

## Lifeways Community Care Limited

# The Haven

### 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

The Haven is a residential care home providing personal care for up to five people. At the time of inspection, four people were living at the service. People were living with complex care needs relating to autism and learning disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a domestic style property that was similar to surrounding property. There were deliberately no identifying signs, to indicate it was a care home. Staff wore casual clothing and did not wear anything that suggested they were care staff when coming and going with people.

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

There had been changes in the management and staffing of the service that had caused some instability for people and staff. A temporary manager was covering the service and had provided a strong leadership with an emphasis on engaging with staff and involving them in the running of the service. Staff turnover had been high and staff supervision and support provided following incidents had not been effective. Staff told us they felt unsupported. The provider had not ensured staff were suitably supported and supervised to complete their jobs in a safe and effective way.

Some medicines were not managed safely. Guidelines to support people to take 'as required' medicines when they should, were not available. The provider could not be assured that people received these medicines as prescribed in a safe way.

Quality monitoring and governance systems had not been fully established or maintained. They had not identified some of the shortfalls identified at this inspection. For example, the lack of records confirming the suitability of agency staff used and complaint records.

The service applied the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to enjoy their lives and to achieve their full potential

People felt safe and received care from staff who had been appropriately recruited and trained to recognise signs of abuse or risk and understood what to do to safely support people. People were supported to take risks, to ensure they had as much choice and control of their lives as possible. One relative told us, "I know

he is happy and feels safe. He is always happy to go back to the service. He calls it his home and he truly thinks of The Haven as his home".

Staff had received training to meet people's specific needs. Staff were committed to delivering care in a person-centred way. Staff were knowledgeable about the people they supported and had built trusting relationships with them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When people did not have capacity any restrictions to their liberty had been authorised by the local authority. People's nutritional and health needs were met with involvement from a variety of health and social care professionals.

Staff recognised people as unique individuals and supported them and their families in a caring way. People were relaxed, comfortable and happy in the company of staff and engaged with them in a relaxed and positive way.

People were supported to take part in activities to meet their individual needs and wishes.

People were encouraged to go out and form relationships with members of the community. Most people needed some support with communication, these needs had been assessed and staff were skilled in responding to them. One staff member described how one person communicated with facial expressions and body language. "When he is happy he has a massive smile, when he is not he can go to the floor."

People, their relatives and health care professionals had the opportunity to share their views about the service and to be involved in the planning of appropriate care and support.

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: The service registered with the Care Quality Commission in August 2018 and this was their first inspection.

Why we inspected: This was a planned comprehensive inspection, following the registration of the location. Enforcement: At this inspection we found the service to be Requires Improvement with three breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Haven 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 service did not have a manager registered with the Care Quality Commission. There was a temporary manager who was a registered manager for other services within the organisation. The provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since its registration in August 2018. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

Most people could not verbally share their views of the service. Therefore, we observed people's experiences of living at The Haven. This included interactions with staff. We spoke with four members of staff and the temporary manager and newly appointed regional manager. We spoke to two visiting professionals who were completing a review of one person's care and support.

We reviewed a range of records. This included two people's care records and everyone's medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked two people. This is where we check that the records for people match the care and support they received from staff.

#### After the inspection

We spoke with three relatives and one visiting health professional. The provider also provided further information that included policies and procedures and training documents.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

● Not all medicines were managed safely. Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. However, clear guidelines on how and when these should be given to ensure a safe and consistent approach were not in place. For example, one person was prescribed a mood-altering medicine, there were no guidelines for staff to use to understand when these were to be given. Another person was prescribed two different medicines for constipation. There was only one written guideline in place and this did not include the name of the medicine it referred to. This could put people's health at risk as medicines may not be given in a consistent and safe way.

The provider had not ensured the safe management of all medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines prescribed to be given on a regular basis were given safely. The medicine administration record, (MAR) charts recorded accurately what and when medicines were given.
- Staff who gave medicines had received training on how to handle them safely. They also had their skills and competency assessed by the management team to ensure they followed best practice when giving medicines. For example, they signed the MAR charts once the medicine had been taken.
- The organisation had policies and procedures to support staff to handle medicines safely. Medicines were stored in a locked cabinet in the office. This had its access limited to support the safe storage of medicines.

