

## Moorcroft Care Homes Ltd

# Haven House

### Inspection report

188 Bawtry Road  
Bramley  
Rotherham  
S66 2TR  
Tel: 01709 702411  
Website:

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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** 

#### Overall summary

The inspection took place on 28 April 2015 and was unannounced. We last inspected the service in January 2013 when it was found to be meeting the regulations we assessed.

Haven House is located in a residential area on the main road in Bramley, close to shops and local transport links. It provides accommodation for up to three people who have a learning disability.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People were encouraged to be as independent as possible, both in the community and in the home. We saw that staff took into consideration people's needs and

# Summary of findings

wishes as well as any risks associated with their care. People's comments, and our observations, indicated they were happy with the care and support provided by staff, which met their individual needs.

Medication was administered in a safe and timely way by staff who had been trained to carry out this role.

There was enough skilled and experienced staff on duty to meet people's needs. The recruitment system in place helped the employer make safer recruitment decisions when employing new staff. We saw a system was in place for new staff to receive a structured induction and essential training at the beginning of their employment. Staff had also received additional training and timely refresher training to update their knowledge and skills.

People who used the service told us they were involved in shopping for, and choosing what they ate. They told us they were happy with the meals provided.

People's needs had been assessed before they moved into the service and they, as well as their relatives, told us they had been involved in formulating support plans. Care files contained detailed information about people's

individual needs and their preferences. We saw support plans had been regularly evaluated to ensure they were meeting each person's needs. Periodic care reviews had also taken place involving the person using the service, family members and social workers, as well as staff from the home.

People had access to a programme of social activities, which they said they could choose to participate in or not. People indicated they enjoyed the activities they took part in.

The provider had a complaints policy to guide people on how to raise complaints. No complaints had been recorded since our last inspection, but a structured system was in place for recording the detail and outcome should any concerns be raised.

We saw an audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed the provider had taken action to remedy the issues.

# Summary of findings

## 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 safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

There was sufficient staff employed to meet people's individual needs. We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications safely, this included key staff receiving medication training.

Good



### Is the service effective?

The service was effective.

Staff had completed training about the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent. The registered manager was aware of the need to make applications under the Deprivation of Liberty Safeguards.

Staff had completed a structured induction and had access to a varied training programme that helped them meet the needs of the people they supported.

We saw people were happy with the meals provided and were able to choose what they want to eat each day.

Good



### Is the service caring?

The service was caring.

Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People using the service told us staff respected their opinion and delivered care in an inclusive, caring manner.

People were complimentary about the way care and support was delivered and raised no concerns with us about the care and support they received.

Good



### Is the service responsive?

The service was responsive

People who used the service and their relatives had been encouraged to be involved in care assessments and planning their care. Support plans were individualised so they reflected each person's needs and preferences. They had been reviewed regularly to make sure any changes were incorporated into the support plans.

People had access to social activities and employment that were arranged around what they liked to do.

People knew how to make a complaint and information was available about how concerns would be managed. The people we spoke with raised no complaints or concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well led

There was a system in place to assess if the home was operating correctly and action had been taken to address any areas that needed improving.

People were consulted about the service they or their relative received.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Good



# Haven House

## 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 was 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.

The inspection took place on 28 April 2015 and was unannounced. The inspection team consisted of an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the 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 also requested the views of service commissioners and looked at the NHS Choices website.

The home was only supporting a small number of people at the time of our visit. Therefore we spoke with everyone living there, and two relatives, so they could share their opinion of how the service operated. We also spoke with the registered manager and two of the three care workers employed at the home. We informally observed how care and support was provided and looked at the general environment people lived in.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing two people's care files, staff rotas, training records, staff recruitment and support files, medication records, audits, policies and procedures.

# Is the service safe?

## Our findings

People who used the service told us they liked living at the home and said they felt safe living there. The relatives we spoke with said they felt the home was a safe place for their family member to live.

Care and support was delivered in a way that promoted people's safety and welfare. Both the care files we looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. The staff we spoke with had a good understanding of the care and support people needed and how to keep them safe. They were able to describe how they encouraged people to be as independent as they were able to be, while monitoring their safety.

