Mr Vastiampilla Stanislaus

Haven Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 13 February 2015 and was announced. The provider was given 48 hours' notice because the manager of the location was off and we needed to be sure that someone would be in the office and able to assist us with the information we required for the inspection. At our previous inspection of this service on 04 June 2014 we found they were not meeting the legal requirement relating to medicines management. At this inspection they met this legal requirement. However, we found that they were not meeting legal requirements in relation to quality assurance.

Haven Care provides personal care for over 200 people ranging from older adults to younger people with disabilities in the London borough of Redbridge. They also provide reablement services. The reablement service is usually provided for up to six weeks and is aimed at promoting and encouraging people to function independently after they have been discharged from hospital.

The service had a registered manager application in progress. A registered manager is a person who has

Summary of findings

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.

Although there were systems in place to investigate and respond to complaints and to ensure that learning took place, the main issues highlighted by people had not yet been fully addressed. These included late visits and the quality of staff at weekends.

The registered manager and staff understood their roles well. We saw some audits in place but we identified shortfalls in areas such as staff meetings, frequency of monitoring visits and methods of obtaining feedback from staff and people who used the service.

Risks to people and the environment were assessed and managed well. Accidents and incidents were reviewed to identify patterns and provide the right support to people.

People were supported to understand how to stay safe. Staff had a good understanding of how to recognise abuse and how to help protect people from the risk of abuse. Safeguarding procedures had been followed to keep people safe.

Recruitment procedures were safe ensuring only staff who were suitable worked with people who used the service. Staff were supported through induction, supervision and training.

Medicines management was safe and only staff assessed as competent administered medicines. Checking procedures were in place to ensure people were administered medicines as prescribed.

Staff understood the Mental Capacity Act 2005 and decisions were made in people's best interests.

Staff were kind and treated people with dignity and respect. Care plans reflected people's views on how they wanted their care to be delivered.

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?

Good

The service was safe. People told us they felt safe and could trust regular staff. When allegations of abuse were made action was taken in line with procedures to keep people safe. Staff understood how to recognise and report abuse.

Medicines management was safe and only staff assessed as competent administered medicines.

There were enough staff to meet people's needs and recruitment procedures were robust and ensured that appropriate checks were completed before staff were employed and allowed to work with vulnerable people.

Is the service effective?

Requires Improvement

The service was not always effective. Staff were supported by effective induction and annual training on issues such as safeguarding, manual handling and infection control. However, we found shortfalls in training and supervision.

Staff had some knowledge about the Mental Capacity Act 2005 and decisions were made in people's best interests where necessary.

Is the service caring?

Good

The service was caring. People told us they were treated with dignity and respect.

Staff knew the people they cared for, including their backgrounds and preferences.

Some people said the reablement services had helped them regain their independence and they had cut down the frequency of visits as a result of the help received.

Is the service responsive?

Requires Improvement

The service was usually responsive. There was a complaints system in place which ensured complaints were investigated and responded to within defined timescales. However, we identified recurring themes in the comments made by people and their relatives and these hadn't been addressed. People told us that their main concerns were staff lateness and the quality of weekend staff. These two issues kept fluctuating and impacted on people by causing them anxiety while waiting for care staff to arrive.

Care plans reflected individual preferences, interests and care needs.

Summary of findings

Is the service well-led?

The service was not always well-led. Although systems to monitor the quality of service were in place, we identified areas that needed to be addressed. These included frequency of staff meetings, opportunities for further training, frequency of spot checks and addressing late visits and staff at weekends.

Requires Improvement 

Haven Care

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.

This inspection took place on 13 February 2015 and was announced. The provider was given 48 hours' notice because the manager of the location was off and we needed to be sure that someone would be in the office and able to assist us with the information we require for the inspection. It was undertaken by a single inspector and an expert by experience made calls to people who used the service.

Before the inspection we reviewed information we held about the service and the provider. This included details of statutory notifications, safeguarding concerns, previous inspection reports and the registration details of the service. We also contacted the local authority and the local Healthwatch in order to get their perspective of the quality of care provided.

During the inspection we visited one person's home with their consent. We observed how staff interacted with this person. We spoke with 15 people who used the service over the telephone, 10 relatives, a manager, a monitoring officer, six care staff and the recruitment coordinator. We looked at eight people's care records, five staff files and records relating to the management of the service.