### Learning lessons when things go wrong

- There were clear systems for recording accidents and incidents. Staff understood the importance of reporting and recording any accident and incident promptly and accurately.
- All reported incidents and accidents were seen by the manager. Each was reviewed and signed off to ensure appropriate action had been taken to reduce the likelihood of the event reoccurring.
- Information within these reports were used to review the care and support provided to ensure appropriate and if any changes or further support was necessary. For example, the number and frequency of incidents was discussed with health care professionals to identify any trends, that needed further review or intervention. One professional told us, 'The staff notify me of all incidents, so I have a good understanding of his well-being.'
- Although incidents were responded to, we noted that de-briefing sessions for staff were not routinely completed. This matter is explored further in the effective section of this report.

## Staffing and recruitment

- The staffing arrangements ensured there was enough staff available to meet people's individual needs. They ensured the funded two to one and one to one staff support was available at all times required. This included when people were out at college, so the staff were available if they returned to The Haven unexpectedly.
- There had been a high staff turnover and staff instability over the past couple of months. Any shortfall in staffing numbers were replaced with the use of agency staff. Ongoing recruitment was being progressed.
- There were on call procedures for staff to gain advice and support if needed outside of office hours and at weekends. These were documented and updated on the office wipe board and co-ordinated through the manager.
- Staff were recruited safely. Background checks were completed on new staff. These checks included obtaining references, identity checks and completing a Disclosure and Baring Service (DBS) background check. The DBS identify if prospective staff had a criminal record or were barred from working with children or adults at risk.
- Staff completed an application form and an occupational health screening was completed. The recruitment process also included a formal interview. This took account of staff past work experiences and skill sets. In this way staff suitability was matched to the people living in the service.

## Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and reviewed to ensure people remained safe. Staff were alert to the risks people may experience because of their health and care needs and guidance was in place for staff to follow to reduce risks.
- There were clear guidelines in relation to the management of behaviours that challenged. People had positive behavioural support plans. These included advice on positive strategies to divert and distract from behaviours, and early interventions that could be taken to avoid an escalation of behaviours.
- Each person's needs in the event of a fire had been considered and each person had an individual personal emergency evacuation plan that described the support they needed in an emergency. A copy of these were not held centrally for emergency staff to access quickly and this was raised with the manager for them to address.
- People had personalised risk assessments that identified areas of risk such as going out, eating and drinking, managing their finances and taking their medicines safely. These were cross-referenced to individual care support plans.
- Each person's needs in the event of a fire had been considered and each person had an individual personal emergency evacuation plan that described the support they needed in an emergency. A copy of these were not held centrally for emergency staff to access quickly and this was raised with the manager for them to address.
- A fire risk assessment had been completed and regular fire safety checks had been completed. A fire evacuation procedure was in place.
- The building was kept safe through checks on the environment, equipment and regular maintenance. This included checks on the temperature of water, legionella checks and safety procedures, gas and electrical testing. These checks had not been maintained over recent weeks and this matter is picked up under the well-led section. Any maintenance issue was dealt with quickly. For example, an electrical socket had been damaged recently. Staff had raised this with the maintenance team who responded and repaired promptly.

## Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse because staff had a good understanding of people's individual needs and how to respond to any possible safeguarding issue. There were clear safeguarding procedures and relevant contact details were available for staff to use.

- Staff had received training on safeguarding, this included recognising any signs of abuse or discrimination and responding appropriately. Staff knew who to contact and understood this could include the police.
- One staff member told us, "We all have safeguarding training and we know to raise any issue immediately." Staff understood their responsibilities to safeguard people. Another staff member told us, "There is a whistleblowing policy and I would follow this is the right action was not taken."
- Staff had followed safeguarding procedures in the past and raised safeguarding concerns with the local authority and notified the Care Quality Commission.

