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Haven Group Offices

Inspection report

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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

This inspection visit took place on 21 October 2015 and was announced. We told the registered manager one day before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

The domiciliary agency is based in an office in Morecambe. The office consists of three floors. The ground floor is accessible to clients and staff, whilst the

two upper floors facilitate management offices and a training room. The agency supports adults in their own homes or supported tenancy schemes. Care is arranged with the person receiving a service and their families.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People were kept safe and free from harm. There were appropriate numbers of staff deployed at the houses to meet people's needs and provide a flexible service. Staff had been safely recruited to ensure people would be supported by suitable personnel.

People were approached with a supportive and compassionate manner and staff had a good understanding of protecting people's dignity and privacy. We observed staff were friendly, respectful and caring towards individuals.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and looked forward to the staff coming to their homes. One person who received a service said, "I could not manage without them they provide a lifeline for me."

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

People were supported to eat and drink and were encouraged to attend to their own dietary requirements as much as possible. Support and guidance was always available at mealtimes. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Care plans were person centred and clearly showed input from the person. The level of detail was good and showed there was an appreciation of the person as an individual to develop skills and independence.

People were provided with support and guidance to meet their aims and goals. For example staff provided one to one support for people who wished to achieve education or employment aims they had chosen.

We found a number of audits were in place to monitor quality assurance. The registered manager had systems in place to obtain the views of people who lived in the supported houses and their relatives.

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.

The registered manager had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

We saw appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

Staff were respectful of people's privacy.

Good



Is the service responsive?

The service was responsive.

Care records were comprehensive and much personalised to people's individual requirements. We observed staff had a very good understanding of how to respond to people's changing needs.

There was a comprehensive individual programme of activities for each person in the tenancy schemes. People were provided with good support and guidance to meet their aims and goals in terms of employment, education and their individual chosen interests.

No complaints had been received by the service. However people were aware of the process.

Good



Summary of findings

Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people who used the service.

Good



Haven Group Offices

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 21 October and was announced. The registered manager was given 24 hours' notice because the location provides a domiciliary care service to people living in the community. We needed to be sure someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had

received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During our inspection we went to the office of Haven Group and spoke with the registered manager and two staff members. We also visited three supported tenancy schemes where the service provided 24 hour care for people who lived there. During our visits we spoke with five people who lived there and four staff members.

We looked at the care records of three people, training and recruitment records of staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority and social workers who visited the service. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. We received positive answers from people we spoke with. For example one person said, “Yes it’s my home and the staff are brilliant.” Another said, “I used to be out a lot and picked on. Now I feel so much safer with living here and [staff member] is so good.”

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. One staff member said, “If I felt something was untoward then definitely it would not bother me to whistleblow.” All the staff we spoke with confirmed they had received training around safeguarding issues. The training was mandatory and we found records confirmed this training was updated annually.

We looked into the records of people who had been subject to an investigation under local safeguarding procedures. The registered manager had reported the concerns appropriately to the correct agencies. There was evidence the service had been open and transparent, had shared relevant information and participated actively in the process. This showed the service worked with other organisations to protect people who used their service. We spoke with the local safeguarding authority and they were positive in the way the registered manager dealt with safeguarding concerns.

We looked at how the supported tenancy schemes were being staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We found by talking with people who used the service and staff members staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. For example in one of the houses a person required support on a one to one basis. Staff told us the registered manager was supportive and increased the numbers of staff on duty to ensure the person was kept safe. Also that there was

enough skilled staff around to provide the care people required. One staff member said, “We don’t have issues with staffing levels, [registered manager] always makes sure we have enough personnel around.”

Care plans looked at both in the office and the supported houses had risk assessments completed. This was to identify the potential risk of accidents and harm to staff and the people in their care. Risk assessments we saw provided clear instructions for staff members when delivering their support. Risk assessments were completed of the home environment so staff were aware of any potential risks or hazards. We found they had been reviewed regularly or when circumstances changed.

Accidents and incidents were recorded and discussed between the registered manager and staff. They were analysed by the management team and action to reduce risk and keep people safe were learnt from incidents. Any changes to care needed were made to reduce risks to people.

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references. The recruitment process in place demonstrated the registered manager ensured all checks were provided prior to any staff working at the agency.

Staff employed by the service received medication training to ensure they were competent to administer medicines. Discussion with staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with people about the management of their medicines. They told us they were happy with the medication arrangements and had no concerns. Training records looked at confirmed staff had received medication training.

