

Mr & Mrs K Bhanji

The Haven Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on the 15 and 16 May 2018. The inspection was unannounced.

The 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 Haven Care Home provides accommodation and personal care for up to 30 older people. All rooms have en-suite facilities. Accommodation is arranged over two floors and there is a shaft lift so that all rooms can be easily accessed. There were 27 people living in the service when we inspected.

At our previous inspection on 18 April 2017 we found a breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 effective and well-led to at least good. Improvements were required in relation to ensuring staff had the skills, knowledge and competence to meet people's needs, and to implement effective governance systems to monitor the quality of the service. The registered manager submitted an action plan stating they would meet the regulation by 31 July 2017. At this inspection we found that some improvements had been made to meet the relevant requirements relating to regulation 12. However, we found a continuing breach of Regulation 17, a new breach of Regulation 12, Regulation 13 and a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There was a registered manager in post who managed the service who had worked at the service for a number of years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At this inspection, the registered manager was not aware of all of their responsibilities to ensure compliance with fundamental standards and regulations. They had failed to notify CQC of a notifiable event in a timely manner. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People were not always protected from the potential risk of harm and abuse. Potential safeguarding concerns where unexplained bruising had been found on a person had not been reported to the local authority safeguarding team. Staff had been trained in safeguarding adults and were aware of the signs of potential abuse.

Medicines were not always managed safely. Guidance was not consistently in place for people that had been prescribed 'as and when required' medicines. Procedures relating to 'controlled drugs' had not been consistently followed. Systems were in place for the ordering, obtaining, storage and disposal of people's medicines. Staff were trained in the administration of people's prescribed medicines.

Governance systems that were in place to monitor the quality of the service were not always effective. The audit that had been completed by the registered manager and the senior manager had failed to identify the concerns that were found during this inspection.

Potential risks to people, staff and visitors had been assessed with procedures put into place to reduce these risks. The environment and equipment had been maintained and serviced to reduce the risk to people. Accidents and incidents involving people had been monitored and recorded.

Staff had been recruited safely. Staffing levels were monitored to ensure there were enough staff to meet people's assessed needs.

Staff received support and guidance from the management team. Staff had completed the provider's mandatory training. However, staff had not always been trained to meet people's specialist needs. We have made a recommendation about this. Staff completed the provider's induction prior to working as part of the care team.

People's nutrition and hydration needs had been assessed and recorded. People were offered a choice of meals, which they enjoyed. Staff supported people to remain as healthy as possible working in partnership with external health care professionals.

People's needs were assessed prior to them receiving a service. People's care plans were personalised, and informed staff how the person wanted their needs met. People were supported and encouraged to maintain their independence. Staff supported people to maintain relationships with people that mattered to them. Care records were reviewed on a regular basis by the management team.

Staff were kind and caring towards people. People were treated with dignity and respect, by staff who understood its importance. People did not always have freedom of movement; some people were not able to access their bedroom without the support from staff. We have made a recommendation about this.

People were given the opportunity to participate in a range of activities to meet their needs and interests. People were given to opportunity to raise concerns or make suggestions about the service they received. Suggestions were used to improve the service that was provided to people.

People were encouraged to make their own choices about their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice. Staff offered people choices and gained people's consent prior to any care or support tasks.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

This is the third time the service has been rated requires improvement.

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 consistently safe.

Potential safeguarding concerns had not always been reported to the local authority safeguarding team.

Medicines were not always managed safely.

Risks to the safety of people had been assessed with guidance to reduce the risk.

There were enough staff to meet people's needs. Systems were in place and followed to ensure staff were recruited safely.

The premises and equipment had been maintained to reduce risks to people, staff and visitors.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff had not always received training to meet people's specialist needs. Staff were supported in their role by the management team.

People had access to food and drink they enjoyed, to meet their nutrition and hydration.

People were supported to remain healthy with the support of health care professionals.

People's needs were assessed and recorded prior to any service being offered.

People were encouraged to make their own choices about everyday decisions.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff treated people in a kind and caring manner. People's

Good ●

emotional needs were responded to appropriately.

People's privacy and dignity was promoted and respected by staff.

People were involved in the development of their care plan.

People were supported to maintain their independence.

Staff knew people's likes, dislikes and personal histories.

People were supported to maintain relationships with those who mattered to them.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and informed staff how they wanted their needs met.

People were offered the opportunity to participate in a range of activities to meet their needs and interests.

People's end of life care wishes had been clearly recorded.