#### Preventing and controlling infection

- All areas of the house were clean and hygienic. Support care staff worked with people to keep areas of the home clean and this was part of the daily routine. Staff had received training in food hygiene and infection control and understood the risk of cross infection.
- Hand hygiene was promoted with liquid soap and paper towels at sinks and hand sanitizers strategically placed throughout the service. Staff were provided with personal protective equipment (PPE) including gloves for use when necessary.
- Staff who worked in the kitchen were mindful of reducing risks. They washed their hands regularly and followed good practice guidelines when preparing food. For example, a different designated board was used when chopping raw meat.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff turnover had been high over the past few months and most staff had only worked in the service for three months or less. We found that staff were not being supported to ensure they were able to provide effective care. One staff member told us, "I do not feel well supported, especially around difficult situations that can occur here."
- Staff had not received regular supervision. For example, two staff members had been working in the service for two months and had not had an opportunity for supervision or a review of how they were progressing or feeling about their work and role in the service.
- Staff had not received appropriate support following significant incidents. For example, staff told us about incidents that had caused them distress and, in some cases, physical harm. Staff had not received any debriefing following such events. Staff working in an environment where people have behaviour that challenges need effective systems to support them. This would ensure they provided the correct support and followed procedures effectively. A review of practice should be completed along with appropriate emotional support for staff through these difficult situations.

The provider had not ensured staff had received appropriate support or supervision to enable them to carry out their duties employed to do. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff attended an induction programme that covered a number of skills and competencies essential for preparing staff to work in the service. This included fire awareness, food safety, MCA and DoLS, safeguarding and positive behaviour support and autism awareness.
- An ongoing training programme was available and was being progressed for staff. Specialist training was also provided. This reflected the complex needs of people who lived at The Haven. For example, all staff members had to complete NAPPI (Non-Abusive Psychological and Physical Intervention) training before supporting one person. NAPPI enables staff to use PBS to respond to people who present with behaviour of concern.
- Staff were confident in their responses when asked about how they would respond to behaviour that may challenge. For example, one staff member described how they used NAPPI techniques with one person who had a tendency to grab and hold on to staff hair. They told us their training provided them with advice on about diffusing situations before a hands-on approach was needed.

- Relatives and visiting professionals told us staff had the skills to look after people and support them to have, a full and active life. One relative told us, "I have no complaints or concerns about the care support staff provide, they are well prepared to look after him." A visiting professional said, "All the staff have regular training and have the skills necessary."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. People enjoyed the food and staff had spent time with people and their relatives to ensure options and choices provided were individually tailored. A visiting professional told us, "He used to eat takeaways all the time before coming here. He is now enjoying the food provided within the home."
- Staff prepared food on a daily basis and people's choices were sourced through the use of diagrams along with a weekly menu. Staff took account of well-balanced meals and healthy options. One relative told us, "He is eating very well. I know the food is good and healthy as he is not putting unnecessary weight on."
- People's nutritional needs were assessed and responded to. For example, one person needed assistance with eating. Staff told us, "You need to be patient with him, he eats slowly. If he does not like something he lets us know by his actions, and we try something else." This approach was clearly recorded within the support plans.
- Drinks were offered regularly, and people were supported to make their own under staff supervision if appropriate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved in, assessments were completed with them, their relatives and professionals to determine all the support needs and preferences for their individual care could be met. For example, before one person moved into the service, their accommodation was adapted to ensure it was appropriate to meet their specific needs recorded within their DoLS.
- People's needs, and choices were continually reviewed to ensure they were receiving the right care and support. Family members told us they were involved in the assessment and review process and were updated on any changes, or incidents. One relative told us, "We are in regular contact with the staff, they phone us weekly and more often if they need to."
- A visiting professional was complimentary of the way the staff met people's needs and kept them informed of their care. They said, "The staff communicate with me and his family. They discuss his care and check that we are in agreement with the care provided and any possible changes to be considered." In this way staff ensure they deliver care in line with standards and guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had regular contact with all agencies involved in people's care and support and referrals had been made for specialist advice and support when needed. For example, a speech and language therapist (SALT) was involved when one person had had a choking concern. Guidelines for staff to follow had been included in the persons support plan.
- People were supported to maintain and improve their physical and mental health. They were supported to see their GP whenever this was needed. Staff supported them to attend their healthcare appointments and this included visiting the Dentist, chiropodist and psychiatrist.
- Each person had a health action plan that provided details of their individual health needs. They also had a hospital admission information that would be used if they needed to go into hospital. This included important information hospital staff would need to be aware of, to provide care in a person-centred way that suited the individual.