Staff told us the home had a stable staff team. People who used the service said there was enough staff available to meet their needs. This was confirmed by the staff we spoke with and our observations. We saw one person living at the home attended a day centre and also had a part-time job. We also saw some people went to stay with relatives at the weekend. When people were at the home one care worker was on duty to provide care and support. The registered manager told us they were also available to support people if additional staff were needed. The latter included accompanying people to medical appointments and on social outings. Staff told us they slept in a bedroom located close to people who used the service. They said people were able to wake them up if they needed any support during the night.

Staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The registered manager had a copy of the local authority's safeguarding adult procedures which helped to make sure incidents were reported appropriately. They told us no safeguarding concerns had been reported to the council since our last inspection.

The staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. One care worker told us, "I would report it to the manager, but I would take it further, to the council, if they did not take me seriously." Records and staff comments confirmed they had received periodic

training in this subject. Staff told us there was also a whistleblowing policy available which told them how they could raise concerns. Staff we spoke with were aware of the content of the policy and their role in reporting concerns.

The recruitment policy, and staff comments, indicated that a satisfactory recruitment and selection process was in place. We checked staff files to see how this had been implemented. We found files contained all the essential pre-employment checks required. This included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The registered manager told us candidates attended a face to face interview that people living at the home were involved in. They said they observed how the candidate interacted with people and then asked for their opinion before making a final choice.

We spoke with a recently recruited member of staff who described their recruitment which reflected the company policy. They told us they had not been allowed to start work until all their checks had been completed.

The service had a medication policy outlining the safe storage and handling of medicines and staff were aware of its content. We found all staff were responsible for administering medications. Records showed they had received training in the safe management of medicines, with periodic updates. This was confirmed by the staff we spoke with.

We saw medicines were securely stored and there was a system in place to record all medicines going in and out of the home. We looked at the medication records for all the people living at the home and found they had been completed appropriately. We saw the registered manager had recently improved the system for recording the administration of homely remedies. Homely remedies are medicines purchased by the provider to administer as needed, for example, Paracetamol for ailments such as headaches and colds. The information provided gave staff guidance about the dosage and how long staff should administer it before medical advice was sought. The registered manager said they had reflected the changes in a homely remedies policy.

## Is the service safe?

Where people were prescribed 'as and when required' (PRN) medicines we saw care plans and protocols were in place to inform and guide staff on what these medicines were for and when they should give them.

There was an audit system in place to make sure staff had followed the home's medication procedure. We saw the registered manager had carried out regular checks to make sure medicines were given and recorded correctly.

Rotherham council told us that, when they assessed the home shortly before our inspection, they found there was an over stocking of some medicines. They recommended that the registered manager checked the medication stock and systems more regularly to address this issue. The registered manager told us excess medication had been returned. They said they were now completing monthly audits to help to make sure there was not a recurrence of the issue found.

# Is the service effective?

## Our findings

People we spoke with said they were happy with the care and support they received. We saw they were supported by staff who knew them well, were friendly and understanding. They listened to what people wanted and took time to make sure their preferences were met. A relative told us, “They [staff] are all very good.”

We found staff had the right skills, knowledge and experience to meet people’s needs. The staff we spoke with told us they had undertaken a structured induction when they started to work at the home. A recently recruited staff member confirmed they had completed an initial induction which had included shadowing the registered manager or an experienced care worker. They said this had lasted for approximately two weeks and had included experiencing the different shifts in place so they became familiar with how the home operated over a 24 hour period. We saw they had also completed an induction workbook and essential training, such as safeguarding people from abuse and the safe administration of medicines. The care worker told us the support and training they received had prepared them well for carrying out their job.

The registered manager told us they were aware of the new care certificate introduced by Skills for Care to replace the common induction standards and they were already looking into implementing it.

Staff told us they had completed training in essential topics such as moving people safely, fire awareness, equality and diversity, first aid and food hygiene, which was followed by periodic updates. Some staff had also completed other courses such as supporting people with a learning disability and autism awareness. Staff had either completed a nationally recognised training course in care or told us they were planning to undertake the course in the future.

The staff we spoke with said they felt they had received the training they needed to carry out their job. One care worker commented, “The manager always makes sure we do all mandatory training” They told us they could request any training they felt would be beneficial to them, adding “I recently said I felt I needed dementia training and she accessed it for me.”