People knew who to speak to if they had any concerns or complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The overall governance systems in place were not always effective in identifying potential shortfalls.

The registered manager had failed to notify CQC of notifiable events in a timely manner.

Staff felt there was an open culture, where they were kept informed about any changes in the service.

The views of people and their relatives was sought, this information was used to improve the service people received.

The Haven Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 15 and 16 May 2018 and was unannounced. The inspection team consisted of three inspectors. One inspector took the role of an expert-by-experience, speaking with people and visitors.

A Provider Information Return (PIR) had not been requested. This is a form that asks the registered manager to give some key information about the service, what they do well and improvements they plan to make. We gathered this information during the inspection. We looked at other information we held about the service. This included previous inspection reports, concerns that had been raised and notifications. Notifications are changes, events or incidents that the service must inform us about.

Some people were unable to tell us about their experiences. 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 observed staff interactions with people and observed care and support in communal areas. We spoke with three people about the care and support they received. We spoke with two relatives to give their feedback about the service. As part of the inspection we spoke with the freelance area manager, the registered manager, the cook, a senior care assistant and two care staff.

We reviewed a range of records. This included four people's care plans and records including care planning documentation, risk assessments, nutrition and hydration information and medicine records. We looked at documentation that related to staff management and staff recruitment including four staff files. We also looked at records concerning the monitoring, safety and quality of the service.

We asked the registered manager to send additional information after the inspection visit, including staff training updates and certificates. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People told us they felt safe with the staff and living at the service. One person said, "Oh yes, I feel safe here." Another person said, "Yes, feel safe alright no one gets to you." Relatives told us they felt their loved ones were safe. Observation showed people were comfortable with the staff, frequently approaching staff and speaking with them. However, despite the positive feedback we found people had not always been protected from the potential risk of harm.

There were five different dated versions of the provider's policy and procedure regarding safeguarding adults. Staff may have been given information that was not up to date, depending on which policy they picked up. We spoke to the registered manager about our concern, they took action and removed the out of date policies from the file. Potential allegations of abuse had been inconsistently reported to the local authority safeguarding team. Records showed some concerns had been reported, however, one person had unexplained bruising to their hand, and the registered manager confirmed this had not been reported to the local authority safeguarding team or to CQC. Staff had received training regarding safeguarding adults and were aware of the potential signs of abuse.

The failure to take appropriate actions to safeguard people from abuse is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our last inspection in April 2017, we recommended that the registered manager ensured all staff were aware of their responsibilities to protect people from harm and abuse. Non care staff had not been trained in safeguarding adults. We made a recommendation about this. At this inspection we found that improvements had been made, all staff had received this training and staff we spoke to were aware of their responsibilities and explained what action they would take if they suspected someone was at risk of harm or abuse. For example, contacting the Care Quality Commission (CQC) or the police. Staff told us they were able to raise any concerns they had with the registered manager and felt these would be taken seriously.

Medicines were not always managed safely. Some prescription medicines can be misused so they have stricter legal controls on their supply to prevent them being obtained illegally. They are controlled under the Misuse of Drugs Act 1971 and are known as 'controlled drugs' or CDs. On the second day of our inspection we checked the CD stock against the register. The medicine administration record (MAR) had been signed to say they had been administered however; the CD register had not been completed. The registered manager told us that two members of staff sign the CD register when any CD had been administered. However; on this occasion the register was blank, showing two pain patches were unaccounted for. The registered manager told us that the patches had been applied however; the member of staff had not signed the CD register. We could not be assured that the two people had received their prescribed pain patches.

Some people's records did not always detail how, when and why they needed the as and when required (PRN) medicines prescribed to them. One person had been prescribed medicine for constipation. There was no PRN protocol in place to detail how and when to use this medicine. This meant that staff administering these medicines may not have all the information they need to identify why the person takes that particular

medicine and how they communicate the need for it.

The failure to manage medicines safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Senior staff had been trained to administer people's prescribed medicines. All medicines were stored securely and appropriate arrangements were in place for ordering, administering and disposing of people's prescribed medicines. Medicine administration records (MAR) were accurately and fully completed, showing people's medicines had been signed for.

At our last inspection in April 2017, we made a recommendation that the registered manager ensures staff had the appropriate information to minimise any potential risks to people. At this inspection we found that potential risks to people in their everyday lives had been individually assessed and recorded. Risks to people continued to be assessed and minimised. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to care and support needs, mobility and nutrition and hydration. Risk assessments were regularly reviewed by a member of the management team. Risks associated with the safety of the environment were identified and managed to keep people safe. Risk assessments had been completed for each area of the service and people's bedrooms.

