

Georgetown Care Limited

# The Haven

## Inspection report

High Street  
Littleton Pannell  
Devizes  
Wiltshire  
SN10 4ES

Tel: 01380812304  
Website: [www.thehavencarehome.com](http://www.thehavencarehome.com)

Date of inspection visit:  
10 December 2021

Date of publication:  
27 January 2022

## Ratings

Overall rating for this service	Inspected but not rated
---------------------------------	-------------------------

Is the service safe?	Inspected but not rated
----------------------	-------------------------

Is the service well-led?	Inspected but not rated
--------------------------	-------------------------

# Summary of findings

## Overall summary

### About the service

The Haven is a residential care home providing accommodation and personal care for up to 12 older people in one adapted building. There were seven people using the service at the time of the inspection, some of whom were living with dementia.

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

People were at risk of harm as the provider had failed to carry out timely maintenance in all areas. Some internal locks on doors were broken or not suitable for their purpose. This meant people were able to access areas of the home which were not safe such as the boiler room. People had access to chemicals as they were being stored in cupboards that were not locked. Not all windows on the first or second floors were secured with window restrictors.

We observed there was some equipment out of use and areas in need of repair. The passenger lift and dishwasher were out of action. The provider had sourced external contractors to fix the equipment but there was a delay with parts. Two bathrooms were out of action which limited access for people to use toilet and washing facilities. The bedrooms at the home were not en-suite which meant access to the communal bathrooms was important. The manager told us they were in the process of having the bathrooms fixed but there was a COVID-19 outbreak. External contractors were not able to access the home until the outbreak was clear.

Prior to our inspection, the provider had made a decision to reduce staffing numbers. We wrote to the provider to ask for an explanation. During our site visit we were told the provider had made a decision to increase the staffing numbers which meant we observed people were being supported by safe numbers of staff. However, we were not clear about how the provider was calculating safe staffing numbers.

During our inspection the home was experiencing a COVID-19 outbreak. The provider had been slow to implement safe cleaning regimes to ensure all areas of the home were thoroughly cleaned. We observed staff were wearing appropriate personal protective equipment (PPE) and in daily communication with local public health staff for advice and guidance.

Staff were following testing for COVID-19 as per the government guidance. Visitors were required to complete a Lateral Flow Test (LFT) prior to being able to enter the premises. They were also required to wear (PPE). All professionals were required to show evidence they had been vaccinated against COVID-19 before being able to enter the home.

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 and update

The last rating for this service was requires improvement (published xx).

### Why we inspected

We undertook this targeted inspection to check specific concerns we had about staffing numbers, failure to carry out timely maintenance and the impact of this for people. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified one breach of regulation in relation to premises and equipment at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We met with the provider following our site visit to discuss the improvement that was needed. We will work with the local authority to monitor progress. We will 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?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# The Haven

## 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.

This was a targeted inspection to check on a specific concern we had about staffing numbers, maintenance of equipment and premises and any impact on people living at the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

The Haven is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager employed who we will refer to as the manager throughout the report.

#### Notice of inspection

This inspection was unannounced.

#### 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 local public health staff.

During the inspection

We spoke with the manager and two members of staff. We did not spend time observing or talking with people as there was a COVID-19 outbreak at the time of this inspection.

We reviewed three people's care records and monitoring information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested information about staffing numbers and maintenance plans.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about staffing numbers and concerns about failing to carry out timely maintenance. We will assess all of the key question at the next comprehensive inspection of the service.

### Staffing and recruitment

- Prior to our inspection we received information of concern that the provider had reduced staffing numbers during a COVID-19 outbreak. This had led to unsafe staffing levels. We wrote to the provider to seek an explanation about why they had taken this action.
- During our inspection we were informed by the manager that the provider had told them to increase staffing numbers that morning. This meant there were sufficient numbers of staff deployed to care and support people safely.
- On a weekend there were no domestic staff available which meant care staff were covering cooking and cleaning. The manager had covered some of the hours themselves and some other staff cover had been available.
- The provider had tried to recruit into vacant weekend hours but had no success. The manager told us the provider was reviewing the pay rates in order to make the roles more attractive to potential applicants.

### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed the laundry room had black mould on the walls and was damp and musty. This was not hygienic.
- We were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The home was experiencing a COVID-19 outbreak at the time of inspection. The provider had failed to make sure the home had the correct chemicals to implement safe cleaning regimes. Local public health staff had directed the manager as to what cleaning chemicals to use.
- We were not assured that the provider's infection prevention and control policy was up to date. The provider had not made sure the home had an up to date infection prevention and control policy with procedures to follow.
- We were not assured that the provider was meeting shielding and social distancing rules. The home was small and finding space to implement social distancing was difficult. People were living with dementia and did not understand the need to social distance from others.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.



# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about staffing numbers, maintenance of the premises and equipment. We will assess all of the key question at the next comprehensive inspection of the service.

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

- Premises were not secure and kept in good repair. We observed required works had not been carried out to ensure people were living in a well-maintained home.
- We observed some windows and doors needed maintenance to ensure they were secure and some windows were in need of window restrictors. Window restrictors are safety features fitted to make sure where needed, windows are not able to be fully opened. We observed windows on first and second floors did not have restrictors fitted. This placed people at risk of harm.
- Some internal doors did not have suitable locks fitted to make sure people did not have unsupervised access to some areas of the home. For example, the boiler room lock did not work which meant people could access the boiler room and come into contact with hot pipes. One of the laundry rooms did not have a lock fitted which meant people could access the room unsupervised. This placed people at risk of harm as staff had stored chemicals in the room which were also in an unlocked cupboard.
- The kitchen was not able to be locked securely which meant people could access the area without supervision. This placed people at risk of harm due to the equipment and utensils available in this room.

We found no evidence that people had been harmed however, the premises was not secure or properly maintained. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to our inspection we were informed the provider had made a decision to reduce staffing numbers which placed people at risk of harm. The manager was not informed of the reason for the decrease in staffing numbers.
- We wrote to the provider to request an explanation for the decrease in staffing numbers. The provider then decided to increase the staffing numbers to a safe level. The providers actions did not provide assurance they were making decisions based on the needs of the people living at the service.
- We observed staff were carrying wet baskets of laundry from the ground to the first floor. This was because the washing machines were on the ground floor, but the dryers were on the first floor. Staff told us the provider had changed the system but they were not sure why. This does not demonstrate the provider was engaging with staff to implement safe and effective working practice at the service.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to properly maintain premises and keep them secure. This placed people and staff at risk of harm.</p> <p>Regulation 15 (1) (b) (e) (2)</p>

### **The enforcement action we took:**

We served a Warning Notice