

HC-One No.1 Limited

Haven Care Home

Inspection report

29 Telscombe Cliffs Way
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Peacehaven
East Sussex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Haven Care home provides personal and nursing care for up to 36 older people living with a range of health care needs. Haven Care home is registered to support up to 40 people however, four bedrooms were no longer being used as double rooms. At the time of inspection, there were 28 people living at the home.

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

The registered manager and staff team had worked hard to address the areas for improvement following the last inspection. Although improvements had been made, further time was needed to fully embed these changes into day to day practice.

Improvements had been made to staffing and there was now a permanent team of staff that knew people and their needs well. However, we found that areas of the home were not always staffed effectively. People and relatives were positive about the staff but felt there were not enough staff to provide regular meaningful engagement to people.

Safeguarding processes had improved at the service. Staff were able to identify different types of abuse and knew how to report any concerns appropriately. The registered manager appropriately reported safeguarding concerns and feedback from the safeguarding team was positive.

Improvements had been made to the management of people's topical medications, however more oversight was needed to ensure that topical medication administration records were completed accurately.

People who were cared for in bed or spent the majority of time in their bedrooms and were unable to use their call bell, were not regularly monitored. We observed some people received interactions from staff only when staff needed to support the person to reposition. This was an area that needed improvement.

Improvements had been made to quality assurance processes, however these needed more time to be fully embedded in the service.

People's care plans contained up to date information and people's individual risks and support needs. People's care plans were person centred and contained information about people's likes, hobbies and histories. Activities provided by the home were based on people's interests.

People and their relatives were positive about the registered manager and the positive impact staff had made to people living at the home. People told us they were happy and would "recommend the home to anyone." The home was clean and hygienic.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (8 October 2019) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement. Further time is needed to allow these improvements to be fully implemented and embedded into everyday practice.

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns raised and based on the previous rating. This enabled us to review the previous ratings.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Haven Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors

Service and service type

Haven Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we completed a Direct Monitoring Activity for the service. This meant we looked at information we currently held about the service, spoke to one person and five people's relatives as well as the registered manager. The Direct Monitoring Activity supports CQC to assess risks that may be present at the service. Through this process, we spoke to five people's relatives, one person who lived at the home and two health professionals. The information and feedback we received informed our inspection.

We also 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager. We spent time in communal areas and people's rooms observing interactions with staff. We reviewed a range of people's care and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke to four people's relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

This meant some aspects of the service were not always safe and whilst improvements had been made to the service, further time was needed to embed these changes into every day practice.

At our last two comprehensive inspections the provider had failed to provide safe care and treatment for people and had not ensured that people were safe from abuse or harm. There were breaches of regulation 12 (Safe Care and Treatment) and regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of these regulations. However, further improvements were needed to ensure that staff were deployed effectively and that topical medication was administered safely.

Staffing and recruitment

- Staff were not always deployed effectively to support people's social needs. During our inspection, we observed that care staff on the first floor were busy throughout the morning. They told us there were not enough staff to get people up in a timely way. One staff member told us at 11.32 am they still had two people who needed support to get up. They told us their colleague had one more person to help get up. Care staff in this area of the home did not have time to engage with people, other than when providing care, throughout the morning.
 - We observed that once people were supported to get ready in the morning, they were supported to attend communal areas on the ground floor, where there was a higher staff presence and more interactions.
 - Relatives were positive about staff but told us there were not enough staff to meet people's social needs. One relative told us, "Staff are wonderful and work so hard, but my [relative] wants to speak to them all the time and they just don't have time. [They're] safe but [they're] not happy."
 - We discussed our concerns with the registered manager as an area that needs to be reviewed and improved.
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- At the last two inspections, we identified an over reliance on agency staff, a lack of oversight of the support and care provided and limited guidance for staff to follow which put people at risk. At this inspection we found that guidance for staff was clear and staff knew people and the support they needed. The registered manager told us that they had focused heavily on recruitment in order to provide consistent care. Agency staff numbers had reduced and were now only used for short term cover if needed. People and their relatives told us that staff knew them well.
 - Relatives told us staff knew people living at the home well, one relative said, "The staff know her well, there's never any hesitation when I ring up to ask how she is"

