

Mr & Mrs J S Garjah

# The Haven

## 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 took place on 2 November 2015 and was unannounced. We last inspected The Haven on 16 May 2013. At that inspection we found the service was meeting all the regulations that we assessed.

The Haven is registered to provide accommodation for up to six people requiring personal care. It provides 24 hour care for older people with mental health support needs. The service had a registered manager in post. The registered manager was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if

# Summary of findings

they needed to. Appropriate recruitment checks took place before staff started work. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of people using the service. The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation. People's care files included assessments of their dietary needs and they were being supported to have a balanced diet.

People were involved in planning of their care needs. Risks to people were assessed and care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. There were meetings where people were able to talk about things that were important to them and about the things they wanted to do. People were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The manager recognised the importance of regularly monitoring the quality of the service provided to people. Staff said they enjoyed working at the home and they received good support from the manager.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. People using the service told us there was always enough staff on duty to meet their needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were safely met.

People's medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Good



### Is the service effective?

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary needs and they were being supported to have a balanced diet.

People had access to a GP and other health care professionals when needed.

Good



### Is the service caring?

The service was caring.

Staff spoke with people using the service in a respectful and dignified manner. People's privacy and dignity was respected.

People had been involved in planning for their care needs.

There were residents' meetings where people could talk about things that were important to them and about the things they wanted to do.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

There was a programme of activities for people to partake in if they wished to.

Good



# Summary of findings

People knew about the homes complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

## Is the service well-led?

The service was well-led.

The provider recognised the importance of regularly monitoring the quality of the service provided to people using the service.

The provider regularly attended care forum meetings to learn about best practice and used that learning to make improvements at the home.

Staff said they enjoyed working at the home and they received good support from the manager.

**Good**



# The Haven

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

Before the inspection we reviewed information we held about the provider, including the provider's information return (PIR). This is a form submitted by the provider giving information about the service including notifications. A notification is information about important events which the service is required to send us.

This unannounced inspection was carried out on the 2 November 2015. The inspection team consisted of two inspectors 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.

We spent time observing the care and support being delivered. We spoke with five people using the service, the relatives of two people, one member of staff and the registered manager. The registered manager was also the registered provider. We looked at records, including the care records of four people using the service, five staff members' recruitment and training records and records relating to the management of the service. We also spoke with three health care professionals and the local authority and asked them for their views about the home.

# Is the service safe?

## Our findings

People using the service told us they felt safe and that staff treated them well. One person said, “I feel safe living here. I have my ups and downs, but I’m safe.” Another person said, “I am fine, I feel safe here.” A member of staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

The home had a policy for safeguarding adults from abuse. We saw a safeguarding adult’s flow chart that included the contact details of the local authority safeguarding adult’s team and the police. The manager told us this flow chart provided guidance for staff in reporting safeguarding concerns. The manager was the safeguarding lead for the home. The manager and a member of staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The manager said they and all staff had received training on safeguarding adults from abuse which training records confirmed.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of five members of staff and saw completed application forms that included references to staff’s previous health and social care work experience, their qualifications, full employment history and explanations for any breaks in employment. Each file included two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out.

The manager, staff and people using the service told us there was always enough staff on duty to meet people’s needs. At the time of our inspection the home was providing care and support to five people. The manager told us that staffing levels were arranged according to the needs of the people using the service. All of the people currently using the service were very independent and did most things for themselves. They were supported by one member of staff during the day and night. If extra support was needed for people to attend social activities or health

care appointments, additional staff cover was arranged. The home had a lone working policy. This advised staff what to do in an emergency. The manager was on call 24 hours each day for staff should they require any support or advice. A member of staff said, “If I am not sure about something I can just call the manager. She lives nearby and will just pop in. She is always popping in, even when she not on duty.” One person using the service said, “There are enough staff here to look after us.” Another person said, “Most of us don’t need much attention, so there are enough staff.” A relative said they felt staffing levels were okay. Their relative never missed meals or appointments because of staff shortages and the staff always met their needs.

Assessments were undertaken to assess any risks to people using the service. We saw that individual risk assessments had been completed for each person using the service. These included, for example, managing finances, fire safety, going out alone, road safety and falls. The risk assessments included information about action to be taken to minimise the chance of the risk occurring. People also had mental health relapse indicators and crisis plans in place to support them when they were unwell or experiencing personal difficulties. These detailed how people wished to be supported.