After the inspection we spoke with health and social care professionals who told us that they had no major concerns about the care delivered by the service.

Good

Is the service safe?

Our findings

One person told us, "I trust staff that look after me." We asked people what they would do if they felt unsafe and they responded they would tell the head office. A relative said, "I trust them 100%. I'm very happy as it has made my life so much easier. They help her to eat, shower, dress and with her medication and a little bit of movement three times a day. Mum is happy. They are people she can communicate with and they have done their level best with her."

At our previous inspection on 4 June 2014, we had concerns about how medicines were managed. At this inspection we found that medicines were appropriately managed with the exception of two relatives who said that staff did not always give the medicines in the medicine packs in week order. However, this had been addressed with the staff concerned and had improved. We looked at four medicine administration records (MARS) and found that there were now systems in place to ensure that staff recorded appropriately where assistance with medicine had been offered. We spoke to staff and they said that they received training on medicine administration and were aware of how to report if a person was refusing medicine or if they found any medicine errors. We looked at staff files and saw that staff who gave medicine had received training and were aware of the procedure to follow if they found that a person's medicine had run out.

Arrangements were in place for reviewing accidents and incidents. Staff were aware of when to fill these in and told us they would call the office as soon as possible. Accident and incident reports were reviewed by the manager and appropriate referrals were made where support from other professionals was identified. We saw that risks to the home environment were assessed annually and reassessed as and when people's conditions changed or deteriorated. Other risks such as reduced mobility, falls and skin integrity were also assessed and reviewed and made known to staff when they started to care for the person. People were safeguarded because the service responded appropriately to allegations of abuse. There had been some safeguarding concerns at the service. The service had referred them to the local authority, the police where appropriate and to the Care Quality Commission (CQC), according to the pan-London safeguarding protocols. Staff received regular training on how to safeguard people as part of their induction and annual training. We saw evidence of this in the records we reviewed and found that staff were aware of the different types of abuse and how to report.

People, staff and relatives told us there were enough staff to meet people's needs. We viewed missed visit reports and found that although some visits were late due to last minute cancellations, there were very few occasions were visits had been missed. The service had an on-going recruitment plan to ensure that there were always enough staff to meet the needs of new people and to cover for sickness and any other absences.

Recruitment practices were safe as necessary checks were carried out, so only people deemed suitable were working with people in the service. These checks included proof of identity, work history, references, criminal records checks and right to work in the UK.

The service followed clear staff disciplinary procedures when it identified staff were responsible for unsafe practice. When allegations against staff were made they were removed from the workplace to protect people, and themselves from further allegations. Investigations were completed and disciplinary action taken where necessary.

Requires Improvement

Is the service effective?

Our findings

People had differing experiences of the consistency of care. Most people were very positive about the service they received and this was particularly clear when they had reliable, regular carers who knew people's needs and preferences. One relative told us, "My [relative] has had personal care since November and is very satisfied. We couldn't ask for better. We have a lovely [care worker] who comes seven days a week. He's excellent and always phones if [staff] is going to be delayed." People thought the weekend care staff were not always as good as their main carers and expressed dissatisfaction with how the rota and staff were managed. One person said, "I have [a care worker] I really like for 45 minutes every morning. She's very reliable but when she's on holiday it's not so good. It gets uncertain. I don't know who's coming and they don't come on time." A relative said, "It was excellent until just before Christmas when the brilliant regulars both left. Now, various people have arrived and then I've not seen them again. Different people turn up and it upsets my mother."

We saw evidence that staff had completed an induction program and received mandatory training. However, we identified shortfalls in the care skills of some of the staff, especially on the care of people with communication difficulties. Relatives gave examples of instances where people did not receive the support they needed. One relative said although the package was specifically to prompt their relative to eat during lunch time this was not always done. Another relative said two carers are required as a hoist has to be used. "I'm always there and honestly I'm not confident they have the skills to do it properly. I have to tell them." When we asked about this staff told us that an experienced staff member was always paired with a new staff member and training was provided. We found that most training was provided by an in-house trainer who used to be care worker and that some of the training could be improved especially for staff who were new to delivering care to people with communication difficulties.

