people's health this was reflected in their care plan. A member of staff said, "We do the care plans with them. I did one with [person] when [they] went into hospital and we made changes."

People told us that they enjoyed the activities available to them individually and as a group. One person told us, "I go to [local club,] play games, have a dinner there." Another person said, "I go to the [local pub] about every two weeks. I have all day breakfast and a pint." A member of staff commented, "No two days are the same…we can be quite spontaneous at times." We observed that people were involved in meaningful activities throughout the day. A person said, "Sometimes we play scrabble in here. I play scrabble, dominos, chess. The staff play." Staff were mindful that people should be able to make their own decisions about how they spent their day. A member of staff explained, "We are always open to new things…Sometimes I have to take a step back and think that's what you want but I have to respect it's their choice." This meant that people were empowered to make choices and have as much control as possible."

People were encouraged to maintain independence through their daily activities. A member of staff told us, "[Person] sometimes will cook," and a person said, "Every day I go out after lunch to the sea front." People were supported to access the wider community. A person told us, "On Fridays I go out, I go to the newsagents, sometimes pop in to [department store]." People were also encouraged to spend time with their families and people who were important to them. One person said, "My family come and visit me. We have tea and cakes." Staff told us how they supported another person to visit a friend who lived in another

town. This demonstrated that staff were aware of the importance of social contact and companionship.

There was a complaints procedure in place which explained how people could raise a complaint. A person commented that there had been, "No reason to complain." They told us that if they did have any concerns they could speak to, "Any of the staff…the staff here are very good to me." Another person told us, "We get together and talk things through…I would go to [registered manager] or [member of staff]." There had been no formal complaints to the service in the last 12 months. However, records of a complaint received just prior to this time period showed that it had been investigated and responded to in a timely manner and that lessons had been learnt to enable the service to improve. This showed that concerns and complaints were acknowledged, listened to and appropriate steps were taken to respond and put things right.

Good

Is the service well-led?

Our findings

There was a person centred, open and inclusive culture in the service. A person told us, "I'm happy living here. It's cosy and homely…peaceful too." A member of staff said, "[Registered manager] has had a person centred, holistic approach from day one." They went on to say, "[Registered manager] focus is, have we done everything we can to make sure they are ok?" The service's philosophy of care was clearly displayed in the hallway to remind everyone of the core values of care, compassion, courage, communication, competence and commitment. The minutes of a recent staff meeting showed that these had been discussed and agreed on.

Staff were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. A member of staff commented, "The main ethos is that this is their home. They have control over their home." Staff had been allocated facilitator roles in key areas such as promoting dignity and respect, infection control, diabetes, food hygiene and activities. The manager explained how this encouraged staff to focus on a particular area of the provision of care and allowed them to motivate and support other members of the staff team to drive continual improvement.

People gave positive comments about the management of the service. One person said, "[Registered manager] makes it comfortable and cosy." A member of staff told us, "I love the job…it's so calm here." Another member of staff said, "I love working with [registered manager] she's so calm. Everything is reasonable as long as they [people] are ok." Staff told us that they felt supported and listened to and that the registered manager was approachable and provided support when they needed it. One member of staff said that they were, "Definitely" well supported. Another staff member told us that with any concerns, "I'd go to my manager."

The registered manager was proactive in their approach to ensuring staff were keeping up to date with best practice guidelines. A member of staff said, "We have supervision, certainly every six weeks. It's targeted if there are any particular issues. We are often given paperwork to read through before supervision and then we talk it through." We saw in minutes of staff meetings that staff had been given the opportunity to reflect on particular experiences, discuss them and share best practice. This demonstrated that staff were supported and empowered to develop and drive improvement.

The registered manager understood their role and responsibility in ensuring that the service provided care that met the regulatory standards. They continued to update themselves with regard to changes within the care industry, including the introduction of the new care certificate and the latest best practice guidance. For example, it had been identified that additional guidance and support was required in relation to diabetes care. The registered manager had undertaken additional training in this area and had become part of a NHS initiative, 'Think Glucose,' which helped people to identify and overcome the obstacles to effective care of people with diabetes. This knowledge had been passed on to the staff and one of them told us, "[Registered manager] ….teaches me a lot."

The provider had quality assurance systems in place which were used to identify shortfalls and to drive

continuous improvement. People had been asked to complete satisfaction questionnaires and we saw that the feedback received was positive. In one questionnaire we saw how several members of a person's family had been involved in responding, together with the person. This showed that the service encouraged feedback and input from people and those important to them.