Records, and staff comments, showed staff support sessions had taken place regularly and each member of

staff received an annual appraisal of their work performance. Staff commented positively about the support they had received. One care worker told us, “We get supervision about every two months.” They went on to say they felt very well supported by the registered manager.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We checked whether people had given consent to their care, and where they did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place.

Staff had a general awareness of the Mental Capacity Act 2005 and had received training in this subject to help them understand how to protect people’s rights. They told us how they gained people’s consent and represented their best interest. Staff were clear that when people had the capacity to make their own decisions this would be respected. People who used the service confirmed that staff respected their opinions and wishes.

We asked the registered manager if people using the service were supported to vote in elections, if they chose to. They told us they had arranged postal votes for people and it was their decision if they used them or not.

At the time of our inspection no-one living at the home was subject to a DoLS authorisation, however, the registered manager was aware of the changes brought about by a Supreme Court judgement and was in the process of applying for DoLS authorisations as necessary.

People had access to a menu which reflected their choices. One person using the service explained how staff asked each person what they preferred to eat each day and said snacks were available throughout the day. We saw each person had a booklet where staff recorded what they had eaten on a daily basis. Staff said this helped to monitor what people had eaten and enjoyed. A relative we spoke with explained how their concerns about the type and amount of food their family member chose to eat had been



## Is the service effective?

discussed at a review meeting with a social worker and staff from the home. They said they had been told that, since the meeting, staff were trying to encourage a more healthy diet.

Staff told us they were responsible for shopping for, and preparing meals, but sometimes people using the service would help. One person who used the service described how they sometimes went to the local supermarket to do the shopping. During our visit we saw people making drinks and helping themselves to snacks.

Care records showed people had accessed outside agencies and health care professionals when needed. This

included dentists, chiropodists and GPs. The registered manager explained how they had involved district nurses and specialist nurses in one person's care to look at better ways of managing their medical condition. Staff had monitored people's weight regularly to check they were maintaining a healthy weight.

Each person had a health action plan which described their health needs and was periodically reviewed to reflect changes. We also saw a hospital admission form had been completed for each person so hospital staff would know how to appropriately treat and care for them.

# Is the service caring?

## Our findings

People told us staff respected their decisions and involved them in their day to day care and support. We also spoke with two relatives who confirmed they and their family member had been consulted about what support was needed and people's preferences. We saw staff supporting people in a caring, respectful and responsive manner while assisting them to go about their daily lives.

People's needs and individual preferences were recorded in their care files so staff had detailed guidance on how to support them. Each person also had a person centred booklet which outlined what was important to them. Where appropriate, documents also included pictures to make it easier for the person using the service to read and understand the information.

We found the home had a homely, calm and relaxed atmosphere. When one person came in from an outing into the community they made themselves a cup of tea and asked other people if they wanted one too. Staff asked how their day had been and chatted with them in a friendly manner. People told us they were happy with the support provided and complimented the staff for the way they supported them. We saw staff listened to what people wanted and supported them as needed. One person told us, "I get on well with all the staff."

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their

wishes. Our observations confirmed staff knew the people they were supporting very well and met their individual needs and preferences. We saw they gave each person appropriate care and respect while taking into account what they wanted.

People were given choice about where and how they spent their time. We saw they had chosen how their room was decorated and the rooms reflected people's individual style and interests. We also saw staff encouraged people to be as independent as possible while providing support and assistance where required. One person told us, "The staff respect me and my privacy. They knock on my door when they come to collect my dirty washing and I can lock the door when I have a shower."

The registered manager was the dignity champion for the home and we saw dignity in care training had been undertaken by staff in 2014. Staff we spoke with gave clear examples of how they would preserve people's privacy and dignity. One care worker described how they covered people up when taking them from the bathroom to their room. A relative told us they felt the care and support given was good but added, "He [the person using the service] is generally dressed okay, but it could be better at times."

People were helped to maintain relationships with people who were important to them. Relatives told us they were welcomed at the home when they visited and there were no restrictions on times, or lengths of visits.