- One person told us, "They are all good in here, they do their job well."
- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- At the previous two inspection we found there was no system in place to ensure prescribed topical creams were available for people and that they had been used as prescribed. Records had not been filled in to show staff had applied creams when they were needed.
- At this inspection we found that improvements had been made to the monitoring of people's topical medicines and that audits were being used to identify any shortfalls. People's topical medicines had been moved into the medication room to ensure better oversight of their use. However, some instructions on the topical medication administration records (MARs) were not clear and there were some gaps in the recording of application. We identified this as an area in need of improvement.
- For one person, we identified that a long-acting medication that was needed to ensure the person's health was not given on one occasion due to not being well. This was not followed up by staff putting the person at risk. Following the inspection, we received feedback from the registered manager that the GP had been contacted in relation to this incident and it had been discussed with the safeguarding team and staff team responsible for medication.

- Following the inspection, the registered manager told us they had taken action to address the shortfalls found such as working in partnership with the GP to review administration instructions and held a staff meeting to discuss record keeping with staff.
- Regular audits were completed to assess medication administration.
- Some people were prescribed medicines to be given when needed (PRN). People had PRN protocols in place which instructed staff on how to know whether people needed these medications.
- Medicines were stored safely and people received their medicines as prescribed.
- We observed staff giving people their prescribed medicines and explaining to people what their medicines were for. Where people were not ready to have their medicines yet and asked staff to come back a little later, this was accommodated for where it was safe to do so.

Assessing risk, safety monitoring and management

- People who spent their time in their bedrooms did not always receive regular monitoring. We saw that for one person, who was unable to use a call bell, was calling out. Staff had not heard this person due to being in other people's rooms and were therefore not aware they needed support. There was a call bell risk assessment that identified this person could not use a call bell due to physical disabilities but was able to call if needed assistance. This person was supported by staff with repositioning and meals however did not receive more regular checks as they could not use the call bell. The registered manager told us that for this person, calling out was part of their behaviour and did not always indicate that they needed support.
- Following the inspection we discussed with the registered manager whether regular checks were made on people who spent time in their bedrooms. The registered manager told us that regular welfare checks would be made at the person's request. Following our feedback, the registered manager agreed to review this.
- At the last two inspections, we found that care plans did not reflect people's needs and had not been reviewed when people's needs changed. At this inspection we found that people's care plans were up to date and reflected their needs.
- The registered manager told us that care plans had been re-written and were ordered to ensure that staff could easily find information they needed. People's risks were clearly documented. 12 care reviews were

completed per month which meant all care plans were reviewed every three months. Any issues identified were recorded on the registered manager's audit. Care plan audits were given to senior staff who completed the change and returned the audit to the registered manager who signed off the change. The registered manager also had a resident of the day process in place in which key members of the staff team spoke to the person and assessed them for any changes, this included the chef, maintenance and wellbeing team.

- People with specific needs such as diabetes had care plans in place to provide staff with guidance on how to support the person.
- People who expressed behaviours that may challenge had stress and distress care plans which provided guidance for staff on how to relieve people's anxiety and stress.
- Staff were kept up to date with people's changing needs through the handover system as well as being sent messages through the rostering system. This system requires a read receipt to confirm each staff member has read the message. Staff told us they read people's care plans when people were newly admitted or when people's needs changed.
- Relatives were positive about staff managing people's risks. One relative told us, "[person] has a pressure sore which she came in with as the agency carers couldn't cope with it, she's now on an airflow mattress and being turned by staff and the sore is improving."
- Staff were knowledgeable about people's risks. For example, one staff member told us about a person who required a specialised diet to reduce the risk of choking. The staff member was able to tell us the consistency of their food and fluids that were needed to keep the person safe.

Systems and processes to safeguard people from the risk of abuse and Learning lessons when things go wrong

- At the last two inspections, we identified staff did not have a clear understanding of when a concern should be reported to the local authority in line with current safeguarding procedures. At this inspection, we found that improvements had been made.
- We saw that all safeguarding concerns were fully investigated by the registered manager and actions taken to protect people where necessary.
- We received positive feedback from the safeguarding team regarding the prompt information sharing and investigations carried out by the registered manager.
- Relatives told us they felt their loved ones were safe at the home. One relative said, "I think [person's] perfectly safe, we're happy with all the care."
- Staff received regular safeguarding training. The registered manager told us learning from safeguarding was shared in team meetings.
- Staff were knowledgeable about the types of concerns that should be reported to the safeguarding team. Staff were able to tell us about the different types of abuse and who they would report it to. Staff were aware of the whistleblowing policy and how to use this.