Adapting service, design, decoration to meet people's needs

- The Haven was an adapted residential chalet bungalow. It retained its homelike exterior, blended into the local community and provided a home-like environment for people.
- The service provided space and individual accommodation to suite people's needs. For example, one person had rooms set up as self-contained flat with a separate front door. This was similar to his previous accommodation and ensured they felt secure and comfortable.
- People living in the service were mobile and could use all the facilities in the service including the garden and patio area.
- There was a variety of communal spaces including a lounge and dining area and quiet sitting room. This allowed for people to be alone or with people for company if they wished.
- The service had a mini bus that was used to transport people for pleasure and to and from places of interest and activities in the community.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people living at The Haven did not have the capacity to make decisions around all aspects of their care and support.
- A number of restrictive practices were used to keep people safe. This included continual supervision by staff. When decisions were made on their behalf and restrictions to people's liberty were used these were made in accordance with the MCA.
- DoLS applications were made and were clearly recorded within people's support plans. These were reviewed on a regular basis by the DoLS assessment team who ensured suitable capacity assessment were completed in relation to any decisions made.
- Staff received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. They talked about ensuring people's safety and the use of locked doors to prevent people leaving with staff supervision.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were committed to providing a high standard of care. New and agency staff were given time to read support plans and took a genuine interest in people and knew people well. They were caring and patient in their approach.
- Relatives were impressed with staff approach and how they put the person at the centre of the care provided. For example, one relative told us how staff had arranged for their son to go to a local barber who had a family member with autism. This ensured they were understood and enjoyed their trip to the barber. This was very important to this person and supported their dignity by maintaining their appearance as they wished.
- Another relative told us, "Staff are always kind, sweet and polite."
- Staff demonstrated that they genuinely cared about people and their well-being. Relatives felt staff put themselves out to be a help and told us they were 'impressed with the care and support'. A relative told us, "When staff went with him to hospital they stayed when we arrived. They did not have to, and it was all in their own time. They just wanted to support him and us. We were very touched by this."
- Staff could tell us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. For example, staff knew one person liked loud music but also understood this could lead to over stimulation and recognised when the music should be replaced with another entertainment.
- Staff told us they enjoyed their work, one said, "This work is more than just a job. It's so important to encourage the residents to be as happy as they can be." Another told us, "It's so important to gain people's trust and work with them."
- Staff had a good understanding of equality and diversity. They treated each person on an individual basis and understood what made them unique. Staff talked about any cultural and religious backgrounds that needed to be considered. Peoples' sexuality had been explored and reflected within their support plans ensuring suitable private time was available and respected.

Supporting people to express their views and be involved in making decisions about their care

- People had been supported to express their views and be actively involved in making decisions about their support as far as possible. For example, one person was asked what they wanted to do with their day. Staff were skilled in understanding how he wanted to spend his time and planned the day around their wishes.
- People had family and care managers (social workers or an allocated nurse) who could support them to express their preferences. They were also involved in agreeing how care and support should be delivered.

This ensured a collaborative approach with the person at the centre of any decisions, with their preferences being considered at all times.

- Reviews of care and support were completed regularly with people and their representatives being involved. For example, one person was having weekly reviews while they were settling into The Haven. These reviews were held in consultation with him with his views being considered at every stage.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We saw staff knock on doors and wait for a response.

People's rooms and accommodation was seen as their private areas that staff visited.

- When people were visited by professionals any meetings and discussions were held in private with people having control, when possible, on who attended these.

- Private information was kept confidential. Records were held securely in the office area which was a restricted staff area. Support staff had been provided with training and guidance about the importance of managing confidential information in the right way.

- The service promoted people's independence. We saw staff work with people to do tasks around their accommodation. For example, one staff member suggested that they cleaned the bathroom with the person and prepared the cleaning materials. Another staff member told us, "We support staff with completing tasks like washing up and cooking."