People said staff helped them with their medicines and reminded them when they needed to attend health care appointments. One person using the service said, “I’m on a lot of tablets and I get them regularly.” Another person said, “I get my medication when I am supposed to morning and evening.” Medicines were stored securely in a locked trolley in the office. We saw records of medicines received into the home, medicines returned to the pharmacist and reports from weekly medication audits carried out by the manager. We looked at the home’s medicine folder. This included people using the service’s photographs, individual medicine administration records, weekly medicine counts and medicines returned to the pharmacist. We checked medicine administration records; which indicated that people were receiving their medicines as prescribed by health care professionals.

# Is the service effective?

## Our findings

One person using the service said, “Staff know about the help I need and what to do to help me.” Another person said, “We get well looked after here, the place is clean, the food is good and the staff are nice.”

Staff had the knowledge and skills required to meet the needs of people who used the service. Training records showed that all staff had completed an induction programme and training that the provider considered mandatory. This training included first aid, food hygiene, fire safety, medicines, manual handling, safeguarding adults, health and safety and infection control. Staff had also completed training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and training specific to the needs of people using the service for example, mental health awareness. A member of staff told us they had completed an induction when they started work and they were up to date with their training. They received regular supervision and an annual appraisal of their work performance.

The manager and a member of staff demonstrated a good understanding of the MCA and DoLS. The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty. The manager told us that most of the people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person’s ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their ‘best interests’ in line with the MCA. The manager showed us that a DoLS application had been authorised to deprive

one person using the service of their liberty for their own safety and protection. Authorisation paperwork was in place and kept under review and the conditions of the authorisations were being followed by staff.

People’s care files included assessments of their dietary needs and they were being supported to have a balanced diet. A member of staff told us that they cooked meals for people using the service. Meal choices were discussed with people at residents meetings and on an on-going daily basis. We saw a weekly menu plan that included a choice of foods for breakfast, lunch and dinner. Some people liked to make tea and coffee and snacks for themselves. One person told us, “The food’s excellent, plenty of it and a variety.” Another person said, “The food’s fine. We have enough to eat. If I didn’t fancy what’s on the menu, staff does something else. There is a weekly menu and the manager always asks me if there is anything particular I would like. We are all encouraged to drink water during the day.”

People had regular contact with the Community Mental Health Team (CMHT) and they had access to a range of other health care professionals such as GP’s, dentists, opticians and chiropodists when required. One person service said, “I get to see the community psychiatric nurse (CPN) when I need to. I also get visits from a chiropodist. If I need to go to a hospital appointment, staff go with me.” Another person said, “If we need to see the doctor or visit the hospital, we are always accompanied by staff.” The manager told us they monitored people’s mental and physical health on a daily basis. When there were concerns people were referred to appropriate healthcare professionals. Peoples care files included records of their appointments with the CMHT and other healthcare professionals. We spoke with a visiting CPN. They told us they had a good working relationship with the manager and staff. They were always contacted if staff had any concerns about people’s mental health conditions. They said they had no concerns at all about the home.

# Is the service caring?

## Our findings

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. One person using the service said, “The staff are very kind. It’s like a family here.” Another person said, “The manager and staff are very kind and reassuring.” A visiting relative said, “I think the manager is a very caring lady; she has a genuine concern for people using this service. I visit the home daily and it’s always clean and tidy.” A CPN told us the home was very nice. They said people living there had told them they received very good care. They said their clients are well looked after and happy. Another visiting professional told us the quality of care provided at the home was good as the manager had created a “homely environment” that enabled people to receive care tailored to their needs.

People using the service told us they had been consulted about their care and support needs. One person said, “I have a care plan and I am involved in making any changes that need to be made.” Another person said, “I am aware of my care plan and I have reviews from time to time.” We saw evidence that people had been involved in planning their own care and they had signed and agreed their care plans.

People said there were residents meetings where they were able to talk about things that were important to them and

about the activities they wanted to do. One person said, “We have monthly meetings and we can bring anything up and it’s discussed.” We looked at the minutes from the last meeting. The meeting was well attended by people using the service and their comments and suggestions had been recorded. Items discussed at the meeting included planning and discussing outings and social activities, improving the environment and meal planning.

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. Staff appeared to know all of the people using the service well. They were observed to give people time and space to do the things they wanted to do. They respected people’s choice for privacy as some people preferred to spend time in their own rooms.

A member of staff told us how they made sure people’s privacy and dignity was respected. They said people using the service were independent and did not require any support with personal care however they knocked on people’s doors before entering their rooms and they made sure information about them was kept confidential at all times. One person using the service said, “I am given my privacy and I am allowed to do what I want.” Another person said, “We have no problems having visitors here. Visitors can come at any reasonable time. I just ask others if it is convenient. Everyone who visits is offered a cup of tea.”