Preventing and controlling infection-

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

At the previous inspection the provider had failed to ensure care planning records were up to date, reflected people's individual needs and included guidance for staff to follow, to ensure people received person centred care. This was a breach of Regulation 9 (person centred-care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences and End of life care and support

- At the previous two inspections, we found that care plans did not accurately reflect people's needs to ensure people received person-centred care. At this inspection we found that people's care plans were up to date and were relevant to the support each person needed from staff.
- People had cultural care plans in place which informed staff of their requirements and wishes relating to their religion and culture. Due to the pandemic, most religious services were taking place through video conferencing which staff supported people to engage with. For people that chose to, staff provided religious books for people to have in their bedrooms.
- Relatives told us they were involved in planning their loved ones care. One relative told us, "They involve me in decisions around their care and what they might want or need. They asked me all about their interests and hobbies when they first got there."
- People were positive about the support they received from staff, one person said, "The staff get me, we get on well and they appreciate my sense of humour."
- Staff knew people well. People told us that staff were knowledgeable about the small things that were important to the person. For example, we saw a member of the housekeeping team offering coffee with one sugar and a yoghurt to a person in their room. The person told us, "That's the kind of service you can expect here. They know me, they know what I like and they make sure I get it."
- Throughout our inspection, we saw staff offering people choices. People were asked how they wanted to spend their day, where they wanted to spend their time and what they would like to eat or drink.
- People planning to move into the home had pre-admission assessments which detailed the support the person wanted to receive whilst in the home.
- People had end of life care plans in place. These provided details for staff about choices people had made around their end of life care. Information was recorded about any religious requirements people had around their end of life care as well as any preferences for services.

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.

- The registered manager told us that for people who had sight difficulties, information was read to them to ensure that they were kept informed about important issues relating to their health and care.
- We observed that for one person who was sight impaired, staff provided constant reassurance to the person to ensure that they knew they were not alone. Staff also used the person's hand to guide them to items on the table such as their cup of tea and provided clear verbal instructions to support the person to drink safely.

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

- Whilst we identified some issues in relation to engagement in other areas of the report (see safe section for full details), most people and their relatives were positive about the activities that were provided by the well being team. The registered manager told us that the home currently had one wellbeing team member who was responsible for providing engagement, rather than the usual two. In the absence of the second staff member, care staff supported the wellbeing team to provide activities where possible.
- Relatives were positive about the impact that activities provided at the home had made on people. One relative told us, "[Person] is very happy at the home. I've noticed such a difference since they arrived. They're now talking, They're laughing. They are being helped out of their room to get involved in activities. They're like a completely different person from when they were at home."
- Another relative told us, "[Person] told me they got involved in some painting the other day, which is good. They have always been artistic so it's really nice to see that happening. There seems to be an extensive programme of activities."
- Relatives and people told us that activities were focused around the individual person and that their histories, likes and hobbies were used to encourage people to engage in meaningful ways. One person proudly told us about their time as a fire inspector and trainer. The person told us they had been invited by the registered manager to lead a session on fire safety for staff. They told us, "It's great to have the chance to give back. It'll only be the basics but I'm pleased to help in any way I can."
- Staff told us that they tailored activities around the individual person and used their knowledge of the person to help involve them in meaningful engagement. Activity staff were passionate about ensuring people's histories and hobbies were used to provide activities that people would be interested in. People had individual wellbeing plans which detailed this information for staff to use during conversations with people.

Improving care quality in response to complaints or concerns

- The registered manager used resident meetings, care reviews and resident of the day in order to identify issues that people living at the home wanted to raise. For example, the tea trolley had been removed by previous management without consulting people living at the home. People raised during a resident meeting that they would like this re-instated, the registered manager did so.
- One person during a resident meeting had previously raised that they would like to have breakfast earlier. In response to this, the registered manager changed staffing hours to ensure that an earlier breakfast could be provided for people if they wanted.
- One relative told us that things had improved since they had raised a concern with the registered manager. They said, "I made a complaint to the home initially due to not feeling very well informed, since then communication has been excellent."
- The registered manager kept a clear log of complaints. Complaints were investigated and responded to in

a timely manner. The complaints log considered complaints received in all forms, this included online reviews that had been submitted about the service.