The environment was suitably maintained and regular checks were carried out to identify risks. Maintenance staff carried out regular maintenance and safety checks to ensure the environment remained safe. For example, all lifts and lifting equipment were subject to annual maintenance checks and these had been carried out in the last year. Servicing of equipment such as mobile hoists had been completed by appropriate contractors within the required timeframes. The fire alarm had been tested weekly and other fire safety equipment such as extinguishers and emergency lighting correctly maintained. Personal emergency evacuation plans (PEEPS) and a fire risk assessment was in place.

At our last inspection in April 2017, we recommended that the provider reviewed their recruitment procedures in line with schedule 3 and associated regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made, with all the necessary checks and documentation having been sought for new employees, including criminal records checks, references and identity information.

People told us there were enough staff to meet their needs. One person said, "Yes, there is enough staff on, there is always someone ready to support, they are all pretty good." Staffing levels were monitored to make sure they were adequate for the needs of the people who lived at the service. A dependency assessment tool was in place and reviewed monthly so that changes to staffing levels could be made if needed. We reviewed staffing rotas for the four weeks prior to the inspection. Staffing levels were consistent with the assessed levels we were told about. Staff said they felt there were enough staff to meet people's needs and systems were in place for the event of an emergency such as staff sickness.

Accidents and incidents involving people were monitored and recorded. Staff completed an accident form which was then reviewed by a member of the management team. Staff recorded their observations of the person at regular intervals following an accident such as a fall. People were protected by the prevention and control of infection where possible. We observed that staff used Protective Personal Equipment (PPE) such as aprons and gloves appropriately during our inspection. The provider employed domestic staff to ensure an adequately clean and hygienic environment. The domestic team followed a cleaning schedule to ensure each area of the service was clean.

Is the service effective?

Our findings

People told us they felt the staff were trained and able to meet their needs. One person said, "Staff have training sessions here with the one in charge." Another person said, "Quite nice living here, comfortable, people really nice and people always make sure you are okay." However, despite the positive feedback we found that staff were not always trained to meet people's specialist needs.

At our inspection on 18 April 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had failed to ensure staff had the qualifications, competence, skills and experience to meet peoples' needs safely. Staff had not always been trained to meet people's specialist needs such as, challenging behaviour. At this inspection we found that improvements had been made, staff had completed the provider's mandatory training and that specialist training such as challenging behaviour and dementia had been offered and most staff had completed these. However, there were two people living at the service that required support to manage their diabetes. Staff had not received any training, support or guidance in this subject. Following our inspection, the registered manager sourced a training package to ensure staff were adequately trained to meet these people's needs. The registered manager sent through copies of staff's training certificates. However, we could not be assured that this knowledge and skill had been embedded.

We recommend that the registered manager ensures staff are provided with the knowledge and skills to meet people's needs including their specialist needs.

New staff were supported to develop the knowledge and skills they needed to work independently. Inductions included completing a workbook, training, reading care plans, policies and procedures and working alongside other members of staff. Competency checks were completed after each training topic, these helped to ensure staff understanding. Staff received supervision and an annual appraisal. These provided staff with an opportunity to discuss their performance, development and any concerns or issues they may have. Staff told us they felt supported in their role by the management team.

People's freedom of movement was not always promoted throughout the service. People whose bedrooms were downstairs were only able to access their room through a keypad coded locked door. Staff knew the code to open the door however, if a person had chosen to go to their bedroom they would need to find a member of staff to open the door. Observation showed that there were staff available to support people if they had chosen to go to their bedroom. People were able to use an emergency exist in the event of an emergency. Other areas of the service were accessible to people such as the communal areas and the gardens.

We recommend that the registered manager ensures people are able to access their bedrooms and that the building design meets the needs of people.

People told us they enjoyed the food they were offered. One person said, "The food is very good." Another person said, "All nice food. Two choices at dinner time and the cook would provide an alternative if

requested." A third person said, "I enjoy the food." People were offered a choice of two hot meals that had been freshly prepared by the cook. The lunchtime observation showed there was a relaxed atmosphere and people were chatting to one another. People were offered various flavours of squash and condiments were available to people if they requested. Staff observed that one person had not eaten their meal and another option was shown to the person. One person commented after lunch, "Thank you very much that was lovely." The cook had worked at the service for a number of years; they knew people well including their food likes and dislikes.

