Mrs Rowena Gibson

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Inspection report

The Haven
Hackthorpe
Penrith
Cumbria
CA10 2HT

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05 December 2018

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07 January 2019

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

Summary of findings

Overall summary

The Haven, owned and run by Mrs Rowena Gibson, is a small care home providing accommodation and personal care for up to three people with a learning disability. At the time of our inspection there were three people living at the home.

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

At our last inspection we rated the service good. At this inspection we found the service was in breach of regulation 17 (Good Governance) and regulation 18 (Staffing). We rated the service as requires improvement.

The inspection took place on 5 December 2018 and was announced. We do this to ensure there will be someone at the service to help us with the inspection, as we knew there was a chance people would be out.

The service had a registered manager in place at the time of inspection. 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.

People who used the service felt safe and well cared for. They were relaxed in the environment and interacted well with the registered manager.

The premises were clean and well maintained throughout.

Medicines were managed safely by the registered manager. They documented the risks people faced, with instances of external guidance on how to cope with certain health-related situations people may face. The registered manager demonstrated a sound awareness of these risks.

Emergency planning was in place but needed further improvement.

The registered manager had received safeguarding training previously but this was three years ago. We have made a recommendation about this.

Documentation pertaining to people's care was inconsistent and not always accessible.

People experienced good health and wellbeing outcomes thanks to the timely involvement of external healthcare professionals. The registered manager ensured people had access to these.

The registered manager had not updated some areas of training, and not undertaken dementia awareness training, which would have better enabled them to provide care for people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The documentation of consent however was inadequate and the registered manager needed to ensure documentation reflected people's current status in terms of consent and capacity.

There was little evidence of partnership working, although the registered manager did ensure people who used the service remained a part of the community.

The premises were well suited to people's needs, with ample communal and personal space, and well-kept outdoor areas. The registered manager was unaware of Registering the Right Support. They did however demonstrate values that underpin the CQC good practice guidance, Registering the Right Support. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were complimentary about the care they received and evidently got on well with the registered manager. The registered manager knew people's needs extremely well and was able to anticipate them. They communicated well with people.

People and their relatives confirmed the registered manager involved them in planning their care, although documentation to reflect this could be improved.

Activities were centred around people attending a range of day centres and people we spoke with enjoyed the activities they took part in.

Residents' meetings occurred intermittently. Again, these would benefit from being documented more comprehensively.

The culture was strongly focussed around ensuring people felt safe and at home. The registered manager however needed to ensure the service did not remain isolated from developments in good practice. They also needed to ensure they remained suitably trained.

We found the service was in breach of regulation 17 (Good Governance) and regulation 18 (Staffing).

You can see what action we told the provider to take at the back of the full version of the report.

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 were cared for by a registered manager who ensured they were safe.

The premises were clean and well maintained.

People received their medicines in a timely manner and risks to their wellbeing were assessed and acted on.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager did not have relevant, up to date training specific to people's needs, nor were they aware of good practice.

People were supported to a range of external healthcare appointments to ensure their health was maintained.

The premises were suitable for the needs of people who used the service.

Is the service caring?

Good

The service was caring.

People felt comfortable in their surroundings and had built a strong bond with the registered manager.

People's rooms were personalised and to their tastes.

People were encouraged to maintain family relationships.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Documents were not always up to date or accurate.

People took part in a range of activities meaningful to them.

The registered manager ensured people remained a part of the local community.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Policies and procedures were not always well documented and some were in need of urgent review.

Governance of the service required improvement, particularly with regard to ensuring care was in line with good practice.

The registered manager was passionate about their caring role and was well like by people who used the service.

Mrs Rowena Gibson

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.

We visited the service on 5 December 2018 and the inspection was announced. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

During the inspection we spoke with all three people who used the service. We observed interactions between the registered manager and people who used the service. We spoke with the registered manager. We looked at three people's care plans, risk assessments, medicines records, training documentation and maintenance records. Following the inspection we contacted three family members and one external professional.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One said, "It's really nice here," and another gave us a smile and a thumbs-up gesture when we asked them if they felt safe and happy. We found the atmosphere to be relaxed. People interacted comfortably with the registered manager and each other, and there were no signs of anxiety. Trusting long term relationships had evidently been established. One relative told us, "We've never had any major issues or concerns. It's comfortable and very safe." Another said, "[Person] is very well looked after there and [manager] will be in touch if they think there's anything to be concerned about. They are very good like that."