Staff told us that they had received at least one supervision in the last year and that they were not aware of any regular staff meetings. We saw some supervision records for staff but these were not completed at regular intervals. Staff we spoke with could not remember when they last had supervision. We also saw some appraisals which were tick boxes and had not always been signed by staff. There was minimal evidence of personal development plans or objectives set for the next year. Some staff told us that beyond mandatory training there was no scope to attend other training or qualifications such as diplomas in health and social care. We looked at the training matrix provided and found that out of almost 100 staff only 10 people had a vocational qualification. The provider confirmed that additional qualifications were offered but we did not see any evidence of this in the appraisal and supervision records we reviewed.

This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's nutritional needs, including those relating to culture and religion, were not always managed or accommodated. One relative said, "It would be nice for him to have a cooked breakfast every so often but the carer won't cook bacon because of her religion." Another relative said, "Our way of eating is a bit different. I wanted staff to do roti or chapatti, as I would leave the curry ready but she told me she is not allowed. I told the office but they said they can only do microwave, so now they don't do his food as we don't like microwave."

This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood the Mental Capacity Act (2005) and this was discussed with staff at induction. People's capacity to consent to care or treatment was assessed and recorded where necessary. Staff knew the need to involve advocates where people had been assessed as having no capacity. Best interests decisions were made when people were assessed to lack capacity to make certain decisions and these were recorded.

Good

Is the service caring?

Our findings

People told us that their main care workers were kind and compassionate and had built a rapport with them. One person said, “Staff are kind” another person said described their care worker as “excellent”. Another said, “The girls who come for me are very good. I get the same ones and they always treat me nicely and respectfully.” Another person said when they had run out of milk, a care worker had “used their own money and went to the shop and got some.” Two other people told us the names of all the regular staff they liked. Another person said, “The carers are good but the company is not. We don’t want to change because then the carers would change.”

People were involved in making decisions about their care when it occurred but not always involved in decisions about who gives the care or when they come. People kept their care plans in their home and were aware of the number of hours they were to receive weekly. People told us they guided staff daily when they came to ensure they care was delivered according to their preference.

One person told us, “The staff are very good, they listen to my requests. They always ask every day how I feel and how I want my food.” One relative told us that they were happy with the care so far. They said there had been problems earlier on in the year but these had been resolved as the service had replaced the staff with consistent staff coming to attend to their relative. Another relative said, “They look after him very well. I am here all the time calling them and they take the responsibility. We are very happy.”

People told us that most staff treated them with dignity and respect, however some people told us that some staff, especially at weekends, “always seemed to be in a rush”. This did not always make people feel relaxed during care delivery. People and staff told us that same gender carers were used especially when providing personal care. One relative said, “They’re very caring and very good. I have no problems. She has only women and now they have a routine and know what to do and how to look after her.” We saw this documented in the care plan we reviewed and observed that two female staff attended to a lady who used the service during our visit.

People were encouraged to be as independent as they wanted to be. Staff told us how they encouraged people to do as much as they could for themselves such as choosing clothes and washing their face. The service offered a reablement program which was more to support people become more independent usually after a hospital admission or an operation. People were happy with this service with the exception of two people out of over 50 who had withdrawn their relatives from the service. One person said, “I’ve had the service for three months now since I came out of hospital. I’ve cut it down to three days a week now. I’ve a very very good carer.”

Requires Improvement

Is the service responsive?

Our findings

People told us that they were involved in planning their daily care. They said they could explain and take responsibility for what happened each day. People who had consistent carers said they listened to them and delivered care according to their personal preference. One person said, “They listen to what I want.” Another said, “I just say what I want done every time staff come.”

People’s care and support needs were assessed by monitoring officers when they began to use the service. Care plans were developed after an assessment visit which involved people, their relatives and social services. We reviewed five care plans and found they addressed specific needs, such as allergies and any support required to make daily decisions and personal preferences such as preferred names. Care plans reflected how people preferred to be supported, family support structures in place and staff observations where people were not able to communicate their views. We saw evidence that care plans were updated and reviewed as and when people’s condition changed.

One relative told us, “They asked us for our views about the care required during the assessment visit.” Care plans also reflected people’s backgrounds, and preferences, as well as areas of their care they could do themselves and areas where they needed support. With this information staff were then able to provide care as people preferred.