People's nutrition and hydration needs had been assessed and recorded. People who had been assessed to be at a high risk of malnutrition or dehydration had a record of their food and fluid intake. People's weight had been monitored on a regular basis; this was completed in conjunction with a nutritional screening tool. Dietary requirements for health were provided for such as a fortified diet. This was for people where there were concerns regarding their weight. The kitchen had scored a five rating (five is the highest) at the last Food Hygiene Standards Agency visit in May 2018.

People were supported to maintain their health with support from the relevant health care professionals. Records showed people accessed external health professionals that worked with staff to promote people's health. Records were kept of appointments that had been attended, with a summary of any actions and follow up appointments. The registered manager had contacted a community psychiatric nurse (CPN) to visit a person they had been concerned about. Records showed information from health care professionals had been transferred into the persons' care plan.

The registered manager completed a pre-admission assessment with people prior to and when they started to use the service, for respite or on a permanent basis. A health and social care professional completed an initial assessment with people and this was sent to the registered manager to begin the referral process for either respite care or a permanent placement. The pre-admission assessment took into account the persons' care and support needs, communication, physical and social needs. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment. This information was then transferred into the persons' care plan.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection in April 2017 we made a recommendation, that the registered manager ensured staff understood the theory and knowledge regarding MCA. At this inspection we found that improvements had been made. Staff were aware of their responsibilities under the MCA, and DoLS. Staff had been trained to understand and use these in practice. People's capacity to consent had been assessed and recorded within their care plan. People told us and observation confirmed staff offered people a variety of choices such as what they wanted to wear, eat and where they wanted to spend their time. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed that DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "Staff are very good, can ask staff whatever I want. Very nice the staff are." Another person said, "Staff all friendly, nice atmosphere. One staff person I like very much, she is lovely." A third person said, "I think staff are very nice, helpful and kind."

Observation showed positive interactions between people and staff. Staff responded to people's emotional needs when required with reassurance, speaking in a calm manner. Information and guidance was recorded within people's care plans informing staff how to support people with their emotional needs.

People's privacy and dignity were promoted. Staff were observed knocking on people's doors and waiting for an answer before entering. People told us they felt that staff treated them with respect, asking for their consent prior to any support being given. Staff gave examples of how they protected people's privacy and dignity whilst offering them care and support. For example, closing doors, covering people with a towel and explaining to people step by step to ensure they are happy with the support.

People and or their relatives were involved in the planning and delivery of their care. People's care plans included clear information and guidance about their individual support needs, communication needs and interests and hobbies section. People's care plans included a 'getting to know you' section, this included information about the person's life and work history and family relationships. Staff knew people and their loved ones well with many staff having worked at the service for a number of years. We observed staff using their knowledge about people to speak with a person who had become anxious; they spoke about the person's family which reassured the person.

People were encouraged and supported to maintain as much independence as they could. People told us and observation confirmed that staff offered guidance and encouragement to people. For example, when walking to the dining room or eating lunch. Some people used specific equipment such as plate guards and adapted cutlery to enable them to eat independently. Care plans informed staff what people could do for themselves and then the support they required from staff. People were regularly given the opportunity to express their views and make their own decisions about the care and support they received; through questionnaires and review meetings.

People were supported to maintain contact with people that mattered to them. There were no restrictions on what time visitors could call. Relatives told us they were made to feel welcome when they visited. One relative said, "I am really happy with the support provided to mum. I do not worry when I go home; staff phone me up and keep me in touch." Another relative said, "I am happy with the service. Staff are good at communicating. Staff speak to mum nicely." The registered manager had recently invited people's loved ones to have lunch at the service. Following the lunch one relative wrote a letter of thanks to the registered manager which read, 'Thank you very much for inviting me to have lunch with my mum. Time spent with my mum is precious, being given such lovely treatment made the experience memorable.'

People's confidential records relating to their care were stored securely to ensure that only people who had

permission were able to view them. Staff understood the importance of maintaining people's confidentiality.

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs and they enjoyed living at The Haven. One person said, "It is quite nice living here, comfortable, people are really nice and people always make sure you are okay." Another person said, "I find it pleasant here."

At our last inspection in April 2017 we recommended that the registered manager completed a review of people's care plans and risk assessments. At this inspection we found improvements had been made, the management team had completed a review of all care records. People had care plans in place, which reflected their current needs. Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. Staff received updates about people during shift handovers.

