

Elizabeth Peters Care Homes Limited

Little Haven

Inspection report

133 Wellmeadow Road
London
SE6 1HP

Tel: 02084613062

Date of inspection visit:
13 November 2023
22 November 2023

Date of publication:
22 March 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Little Haven is a residential care home providing personal care to up to 15 people. The service provides support to people living with mental health conditions. At the time of our inspection there were 14 people using the service.

People's experience of the service and what we found

People gave us positive feedback about the quality of care they received. People told us they liked the staff who supported them and had helped them to meet their needs.

The provider had effective systems in place to manage people's medicines. The provider monitored the service and the quality of care, to ensure care was delivered in a person-centred way.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published, 11 April 2018).

Why we inspected

The inspection was prompted in part due to concerns following a Direct Monitoring Activity (DMA). We had concerns about learning from incidents, good governance, leadership, openness and transparency and learning and improvement. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Little Haven on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Little 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Little Haven is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Little Haven is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people, the registered manager and 2 support workers. We reviewed 5 people's care records. We looked at records of recruitment for 2 members of staff and information relating to the management of the service, including policies, staff communications and audits.

After the inspection we sent a questionnaire to staff for their views and opinions of the care provision and the management of the service. We received feedback responses from 3 members of staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. The provider had an appropriate safeguarding policy and there were systems in place to guide staff in how to protect people from the risk of f harm.
- Staff understood what actions they should take to reduce risk of harm and to report any incident of potential abuse in a timely way.
- People were safe living at the home because staff knew when and how to report concerns. One person told us, "I am very safe here and I have no worries, the staff make sure I am alright." Another person said, "The workers are very good here. I have never been let down by any staff member while living here."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff developed management plans and took action to mitigate any identified risks.
- Staff completed an assessment of risk for each person living at the service. Risk assessments identified known risks related to their mental health, physical health, medical conditions and risks related to people's nutritional needs.
- People we spoke with said they felt safe living at the service. They told us, "I am looked after well here. They are very good to me. We get on. I feel safe and happy living here," and "I have been living here for [number] years. I am happy living here. I feel safe."
- During the Direct Monitoring Activity (DMA) in July 2023, the registered manager made us aware of incidents of violence that occurred at the home. We spoke with the registered manager about that issue and we reviewed records of incidents. We found since our last contact with the service, risks of recurrence were managed well and no reports of further violent incidents had occurred.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The staff rota showed details of the numbers of staff available for duty and for each shift. People gave positive examples of when staff supported them with their needs and without delay. People said, "There are plenty of staff here for my need," and "There is plenty of staff working here for me."
- The provider operated safe recruitment processes. Pre-employment checks took place to ensure staff were suitable to be employed. Each member of staff provided information to demonstrate they had right to work in the UK. Relevant checks were carried out with the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely. Medicines records were accurately completed and there were no unexplained gaps in people's medicine administration records (MAR) charts.
- The provider followed their medicines policy to ensure safe medicines management. Each person had a medicines risk assessment completed and recorded their individual medicines support requirements.
- People told us they received their medicines as required and as prescribed. Comments included, "My medication is given to me by the staff into my hand no box or blister pack," and [Staff sign] fill in after every medication round."
- The registered manager confirmed and staff training records showed staff were competent and assessed as safe to support people with taking their medicines.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control (IPC) practices.
- The provider had an IPC policy to safely manage and reduce the risk of infection.
- The provider had sufficient supplies of personal protective equipment (PPE) and staff confirmed they had access to PPE and was freely available for their use.
- We completed observations of the home, including the communal areas. We saw staff maintained a clean and hygienic environment with appropriate cleaning cloths and liquids used to reduce risks of infection.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- People told us their relatives and friends could visit them at the home when they chose and there were no restrictions on visiting.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There was a process for recording any accidents and incidents that occurred at the service. The registered manager was responsible for the investigation into these events and take any action as required.

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the service was working within the principles of the MCA.

- The provider was working in line with the Mental Capacity Act. Mental capacity assessments had been completed in line with current guidance and best practice.
- Care plans described people's capacity to consent and the support they required to make decisions for themselves.
- The registered manager understood their responsibility to ensure people had a best interest meeting to make specific decisions these were recorded as required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service. The registered manager had taken action to ensure people using the service received safe and consistent good quality care. Staff were complimentary about the registered manager. They said, "The manager always listens to me, she is really helpful and that is what I need" and "When there is any training the manager thinks maybe helpful to me, she will have a chat with me about it and book me on a course quickly."
- Staff told us they enjoyed their jobs and providing care and support to people. Staff held key working meetings with people and this involved working with the person to understand their needs in relation to emotional and mental health, housing issues, social activities, things they wanted to do and arranging and attending medical appointments.
- The registered manager understood their responsibility to show clear leadership of the service. The management systems provided an overall insight into the quality of care, service delivery and in how staff were supported to carry out their jobs.

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

- The provider had a system to monitor and review the quality of care records. We reviewed medicines records and we found these were completed accurately. The registered manager completed regular audits of these records which meant they could identify any errors or gaps and that could be updated in a timely way.
- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Staff reviewed care plans and records to ensure these were person centred and contained comprehensive information about people. People told us they were always involved with developing their care plans. One person added, "I help write my care plan over the year which is fed into care plan meetings. including their individual care assessment risk management plans and relevant health and care records."

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

- People and staff were involved in the running of the service and staff fully understood and took into account people's protected characteristics.
- The provider had developed systems for people to give their feedback about the quality of the service.

People gave us positive feedback about the service. This included, "I think this service is excellent," and "Nothing could be improved. I really like living here, the staff are great."

- Staff meetings took place with care workers to share information with them about any changes that occurred in the service. Staff had the opportunity to contribute and share their ideas and views with their colleagues.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Staff received specialised training to help with their skills, knowledge and personal development. Training in specific mental health conditions and physical health conditions were completed outside the mandatory learning programme. This equipped staff to carry out their roles effectively.
- The provider was supportive to help staff to carry out their roles in a safe way.

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 registered manager told us they understood their responsibilities in relation to duty of candour.
- The registered manager told us that they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong.

Working in partnership with others

- The provider worked in partnership with others. Staff worked in partnership with colleagues from health and social care services so people could have access to consistent care and advice when required.
- Records showed that staff frequently contacted health and social care professionals including care coordinators and community psychiatric nurses for advice and support when people's needs and mental health needs had changed.