- A relative told us staff worked with people to develop individual skills of independence. They said, "He is much better at shopping and paying now without always being promoted. This is a huge step forward for him."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was tailored around their wishes, preferences and routines. Adhering to agreed routines was important to people and gave them security and structure to their day. One relative told us, "Staff follow clear guidelines about his daily routines and this keeps him happy and settled."
- People had their health and social care needs assessed and plans of care were developed to guide staff in how to support them. Information gathered from relatives, previous placements and professionals was used to formulate detailed care plans centred around the person. These gave detailed guidelines for staff to follow and reflected a person-centred approach. For example, the approach that staff should use was described. One person needed clear instruction that had to be followed at particular times. This ensured his bedtime routine was always the same.
- Plans of care were reviewed regularly and when people's needs changed and in this way were kept up to date to reflect people's needs and ensure these in turn were met. One professional told us, "I know they are responding to his needs appropriately as the number of incidents involving behaviours that challenged have reduced."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people well and how they communicated. Each person had their communication needs assessed and recorded.
- People used a variety of communication methods and tools and staff were skilled in understanding these. For people who did not communicate verbally there was information on the sounds, or behaviours a person could display and what this could mean. For example, staff reflected on the sounds one person was making and knew this meant they were happy and content.
- One person communicated in writing. Staff ensured he had pen and paper available. He used this way of communication to tell staff about his choices. For example, where he wanted to go for a trip.
- One person used some Makaton (a form of sign language). They used a limited number of signs, but staff were able to use these to communicate. A relative told us, "Staff communicate effectively with him at his level. They use the signs he knows with him."
- The service used a number of easy read documents. For example, the weekly menus were typed using

widget pictures and displayed in the kitchen to give the correct context. One person had an easy read positive behaviour plan which was written using his terminology, they were able to refer to this and understand the guidelines staff were following.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to carry out every day activities and to be part of the local community. They were supported to meet people and to form everyday relationships. The PIR confirmed that people visited the local shops regularly and got to know the local people on these trips. For example, a shopkeeper had asked the staff how to sign in Makaton, so they could communicate with people from the service.
- Staff supported people to maintain relationships and contact with their relatives and friends. Staff spoke to people's relatives on a regular basis, co-ordinated visits and enabled people to spend time with relatives in their own homes. For example, organising medicines and transport as necessary.
- Birthdays and special occasions were celebrated within the service and relatives were always invited. This supported a positive relationship between staff, relatives and people.
- People were supported to take part in activities and enjoy their lives. People's activities varied from person to person. Individual activity programmes reflected their interests and hobbies and the level of activity was decided by the person. One relative told us, "Staff are enabling him to reach his full potential."
- Two people attended a college, which provided an opportunity for them to meet friends and peers outside of the service. There was various activities and entertainment arranged and staff looked for further opportunities. For example, people had recently enjoyed a trip to a trampoline centre.
- There was WIFI at the service, and staff assisted people to use this. One person used his computer regularly to research places that interested him. Staff then supported him to visit these places.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and systems to record and investigate any complaint received. The procedure was also available in an easy read pictorial format. There was also a suggestion box in the entrance hall so that anyone could share their views, compliments or complaints.
- Complaints raised had been fully investigated and responded to. However, records confirming the receipt and investigation were not complete, this is discussed further under the well-led section of the report.
- Relatives told us they had no complaints or any concerns. However, would raise any issue directly with the manager if they had any.
- Some people were unable to verbally communicate concerns, staff knew people well and understood when people were unhappy with something. Staff took action to address these concerns by changing the situation or environment.

End of life care and support

- Most of the people living at The Haven were not able to express their wishes in relation to end of life.
- People living at the service were young adults, all were active and healthy.
- Staff had completed assessments based on people's known likes/dislikes and, where appropriate, relatives had been consulted for their views. This included any religious views and wishes.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

The service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Management and governance systems had not been fully established.
- There was no registered manager in post. They left at the beginning of June 2019 with little notice to people and their relatives. The deputy manager also moved to another service at this time. These sudden changes had caused some instability for people and staff. One relative said, "We were gutted to hear the manager was going he did not even say goodbye." A temporary manager was covering until a new manager could take up post.
- Routine health and safety checks had not been maintained over recent weeks these included regular checks on the hot water supplied to ensure its safe temperature.
- We found agency staff working in the service had no record that they had completed an induction or that suitable checks had been completed to ensure they were safe to work in the service. We saw agency staff were completing an induction and the temporary manager told us all agency staff completed and induction.
- Complaints received had not been recorded in line with the providers policies or procedures. Records of complaints were therefore not complete.
- Staff had not received effective support to ensure they could complete their allocated roles competently and effectively. The organisations policies and procedures on staff support and supervision had not been followed. Team meetings had not been held on a routine basis.
- Systems and audits had not ensured all medicines were managed safely.