The registered manager demonstrated a sound knowledge of everyone's medicinal needs. Medicines were kept in the kitchen in a cupboard, which was unlocked. The medicines policy stated medicines were kept in a locked cupboard and this is good practice. The registered manager agreed to rectify this. The same pre-packaged dose system was in place for each person, with clear descriptors of what medicine was required at each administration, and what each tablet looked like. Mistakes therefore were unlikely. Each person's care file had a record of the medicines they required and the registered manager ensured these needs were reviewed by external healthcare professionals. Where topical medicines (creams) were required, this was detailed in writing to ensure it was applied consistently. The medicine policy was in need of review and this is discussed further in the Well-Led section.

The registered manager knew what steps to take should they have any concerns about people who used the service. They had undertaken safeguarding training previously, although this was three years ago.

We recommend the registered manager review how often they undertake safeguarding training and liaise with the local authority to arrange this.

There was a contingency plan in place should the registered manager be unable to provide people with care and support, for instance if they were called away from the home, or if they suffered an injury - the registered manager was the only member of staff. This plan was not sufficiently clear or specific enough about who needed to do what and the registered manager agreed to update it as a priority.

Fire drills took place and checks had been undertaken of the fire extinguishers. A fire safety visit the previous year had recommended a new fire detection system and this had been implemented. Personalised Emergency Evacuation Plans (PEEPs) were in place. These ensure there is sufficient information about each person's mobility and communication needs to ensure they could safely be evacuated from the building in the event of an emergency.

In terms of infection control, the home was clean throughout, including people's rooms, communal areas, the kitchen and bathrooms. People who used the service contributed to this, with some tidying their rooms and helping with washing up after meals. Services were appropriately maintained and people were therefore protected from the risks of poorly maintained premises or equipment.

Accidents and incidents were documented and the registered manager considered these to see if there were any trends or patterns developing they need to take action regarding.

Risks that people faced had been assessed and where people were at particular risk there was supporting guidance documentation setting out how that risk might appear and what action to take. Whilst records were not always person centred in the way they documented the risks people faced, the registered manager demonstrated a sound knowledge of these and had evidently ensured people had been cared for safely.

Requires Improvement

Is the service effective?

Our findings

The registered manager needed to ensure they refreshed relevant training and also took notice of relevant national good practice. During the early part of the inspection they were reluctant to consider whether there was any further training that may be beneficial for them. They felt they did not need to improve in any areas. We found this not to be the case with regard to people's changing needs and how the right training and guidance could support that. For instance, the National Institute for Health and Care Excellence (NICE) produce guidance entitled, 'Care and Support of People Growing Older With Learning Disabilities.' The registered manager was unaware of this but acknowledged later in the inspection that there may be useful content in this guidance for them to be aware of. They had no means of accessing external supervision or support and, as such, people who used the service were at risk of receiving care from staff (the registered manager was the only member of staff) who were not appropriately skilled or had their competence assured.

In terms of training, whilst the registered manager had undertaken core training three years previously in a range of areas, they had not received training in dementia awareness. One person who used the service had recently been diagnosed with dementia and the registered manager had not taken steps to ensure they were as fully prepared as they could be to support that person.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. There were no DoLS in place at the time of inspection and people independently made decisions such as which day centres to go to, which meals and films they preferred, and how to spend their time. The registered manager acknowledged they felt people's needs were increasing over time and, whilst people remained independent, they would need to review people's capacity regularly. They had not however documented this appropriately and this is discussed further in the Well-Led domain.

Care file information contained a range of medical background information and the appointments people

had attended. The registered manager, rather than keep a daily record, updated a 'diary' with intermittent entries regarding updates to people's needs. We found no detrimental impacts in terms of people's health and wellbeing.

Hospital passports were in place. These provide external healthcare professionals with people's medical, mobility and communication backgrounds so they are better able to help people if they come into hospital at short notice. The registered manager agreed the communication aspect of these passports could be improved further and undertook to complete this work.

People received regular and varied support from external healthcare professionals and were supported to do so by the registered manager. We saw evidence of recent appointments with dentists, opticians, nurses and hospital appointments. Regular screening for serious illnesses had taken place and the registered manager supported people to their annual health check.