People were supported to participate in a range of activities to meet their needs and interests. Each person was supported to complete an activities profile, this included activity likes and dislikes. The provider employed an activities co-ordinator, working across five days a week. Information from people's activity profile was used to create the activity programme. People told us they enjoyed participating in the various activities, which included, baking, music and movement, reminiscence sessions and arts and crafts. During our inspection 10 people had chosen to make bunting as they were holding a celebration for the royal wedding. People were observed discussing their own weddings and style of wedding dress. A record and photographs were kept of activities people had participated in.

Peoples' end of life care wishes had been discussed with them and/or their relatives and recorded within their care plan. People's wishes had been respected if they had chosen not to discuss things. No one living at the service was receiving end of life care at the time of our inspection, although the registered manager told us that the staff team would work alongside the district nurses if people wanted to stay at The Haven. Some people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place. DNACPR forms indicate where a medical decision has been made by a doctor with the person or their representative that cardiopulmonary resuscitation will not be attempted if the person stops breathing or their heart stops beating.

People told us they would speak to the 'manager' if they had any concerns or complaints. A complaints procedure was in place which was made available to people and their loved ones. The registered manager had developed a pictorial complaints procedure to ensure accessibility to everyone. The registered manager told us there had not been any formal complaints made since the last inspection.

The registered manager kept copies of compliments that had been received from family members in the form of cards and letters. One card read, 'The staff at The Haven, many thanks for all the care and support you gave our father.' Another read, 'Thank you very much for all the care and attention you gave to [loved one].'

Is the service well-led?

Our findings

People knew the registered manager well; they were observed entering the office to ask questions. The registered manager had a good relationship with people, relatives and staff and spent plenty of the time in the service. However, despite the positive feedback we found the service was not consistently well-led.

At our inspection on 18 April 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had failed to ensure effective governance systems were in place to monitor the quality of the service being provided to people. At this inspection we found that some improvements had been made. The provider had sourced a consultant area manager who supported the registered manager. The area manager completed a monthly audit where documents were sampled such as, staff files, people's documents and medicine records. Although these audits identified actions which were completed by the registered manager, a comprehensive audit had not been completed. Therefore, the concerns that we found during our inspection such as the lack of PRN protocols for people, errors in recording of medicines, shortfalls in the reporting of safeguarding concerns and training for staff to meet people's specialist needs had not been identified by quality assurance audits .

The failure to have effective governance systems in place to monitor the quality of the service being provided to people is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was not clear of the legal requirements of their role. They were unaware that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person was subject to an allegation of abuse or when a DoLS application had been authorised. Records showed six DoLS applications had been authorised by the local authority however, the registered manager had failed to submit the required notifications for these. During our inspection we identified a potential allegation of abuse that had not been reported to the local authority or the CQC. Another potential allegation of abuse had been reported to the local authority. However, a notification to the CQC had not been completed. We spoke to the registered manager about our concerns, they told us they were unaware that any unexplained bruising found on a person should be reported.

The registered manager had failed to notify CQC of a notifiable event in a timely manner. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager was supported by a deputy manager within the service, and the area manager on a weekly basis. Staff told us they understood the management structure, who they were accountable to and their role and responsibilities. Staff were given a job description and contract of employment, that outlined their role and duties. Staff told us they felt there was an open culture where they were kept informed about any changes to the service or their roles. Staff said they found the registered manager, "Very approachable and easy to talk to."

Staff and people were kept informed about people's care needs and about any other issues. Team meetings

were held so staff could discuss practice and other topics such as staffing issues and the senior role on shift. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handovers between shifts and communication books highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs. Resident meetings had taken place however; these had not been held consistently. A meeting took place in March 2018; however, the last record of a meeting prior to this was December 2016. The meeting in March 2018 gave people the opportunity to discuss the service they received. Another meeting had been planned for June 2018, the registered manager told us they planned for these meetings to be held monthly.

People and their relatives were involved in the development of the service; annual questionnaires were sent out to seek views and feedback. Feedback from the March 2018 survey had been collated and displayed in the hallway for people to see. Comments had been made by relatives returning the survey. One comment read, 'The staff at The Haven are always willing to discuss mum's care, they are friendly and always helpful. I always feel welcomed and valued. The home is always clean, warm and welcoming.' Another read, 'I'm very happy with the care [loved one] gets at the home.'

Staff worked in partnership with external health care professionals to ensure people remained as healthy as possible. During our inspection the registered manager contacted a nurse to raise concerns about a person's health and well-being.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager failed to manage medicines safely.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered manager failed to take appropriate actions to safeguard people from abuse.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective governance systems in place to monitor the quality of the service being provided to people.