The provider had not ensured good governance had been maintained to ensure systems were assessed monitored and used to improve the quality and safety of the services provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The temporary manager was proactive in addressing issues once identified. For example, she immediately ensured agency staff working in the service had documentation in place that confirmed the agency had completed checks on their suitability to work. She also ensured agency staff completed appropriate induction training.
- Staff and relatives were positive about the temporary managers approach and leadership. Staff told us, "She is very supportive, listens to you. She held our first team meeting a couple of weeks ago." A relative

said, "The new manager is absolutely brilliant."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People did not tell us their view on the management of the service. However, people were comfortable with the temporary manager and the other staff in the service.
- Visiting health and social care professionals were complimentary about the management of the service. One said, "The managers have always wanted the best for the resident I deal with. They give him the chance to express himself and have as much freedom as possible without risk. Another told us about the experience of a recently admitted person, "I have spoken to him about the change in manager. The new manager has been a positive influence on him and facilitated his ability to settle into the service."
- The temporary manager is working with staff to provide an inclusive and empowering environment for people and staff.
- Staff told us the temporary manager had addressed issues that had affected their morale and health. New shift patterns had been agreed which ensured staff had regular time off. They had recognised the importance of staff maintaining a good work-life balance to enable them to provide good quality support and positive outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The temporary manager had a good understanding of when and who to report concerns to. We saw that any incidents were recorded in detail and relevant professionals informed as required. This always included the care manager and family.
- Relatives told us staff were always contacting them and advising them of any incidents or changes in care and conditions. One relative told us, "They always let me know what is going on. They listen to my views." This ensured there was an opportunity for open and honest conversations about people's needs.
- Staff told us that there was an open culture promoted and staff were now encouraged to share their views in honest discussion. One staff member said, "The new manager is amazing, so approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The temporary manager worked closely with staff and people. She was constantly looking for feedback from people and their relatives. She had established team meetings that were used to share staff views and involve them in the running of the service. One staff member told us, "The new manager is inclusive and listens."
- Good relationships had been formed with people's relatives. This enabled regular discussions and feedback on the service provided.
- Feedback was received from visiting professionals when they were in the service and when they were spoken to on the phone. One professional told us, "We know he is happy here by the way he is acting. We have a plan for future goals and objectives that we have discussed with the manager. It all has to be done at the right pace for him."
- Quality visits were undertaken by the regional manager and the quality team. These included a focus on people and their views on the service. Feedback surveys had been used and were in easy read formats.

Continuous learning and improving care; Working in partnership with others

- The provider was supporting staff to improve and develop the service. The management team was being restructured with a new regional manager and manager for the service had been appointed. This would provide stability in the future.

- Staff recruitment was being progressed and the regional manager confirmed there were five staff interviews planned.
- The temporary manager was open and transparent when discussing the areas for further improvement and immediately started to put actions into place. For example, the PRN guidelines were reviewed and updated.
- Staff were positive about the management changes and told us they were looking forward to the developments in the service and the opportunities for them within the service. For example, one staff member said, "We are looking at further activities that will stretch people's abilities and give them challenges and achievements."
- The temporary manager valued the importance of working with others. They and the staff worked closely with health and social care professionals to achieve the best outcomes for people.
- Staff worked hard to promote a service that was part of the community and supported by others in the community. For example, local shops and businesses were used and got to know people and staff. People benefitted from this social network.
- The regional manager had an oversight of local services within the organisation and was working to share knowledge and best practice across the workforce.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The provider had not ensured the safe management of all medicines. The provider could not be assured that people prescribed 'as required' medicines received them as prescribed.</p> <p>Regulation 12 (1) (2)(g).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider had not ensured good governance had been maintained to ensure systems were assessed monitored and used to improve the quality and safety of the services provided.</p> <p>Regulation 17 (1) (2)(a)(b).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met: The provider had not ensured staff had received appropriate support or supervision to enable them to carry out their duties they had been employed to do.</p> <p>Regulation 18 (1)(2) (a).</p>