People who used the service told is they liked the registered manager and they got on well with them. Relatives told us, "It was definitely a good move. The care there is good," and, "Yes, I am confident in what they do."

People told us they enjoyed the meals and we saw they had a balanced meal on the day of the inspection. Fresh fruit was available. One person had been encouraged to try healthy alternatives via easy read documentation from the local GP. One person actively helped in meal preparation and cleaning the dishes afterwards. They told us they enjoyed getting involved like this.

The premises were well suited to people's needs, with a living room, dining space big enough for people to eat together, well-kept outdoor spaces to the front and rear. There was a hot tub at the back of the property. One person told us, "I like that sometimes, but it's [the weather] cold now." The registered manager was unaware of the CQC good practice publication, Registering the Right Support. They did however demonstrate values that underpin Registering the Right Support. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Good

Is the service caring?

Our findings

People who used the service were all extremely happy living there. They expressed this in our conversations and interacted warmly with the registered manager. People told us, "It's nice," and "It's lovely here." They confirmed they felt at home and we observed people interacting comfortably with the registered manager and with each other.

There was a notable focus on people being supported in an environment that felt homely and familial to them. For the most part, people who used the service had been at the service for a number of years and had built up positive relationships with the others who lived there and the registered manager. They had also formed strong bonds with local community groups and the people they met there.

Relatives told us, "We are very happy and [person] is very happy. They feel at home. It's a homely place and there are not too many people." Another said, "[Person] has never been happier." Relatives felt the continuity and stability people received was key to them feeling settled, and that this had happened over a long period of time.

People confirmed with us they were involved in discussions about where they lived and the support they got. This was not always well documented but people were evidently involved in conversations about their care. Relatives also confirmed they were invited to take part in care plan reviews, stating, "They always keep us involved."

We spoke with external professionals, who agreed that people who used the service were genuinely care for and about, and that the service provided them with a welcoming and stable home.

People were treated with dignity and respect during the inspection. For instance, they were offered a range of choices when making day to day decisions. The policies and procedures the service had in place for the most part respected people's rights and enabled them to live full lives. The policy on relationships/sexuality was however poorly worded and not in line with the Equalities Act 2010, nor established good practice, for example as set out by MENCAP. The registered manager committed to rewording this policy as a matter of priority.

People were encouraged to maintain strong relationships with their families and all people who used the service were planning to spend Christmas with their relatives. One person had been encouraged to see more of a relative from whom they had grown distant previously.

The atmosphere at the home was calm and welcoming and people had their own space. People's rooms were pleasantly decorated and individualised, for example with pictures of their families, or memorabilia and hobbies. The registered manager had a dog and all people who used the service enjoyed its company. One person kept a photo album of their days out and activities and they enjoyed sharing this with us. The living room was decorated with Christmas decorations each person had made and all three people enjoyed sharing these with us.

People's independence was encouraged and supported on a daily basis, with people attending different activities. This meant they were able to pursue their own independence and not be treated as a collective.

Requires Improvement

Is the service responsive?

Our findings

People's needs had been assessed prior to moving to the home, although this had been some time previously in most cases. External information such as information from social work teams and health professionals, was factored in to care planning.

With regard to person-centred care, the registered manager was able to give numerous examples of how people were supported in ways that respected and upheld their individuality. Care records did not however always reflect this and the registered manager needed to ensure records were up to date, accurate and contemporaneous. The intermittent record they kept of interactions with external professionals, changes in people's mood, or other relevant updates, was merely a blank document they updated electronically when required. This was not in its current form an accessible or helpful document for external health or social care professionals should they need to review and assess people's needs alongside the registered manager.

People had access to a range of activities and hobbies they found meaningful and engaging. For instance, people went to a number of local day centres, which provided access to activities such as crafts and cooking. One person focussed on the latter and helped at a number of cafes, helping to prepare and serve food to elderly people. They told us they loved doing this. We looked at whether there was a risk of people being treated as a group but found people were supported to attend individual activities and events as they wished. Taxis were arranged as public transport was not practicable. This meant people got to pursue their own interests and also that they remained an active part of the community.

Activities were planned for the week although there was little evidence of plans on a weekend. People who used the service told us they liked to rest on a weekend. There was also evidence of ad hoc activities taking place alongside the regular day to day activities, such as theatre trips and Christmas shopping. Relatives told us, "They get out and about plenty," and, "[Person] is very active and likes to occupy themselves. The manager worked really hard to find a day centre with something they were happy with."