# Is the service responsive?

## Our findings

People using the service and the relatives we spoke with told us they were happy with the care and support provided. People looked happy and interacted with staff in a relaxed, positive way. Relatives told us the registered manager communicated with them promptly regarding any changes in their family member's condition or to update them on hospital visits etcetera.

People had been living at the home for several years so we could not check how new people were currently assessed before they came to live there. However, staff described how anyone wanting to live at the home would be assessed. This included ensuring the facilities available could meet their needs and that they would "Fit in" with the other people living there. The registered manager told us when someone was interested in moving into the home, this was managed gradually so they could get used to the staff and people already living at the home, and they could meet and get used to them.

We saw care and support was planned and delivered in line with people's individual needs. Care plans were written in a person centred way and included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. At the front of each file was a laminated form that highlighted 'What is important to me', 'What people like about me' and 'How best to support me.' This gave staff quick access to information important to each person.

We found support plans had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made if required. Daily records had been completed which recorded how each person had spent their day and any changes in their general condition.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and preferences. They could tell us about people's likes and dislikes, as well as their interests and what was important to them. For example, care workers told us how one person liked to go to church sometimes, which they helped arrange for them. This was confirmed by the person using the service.

We saw people could access social and learning activities if they wanted to. Information about people's hobbies and interests were included in their care files. One person described how they attended a day centre and had a part time job, both of which they enjoyed. They also said they enjoyed going to the pub with friends and on monthly outings to another of the company's homes where they met up with other people for social evenings. They told us people took it in turns to choose what to do adding "And it's my choice next time." Another person said they preferred not to take part in arranged social activities, but enjoyed going out with their family. Staff told us the person liked to go out shopping occasionally and for a coffee. We also found people were involved in cleaning their rooms and food shopping.

The provider had a complaints procedure which was given to each person when they moved into the home and included in their care file. It was also available in a pictorial format to make it easier to understand. The registered manager told us no complaints had been received since our last inspection of the service, but there was a system in place to record any complaints received and the outcomes. People using the service and the relatives we spoke with told us they had no complaints about the service. One relative said their family member "Seems quite happy there."

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. They told us they attended different forums to help them stay abreast of changes, such as the local authority provider forum.

People who used the service, and the relatives we spoke with, told us they were happy with the care and support provided. We found a survey had been used to gain the views of people using the service in early 2015. We also saw a relative's survey had been conducted in 2014. The surveys we sampled contained positive answers to the set questions. A relative told us the registered manager communicated well with them adding, "The manager keeps in touch and is very approachable."

We saw care reviews had taken place which gave the person using the service, and their relatives, the opportunity to discuss any changes to their planned care. One person using the service also said, "I talk to the manager when I need to, it's no problem." Staff said informal one to one discussions with people gave them the opportunity to discuss anything worrying them and allowed them time to express their opinions. They also said relatives were given the registered manager's phone number so they could contact them if they needed to discuss anything.

When we asked people if there was anything they felt could be improved they told us there was "Nothing". A relative commented, "No, I am very happy with the way they work I can't criticize them at all."

The registered manager told us they gained staff feedback through informal discussions, meetings and supervision

sessions. Staff told us they felt they could voice their opinion to the registered manager and they were listened to. When we asked staff about the management of the home they said the registered manager was involved in the day to day running of the home and was very approachable. One care worker told us, "I get on with the manager very well." Another staff member commented, "One word, perfect."

During our visit we found there was a homely atmosphere where people seemed relaxed and followed their preferred routines. The staff on duty knew about people's routines and preferences and assisted them as needed. They told us they were given a job description when they started working for the company and their comments showed they were clear about their roles and responsibilities. We also saw they had access to policies and procedures to inform and guide them.

The registered manager had carried out various internal audits to make sure policies and procedures were being followed. Topics covered included medication, fire, infection control, accidents and incidents. This enabled them to monitor how the service was operating and staffs' performance. We saw when shortfalls were found these had been identified and action taken to address them..

We saw improvements to the environment had been made since our last inspection. This included a new kitchen being fitted and a dining room being created. People using the service, and the staff we spoke with, told us this had benefited the home.

The registered manager described how they worked alongside outside agencies such as the day centre, the local learning disability unit, social services and the local authority to improve the service they provided.