# Is the service responsive?

## Our findings

People were provided with a service user's guide when they moved into the home. This book included important information such as meeting care and support needs, medicines, activities, access to health care professionals and the complaints procedure. People told us they had keyworkers and they had regular discussions with them and the Community Mental Health Team (CMHT) about their care and support needs. They said care was focused on their individual needs. One person said, "I get all the care I need here."

Assessments were undertaken to identify people's support needs before they moved into the home. Care plans were developed and included detailed information and guidance for staff about how people's needs should be met. Care files included care and health needs assessments, care plans, mental health relapse indicators, crisis plans and risk assessments. A member of staff told us care plans were easy to understand and they included good clear guidance on how to support people using the service. The files included evidence that people using the service, their care coordinators, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. Information in the care files had been reviewed by staff on a regular two monthly basis.

We saw reports from the Care Programme Approach (CPA) review meetings that were held and kept in people's care files. The CPA is a way that services are assessed, planned, and co-ordinated and reviewed for people with mental health. A visiting community psychiatric nurse (CPN) told us they saw their clients at the clinic on a regular basis. They also attended the home regularly to meet their clients, the manager and staff to discuss care plans and hold CPA reviews. They said their clients were very aware of what their needs were and what was expected from the home

and staff always followed what was recorded in people's care plans as far as they could see. A visiting care coordinator said communication with the home was excellent and staff were very aware of people's care and support needs. They told us they were currently working with their client to improve social inclusion and staff were very receptive and followed any recommendations they had made.

People were encouraged to pursue hobbies and build links with the local community. We saw people reading books and completing puzzles. A television, a music player, board games were available in the living room for people to use if they wished. People said there were plenty of opportunities to do things both in and out of the home. One person said, "I visit the town when I want. I tell staff where I am going." Another person said, "Today I am going out to a musical morning and I do drawing on Thursdays. The staff have arranged the dial-a-ride transport service for me. When I'm not out, I like to watch TV." Another person said, "I get the care I need here." A third person said, "The staff take us to outings to different places. We have activities with words on a Mondays, a quiz on Wednesdays and on Fridays we discuss news items. I like to read a lot and play scrabble."

We saw a copy of the home's complaints procedure was displayed in the hallway. People said they knew about the procedure and they would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person said, "I've never complained. If there is anything not right for you, the manager will sort it out." The manager showed us a record book. They told us they had not received any complaints at all. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

# Is the service well-led?

## Our findings

People using the service told us there was always a relaxed atmosphere in their home and they felt their views and opinions were valued by staff. One person told us, “I would say the place is managed very well. I am happy here.” A relative said, “I think the manager runs a very good ship. I have good communication with the home. The manager keeps me up to date with my relatives care and support needs.”

Throughout the course of this inspection it was clear from the manager, staff, and people using the service and health care professionals we spoke with that the ethos of the home was to improve people’s confidence in their own abilities. The manager told us the aim of this home was to provide rehabilitation and support people with their independent living skills so that they could, if they wanted to, move into their own homes. Although some people had lived there for a long time and were older they continued to work with care coordinators and health care professionals to consider if independent living would be appropriate for them in the future. A member of staff said, “The manager is really supportive. I can talk to her about anything at any time of the day or night. I like it here. It’s a good place to work because people are encouraged to make choices about what they like and don’t like and they are totally respected.”

A member of staff told us daily handover meetings took place where they shared and recorded any immediate changes to people’s needs. They said this helped to ensure people received continuity in their care. They could also express their views at team meetings. They said, “We have a small team and hold team meetings about every three months, I think we communicate very well as a team.” We saw the minutes from the last two team meetings June and

September 2015. Items discussed at the last meeting included the needs and routines of people using the service, meal planning, medicines and activities and any staffing issues.

The manager showed us records that demonstrated regular three monthly audits were being carried out at the home. These included complaints, infection control, finance, health and safety; staff training, medicines administration; fire safety and care file audits. We saw that accidents and incidents were recorded and monitored. The manager showed us an accidents and incidents book and told us accidents and incidents were discussed at handovers and team meetings and measures were put in place to reduce the likelihood of these happening again.

The manager told us they regularly attended care home forum meetings run by the local authority. They said they shared and learned about best practice from the safeguarding, contracts and hospital discharge teams, pharmacists other care home managers and providers. The manager told us they had used some of the learning to make improvements at the home, for example, they had developed better links with the local hospital which would improve people using the services experience should they need attend appointments there.

The local authority that commissioned services from the provider told us they carried out an audit of the service in February 2015. This was to ensure that people who used the service were safe, that they received support to attain their individual goals and that the service was compliant with regulatory requirements. Some recommendations for continuous improvements were made following the visit, which we saw the manager had addressed. The local authority said there were no current concerns about the service.