As with the need to ensure care planning documentation was up to date and meaningfully reviewed, the registered manager needed to ensure that conversations with people about their likes, dislikes and activities were more clearly recorded and updated. Residents meetings were formally recorded only intermittently and there was an opportunity to better document what had been discussed and agreed.

There was core information in each person's care file about their likes, dislikes, histories and more meaningful information. There was not however person-centred information regarding people's week-to-week choices, plans or goals. The impact of this was limited as the registered manager demonstrated an in-depth knowledge of the things that were important to each person.

Relatives gave positive feedback about the level of involvement and consideration the registered manager demonstrated. They said, "We have a proper conversation every six to eight weeks and I know that if anything changes in the meantime they will be in touch. We are involved."

We saw the registered manager had begun early discussions with people's relatives about end of life care but had not as yet discussed it with people who used the service. We acknowledged this was a sensitive topic but there were ways of approaching the conversation to ensure people who used the service, if they had strong views about how they wanted to be cared for should their needs change or deteriorate significantly, were able to express these views and have them incorporated into care planning.

Nobody at the service raised any concerns with us and we saw there had been no complaints raised by people who used the service, relatives, or anyone else. The registered manager had a complaints policy and procedure in place should this happen.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had relevant background and experience. They were passionate about the care they delivered and the atmosphere of the service being a homely, familial one. They needed however to improve their awareness of areas of good practice and external guidance to ensure they could effectively ensure people's needs could be met in the future. They had not at the time of inspection accessed resources such as those available via the National Institute of Health and Care Excellence (NICE), the Social Care Institute for Excellence (SCIE) or the likes of the British Institute of Learning Disabilities (BILD).

The registered manager was not subject to regular scrutiny as they ran the service and delivered care and support to people. It was therefore imperative they had in place robust systems of self-governance regarding care and documentation. We found this was not the case and the registered manager needed to improve. Some records that could have been identified as needing improvement with a better system of auditing and review, were not. For instance, it was evident throughout the inspection that people were treated as individuals and were asked for their consent, but this was poorly documented. Where one person had previously needed treatment at hospital and had initially not wanted the procedure, the registered manager had discussed it with them and explained it in such a way that they were then happy to consent to it. The registered manager was able to give other examples and was aware of the importance of consent, but they needed to improve the documentation of it. This would become more and more important if and when people's long-term conditions meant that they struggled to give consent.

The registered manager's processes for assuring themselves the service was meeting people's needs effectively and was compliant with the regulations, were not robust. Care plan reviews happened once a year but the documentation to support this was not detailed, nor did it evidence any involvement by people who used the service or their relatives. Relatives confirmed they were always involved in discussions about new decisions or care plan reviews.

Care records were sometimes difficult to follow and, whilst the registered manager evidently knew people's current needs and histories, likes, dislikes and preferences, this was not sufficiently well documented for it to be shared effectively with other health and social care professionals should the need arise.

Policies were in place for all relevant areas of care, but these policies had not been meaningfully reviewed recently and some were in need of major overhaul. For instance, the medicines policy was extremely brief and not in line with current guidance by the National Institute for Health and Care Excellence (NICE). Likewise, the policy on sexuality and relationships was worded in such a way as to be contrary to good practice and equality legislation.

This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the above, the registered manager had ensured people were cared for safely and in and environment where they were comfortable. At the time of inspection, the failings of governance and training

had not led to any significant impacts on people who used the service.

It was evident the registered manager had a comprehensive understanding of people's needs and individualities. They communicated with people well and were able to anticipate their needs. Relatives told us, "They have people's best interests at heart. [Person] trusts them and we have confidence in them."

All people who used the service confirmed they got on well with the registered manager and we saw them interacting as such. We found the registered manager to have people's health and wellbeing at the forefront of how they ran the service, although at times this needed to be better supported and enabled by an awareness of the importance of training, good practice and documentation.

There was no evidence of effective partnership working and the registered manager was unable to discuss any areas of current good practice. The service was geographically isolated and there was no corporate support in place, meaning it was incumbent on the registered manager to ensure they stayed abreast of good practice and not become isolated.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always up to date and accurate. Adequate systems of governance were not in place to identify areas of poor practice or to drive service improvement.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered manager did not have recent relevant training in areas that would benefit people who used the service.