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 the last inspection this key question was rated as required improvement. At this inspection this key question has now remained the same.

This meant 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.

At the last inspection, the provider had not ensured the quality assurance system was effective and had failed to maintain accurate, complete contemporaneous records. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulation. However, we found that further time was needed to ensure that actions identified through audits were embedded in every day practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- At the last inspection we found that quality assurance and monitoring systems were not effective in identifying issues and had not picked up concerns found at the last inspection. At this inspection we saw that audit systems were effective in identifying concerns. However, where shortfalls had been identified on audits and actioned, we found that not enough action had been taken to prevent reoccurrence. For example, we found that people's topical MARs were not fully completed and instructions in some cases were not clear. This had been identified on the most recent medication audit but was still an issue at our inspection.

- During the inspection we found that staff deployment meant some people were not checked to ensure their care needs were being attended to, and were not receiving regular interactions and engagement. We saw that people upstairs received less interactions with staff than people downstairs. Although we saw that there were daily interactions lasting for 15 minutes with people recorded by staff, some people who were cared for in bed told us they were bored and had little to do. Some people's relatives also told us they felt that activities were lacking for people who spent time in their rooms. This was an area identified as needing improvement.

- Clear audits were in place to identify issues and record actions taken. The registered manager completed a home improvement plan which contained any issues raised by specific audits. The registered manager had oversight of all issues identified, with clear responsibilities and time lines for actions detailed.

- An external quality assurance audit had also been recently completed, issues raised through this process had been added to the home improvement plan with information around action taken.

- Audits were used effectively by the registered manager to monitor the care and support provided to people. For example, a falls audit was regularly reviewed to identify any trends in incidents that could be actioned to prevent people from falling again. A key indicator summary was used for everyone at the home

in order to monitor risks to people such as weight loss and bed rails.

- Other audits included; infection, prevention and control, medicines, environment, complaints and compliments, safeguardings and accidents and incidents.
- Staff were positive about the registered manager. One staff member told us, "He's good, I always get on with him. He's clear in what he wants for the [people living at the home]."
- People we spoke to, knew the registered manager and told us that any issues they had raised with them had been dealt with immediately. One person told us, "There are the occasional hiccups, but they deal with that as best they can."
- Staff told us that having permanent staff had made a positive impact on the home. They told us, "More permanent staff mean we know what's going to happen when we come to work, we don't spend time explaining to them what to do and we all know the [people] really well."

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

- People were positive about the support the culture of the home. One person told us, "It's brilliant here, the whole place is full of laughter and the staff are full of care."
- Another person told us, "They support me when I try to do things, they look after me when I can't and I'd recommend this place to anyone."
- Staff were positive about the culture of the home. One staff member told us, "I was new to care when I started, everyone helped me to build up my confidence and support me. We're like a big family here."
- We saw that staff supporting a person who was at risk of falls, to walk safely around the home, used this opportunity to spend time chatting to this person and asking them about their day.
- Staff told us that communication through the home was excellent and that they always knew how people were and what was going on within the home.

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 provider was aware of their responsibilities and regulatory requirements, including those under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and Working in partnership with others.

- Relatives told us they felt fully informed of what was going on with their loved one and at the home. One relative told us, "They keep me up to date and let me know if there's anything going on."
- We saw evidence of the service engaging people in feedback through care reviews, resident meetings and resident of the day. Where people had raised concerns or complaints, these had been added to the home's action plan and reviewed by the registered manager.
- We received feedback from the GP that the registered manager had, "worked his socks off, the home is much improved since his arrival and the team at the home always facilitate my visits really well."
- We saw that where needed, health professionals were involved in people's care. This included the tissue viability nurse (TVN) and the speech and language therapist team (SALT).
- Staff told us they felt involved in the running of the home and that their suggestions were listened to and valued. One staff member told us that staff had raised that they would like a separate staff meeting for care staff. This had been listened to by the management and a carers meeting had been set up.
- Staff received regular supervisions and told us that they were a chance to review on what was going well, anything that could be improved and any suggestions the staff member had.