We checked to see if medicines were managed safely. We saw care plans contained information to ensure the responsibilities of family, staff and the people who received care and support were clear. This helped ensure people were supported to take their medicines safely.

Is the service safe?

We looked at how medicines were prepared and administered. The medicines administration record (MAR). The MAR sheets were legible and did not contain any gaps. Boxed and bottled medications were seen to be in date, clean and dry with all names and dosage clear and legible.

Is the service effective?

Our findings

People told us they were supported by staff who had the knowledge and skills required to meet their needs. People told us they felt members of staff understood the support they required and said they received a good level of care and guidance. This was so people could be supported to follow their chosen interest in the local community. One person supported by the agency said, "I enjoy going out a lot to the local coffee group." Another said, "The staff are so good they know me so well and do help me a lot."

People were supported by staff who had the knowledge and skills required to meet their needs. For example we found staff training records identified courses they had attended and when training relevant to their role required updating. One staff member said, "Training is not a concern here there is loads of it and the manager is always encouraging us to attend training events." The service provided mandatory training including, safeguarding adults and food and hygiene. The registered manager's mandatory training schedule was provided annually. This was confirmed by talking with staff members.

Staff were encouraged to further their development and undertake national qualifications that were relevant to their role. For example staff told us they had completed 'National Vocational qualification' (NVQ). One staff member said, "Any further qualifications I may be interested in, the manager I know would support me."

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. The application procedures for this in care homes and hospitals are 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 authorisations to deprive a person of their liberty were being met.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated (DoLS). We spoke with the registered manager to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. Staff had also received training and a programme for all staff to complete MCA and DoLS training was in place. This meant clear procedures were in place so that staff could assess people's mental capacity. This enabled to assess people's ability to make decisions for themselves. We did not observe people being restricted or deprived of their liberty during our inspection.

Staff received supervision every two months and annual appraisals. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they support where appropriate. Staff told us people decided each day the meals they wanted. One person who lived at one of the supported tenancy schemes said, "I do a lot of cooking myself, I love it."

The kitchen area was clean and tidy with cleaning schedules available for staff to follow to ensure the kitchen area was cleaned daily. When we visited the houses we observed people were offered drinks throughout the day. People we spoke with confirmed this. We found people who lived in the houses were encouraged to help themselves to drinks and snacks. There were biscuits, snacks and fresh fruit stocks available in all the supported tenancy schemes we visited.

Staff encouraged people to have some healthy option meals and eat fresh vegetables and fruit. It was clear people had choices of food and were involved in shopping for some of the food. Staff told us of the varied diet they served. There was information about each person's likes and dislikes in the care records and staff were familiar with each person's dietary needs.

People's care records included the contact details of health professionals. For example their General Practitioner (GP)

Is the service effective?

so staff could contact them if they had concerns about a person's health. Staff were available to support people to

access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This was confirmed by talking with staff members and records we looked at.

Is the service caring?

Our findings

People we spoke with told us they liked the staff and they were treated with kindness. When we visited the supported tenancy schemes, we observed people were relaxed and comfortable with the staff team. Staff interacted frequently and enthusiastically with people they supported. They treated people with respect and patience. People were not left without support and staff were attentive, responding to any requests for assistance promptly. One person who received support from the agency said, "I like them all they treat me well."

We looked at the care records of three people and found a person centred culture which encouraged people to express their views and be as independent as possible. We saw evidence people had been involved in developing their care plans. People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. This demonstrated people were encouraged to express their views about how their care and support was delivered. One person said, "I am left alone at times and I like that. I make myself a cup of tea and watch the television."

Care plans we looked at were centred on people's personal needs. The support had identified their wishes of how their care should be delivered. Daily events that were important to people were detailed, so staff could provide care to meet their needs. Care plans contained information about people's current needs as well as their wishes and preferences. Staff told us they promoted people's

independence as much as possible. For example one person had time alone in one of the supported tenancy schemes so that the person managed themselves for a period of time as this was their choice. We spoke with the person who said, "I like spending time on my own in the house."

We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. For example care plans had been signed when reviewed by the person or their representative. This ensured the information staff had up to date knowledge about people's needs reflected the support and care they required.

Staff had an appreciation of people's individual needs around privacy and dignity. We confirmed this by talking with people who were supported by the service. We spent time in the supported tenancy schemes and observed staff knocking on doors before entering and talking with people when they wanted a chat or to discuss the day. One person who lived in one of the supported tenancy schemes said, "I like to be around [staff] they do care and are so kind."

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some feedback from them about the care being provided.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The agency ensured people were able to access information about available advocacy services.