Most people said they had no major concerns except time keeping and communication complaints. People said if they had any complaints they would call the head office. People also talked about ringing ‘the office’, for example when care workers were late. They were not aware of the specifics of the complaints policy although it was in the service user folder each person received when they began to use the service. Some people said they would ring social services if they had a problem. A relative who complained recently told us their complaint had not yet been resolved to their satisfaction. However, the managers had listened to their views and produced a response to the issues raised.

People told us that their family or friends were involved in their care if they wished. We saw examples of people who had stopped their services over Christmas as they were either staying with family or out for Christmas dinner. Some people told us that a member of their family was their main contact with the service with their consent.

We saw evidence that the service had worked with other professionals such as district nurses, GPs and pharmacists in order to deliver care. We saw that referrals had been made where appropriate and that care packages had been reviewed as and when people’s condition had improved or deteriorated. These include instances where people’s reablement packages were reduced and where requests for assessments for an increase in care package where a person’s condition had deteriorated.

Requires Improvement

Is the service well-led?

Our findings

People and staff members told us the service had communication problems. People said they had been given an information pack when the service started and said the care workers had a log book. However, some people said they did not always get a weekly rota and when they did it did not always say which staff member was coming. One person said, "Total lack of communication is the biggest problem. Until a few weeks ago there was a regular and she just disappeared and we didn't even get a phone call. I don't know who the manager is but I have an email through the website." Another person said, "Haven care needs more staffing as they're always under pressure. One weekend no-one turned up and they did apologise. Haven care aren't well organised as they don't stick to the rota."

People told us that time keeping was an ongoing problem. One person said, "I contacted them last week about timekeeping. They phoned straight back and said it would improve but it's made no difference." A relative said, "If the carers haven't arrived dad rings me then I have to ring the agency. Weekends are bad and Sunday is the worst. I've complained and it got better but now it's gone down again." Several people said that care workers were pressured by the agency to go elsewhere and that is why they are late. One such comment was "the carers say they are sent elsewhere". Some also said care workers who relied on public transport were usually late.

There were inconsistent support systems in place relating to the frequency of supervision and staff meetings. Staff felt the provider listened to any issues they raised and but did not always take appropriate action. For example, two staff said that sometimes they were asked to take on extra jobs at the last minute due to sickness even though they did not really want to as it meant that their regular people would end up with late visits. Other staff said opportunities to give feedback were limited. Staff said they had not attended any team meetings or been asked for feedback with the exception of one staff member who said they had been asked to complete a questionnaire a few days prior to the inspection. This was echoed by people we spoke with. None of the people we spoke with remembered any supervisory visits for the care workers or of occasions when they had an opportunity to feedback about the quality of the service except when they had a social services review of the care package.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010,which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People and staff said they could call the office at any time and speak to someone. People could not tell us the name of the registered manager or recall having any contact with a manager whether in person, by phone or by email. However, people who had recently started using the service thought the name would be in the folder.

Managers told us that audits were regularly carried out to check quality. We looked at one audit completed in January 2015 where MAR sheets and staff competencies were checked. This meant they were able to make arrangements to ensure that all staff who gave medicines were kept up to date in their practice and that staff followed the service's procedure.

Staff understood their responsibilities and there was a clear leadership structure in place. Monitoring officers completed assessments at the beginning of care packages and reviewed them when changes occurred.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements. The registered person did not regularly seek the views (including the descriptions of their experiences of care and treatment) of service users, persons acting on their behalf and persons who are employed for the purposes of the carrying on of the regulated activity, to enable the registered person to come to an informed view in relation to the standard of care and treatment provided to service users. Regulation 17(2) (a) (2) (e)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not always have suitable arrangements in place in order to ensure that staff are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard. Staff did not always receive appropriate training such as Dementia and Mental Capacity Act Training. Supervision and appraisal were irregular and in a tick box format that did not always give scope for individual development. Care staff were not always enabled, from time to time, to obtain further qualifications appropriate to the work they perform.

This section is primarily information for the provider

Action we have told the provider to take

Regulation 18 (2)

Regulated activity	Regulation
Personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs The registered person did not always ensure that food and hydration preparation met reasonable requirements arising from a service user's religious or cultural background. Regulation 14(4) (c)