Is the service responsive?

Our findings

People who lived in the supported tenancy schemes told us they felt staff were responsive to their needs. For example, One person who lived in one of the supported tenancy schemes said, “Yes they are really fantastic with me I would not have got this far without the staff to help me.”

The pre admission process was good. For example people were encouraged to visit the supported tenancy schemes they would live in over long periods. This was to ensure they liked the house and the service suited their needs. Also the people who lived in the supported tenancy schemes and their families were consulted to make sure the placement was suitable to all people concerned.

When people moved into the supported tenancy schemes they had their health, social, employment or educational aims discussed with them. Staff told us people were comprehensively assessed to ensure they were aware of the individual aims and goals each person wanted to achieve. One staff member said, “It is important to understand what people want to do independently such as attend college or work. We can then support people to follow their interests.”

A good example of how the staff responded to an individual who was determined to lose weight and get fit was to develop an action plan with the person. They devised a programme of healthy eating and visits to the gym. This resulted in the person losing weight, feeling fitter and more confident. We spoke with the person who said, “Yes I like going to the gym with [staff member]. I feel so much better. I don’t feel tired like I used to.” A staff member said, “The change has been unbelievable.”

Care plans were person centred and clearly showed input from the individual. For example written in the person’s voice they had recorded their aims and goals they would like to achieve. The level of detail showed there was an appreciation of the person as an individual to develop skills and independence.

The service also provided one to one support for people who required more help to achieve their aims they had set themselves. For example from talking with staff and a

person who lived in the supported tenancy schemes, it was clear a lot of input and time had been spent on a one to one basis. This was to resource the activity they wanted to do and accompany the person to the service which was situated in the community.

The registered manager for Haven Group conducted a survey in 2009 about what type of activities people with learning disabilities would be interested in going to. This set their agenda for the next few years. They told us they had set up over the last 5 years a number of groups with specific activities such as a dining group and a cinema group which meet monthly. These services had been linked to people who received a service from Haven group to engage in and benefit from. For example people who lived in the supported tenancy schemes and staff told us these community events/meetings had led to building new relationships and friendships.

Each person had a hospital passport containing all the relevant information including likes, dislikes, how to support the person and a record of all other professionals involved in their care. This meant if an individual was admitted to hospital, staff had information to assist them in caring for the person.

The registered manager of Haven Group was actively involved in the community as the chairperson for the ‘friends and relationship task group’. This group encourages relationships between people who lived in care and the local community to set up activities for all to enjoy. We spoke with the local authority social work teams about the service. They told us they found the service always worked well with health and social work professionals. They found they made very good links with families and worked extremely well in building relationships within the community so that people who received a service from Haven Group would benefit.

We found the complaints policy the registered manager had in place was current and had been made available to all people who received a service. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. We spoke with people who, lived in the houses about complaints. One said, “Joking I never had to complain everything is great”.

Is the service well-led?

Our findings

People we visited in their homes all told us the management team were supportive and always calling in to see them. For example comments included, “[registered manager] always calling I like chatting with her.” Also, “[registered manager] always comes to see me whenever I need her.”

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported.

Staff told us the agency was well led, suitably managed and organised. They told us the management team were supported and always around supporting them. One staff member said, “We do get good support from the manager. She is ‘hands on’.”

Staff meetings were held frequently to involve and consult staff. One staff member said, “Yes the meetings are useful to exchange views and discuss things.” Staff told us they were able to suggest ideas or give their opinions on any concerns or issues. Staff told us the team worked well together and regularly discussed how to improve care and support towards people who used the service.

The registered manager had recently introduced a ‘relative support group’ that meets every three months at a local

venue to discuss any issues or improvements people felt could improve the service to their relatives. A staff member said, “It improves links with groups, clubs and the local community for the people we care for.”

We spoke with the registered manager about people they supported. The registered manager demonstrated a good awareness of the care needs of people we talked about. This showed they had a clear insight with the staff and the people who they supported in the community.

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they supported and relatives through satisfaction surveys. We looked at a sample of reviews that had been completed with people who used the service. Comments from surveys for 2015 were positive and included answers such as, “The staff have a very pleasant manner.” Also a relative said, “They always keep us informed about [relatives] care.” Where concerns about the service had been raised these had been followed up by the service. This showed the service listened and responded to the views of the people they supported and their families.

Regular audits were being completed by the registered manager. These included, safeguarding incidents, medication and staff training. Any issues raised by the audits would be addressed by the registered manager and improvements made where required to make sure the service improved.