Rest Haven Charitable Home Trustees

Rest Haven Charitable Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 1 and 4 March 2016 and was unannounced. The service was last inspected in January 2014 and had met with all the regulations inspected.

Rest Haven Charitable Home is located in a quiet road near to the centre of the seaside town of Exmouth. It consists of a main house with an extension which provides additional bedrooms and sitting areas. Everyone living at Rest Haven had their own bedroom, some of which were en-suite. There was a main dining room and three sitting rooms. There was also a chapel where daily services were conducted and a further seating area in the large entrance hall. Externally there was a garden laid mainly to lawn, as well as off street parking.

Rest Haven is owned by a charity, which was set up in 1925. It has a board of trustees who oversee the work of the home, served on a voluntary basis. The location is registered to provide care for up to 34 people. At the time of the inspection, 33 people were living at Rest Haven including one person who was receiving respite care. Some people had been resident for a number of years. Most people living at Rest Haven were elderly and frail; some people had physical disabilities and a small number of the people living at the home had dementia.

There were sufficient staff to meet people's needs. People were treated with kindness and compassion by staff who were committed to providing good quality care, which reflected the values of the provider. People and their families were very positive about the home, the staff and the care they received. Comments included "It's all good here; staff care for you."; "The home is really good." and "Feels very safe and secure."

People and their family members, where appropriate, were included in discussions, plans and decisions about their care. Records were well maintained and provided detailed information so staff could deliver the care planned.

The home was well-maintained, clean and odour free. Some areas had been newly decorated and there were plans to make further internal improvements.. There were also improvements which had been carried out to make the outside area more accessible and provide people with an opportunity to sit outside in comfort and safety.

Staff were recruited safely with checks being carried out to ensure they were fit and proper persons before they started working at the home. Staff received an induction and training when they first joined the home. Training was regularly updated. Staff were also supported through regular supervision and appraisal of their work. Staff knew how to safeguard vulnerable people and what to do if they had a concern. Staff had had Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training and were able to describe what was meant by capacity. However , senior staff took action to organise further training on the MCA and DoLS during the inspection.

People's medicines, including ointments and creams were administered, recorded and stored safely. Staff who administered medicines had been trained in this.

People were supported to have enough to eat and drink. Specialist dietary needs such as gluten-free and dairy-free were also catered for. People said the food was good. One person commented "You can't complain about the food, it's what makes this home worth staying in!" People enjoyed the meals and were offered alternatives, where they did not want the meal on offer. People were served meals either in the dining room or their bedrooms if they preferred.

Family and friends were welcomed into the home and were supported to be involved in their relative's care, where appropriate. A relative described how Rest Haven had "Given me mum back. Like a family here, you are part of the family."

Although people were supported by staff who knew them well, their capacity to make informed decisions was not always documented. There had been no consideration of whether an application for a Deprivation of Liberty Authorisation was needed, where people lacked capacity to make a particular decision.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014.

People were supported to access health services including appointments with their GP, dentist, chiropodist and hospital. Records showed that advice from health and social care professionals was acted on.

The home was managed by a registered manager and senior staff who were knowledgeable about people and the care they needed. Staff, people and their relatives commented that the senior team were visible and accessible in terms of providing support and guidance.

Some people commented that they felt they would like more activities than were currently run routinely in the home. The registered manager said they were always happy to introduce new activities and were open to suggestions from people and their families.

The board of trustees took an active role in supporting the staff at Rest Haven by undertaking regular quality assurance visits and providing feedback from them. The chair said they were developing a five year improvement plan to ensure they maintained or improved the quality of care provided.

There were quality assurance systems in place which supported quality improvements. This included quality monitoring visits by trustees as well as feedback from people, relatives and visiting health and social care professionals.

We found one breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014. 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 said they felt safe and happy in the home.

There were sufficient staff to keep people safe and meet their needs.

Staff had been recruited safely.

People were protected by staff who could describe the signs of abuse and what do it if they identified them.

Medicines were stored, administered and recorded safely.

Is the service effective?

Requires Improvement

The service was mostly effective although the registered manager and staff did not demonstrate that they had fully understood the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards and how these might apply to people living at Rest Haven.

Staff had the necessary skills and knowledge to support people. New staff were supported to undertake their role following an induction which included training identified as essential by the provider. Staff regular updated their training. They were also supported to do other training including nationally recognised qualifications.

People enjoyed the food at Rest Haven. They were supported to have sufficient to eat and drink, whilst maintaining a balanced diet. Where particular diets were needed, staff ensured people were provided with them.

There were good communications with healthcare professionals and people were supported to attend appointments to ensure they maintained good health.

Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with kindness and compassion. People and their relatives commented that staff were really caring and treated them "Like family."

People and families were involved in developing care plans and were actively involved in making choices about their care.

People's dignity and privacy was respected and families were able to spend time on their own with their loved ones if they wanted to.

Is the service responsive?

Good

The service was responsive.

Staff listened to people and supported them to make choices according to their preferences.

Staff knew people well and made sure that where a change to their needs or risks was identified, actions were put in place to address these.

There were systems in place for people and relatives to voice concerns and make complaints, which people and families were aware of. Feedback from health and social care professionals was sought and acted on.

Is the service well-led?

Good

The service was well-led by a registered manager and senior staff who understood their responsibilities. A board of trustees took an active role in ensuring the quality of the home and implementing improvement.

There was a clear vision for the home which the trustees, registered manager and staff were able to describe.

There were links with the local community, including the various local religious organisations.

There were regular audits of the quality of the care provided. Where improvements were needed, actions were taken.

Rest Haven Charitable Home

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.

The inspection took place on 1 and 4 March 2016 and was unannounced. The inspection was carried out by two adult social care inspectors on the first day and one adult social care inspector on the second day.

Before the inspection, we reviewed information we held on our systems. This included statutory notifications submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to Care Quality Commission in February 2016. This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We met most people using the service. We talked in detail to six of the people. We also spoke with the registered manager, eight care staff and three housekeeping staff. We met the chairman of the trustees of the provider organisation.

We spoke with one health and social care professional during the inspection and contacted four health and social care professionals who worked with people at Rest Haven after the inspection. We received one response.

We looked at care records which related to two people's individual care and two people's medicine records. We looked at two records of staff, one of whom had started working at the home in the last twelve months. We reviewed records which related to the running of the home, including staff rotas, supervision and

training records and quality monitoring audits.

Good

Is the service safe?

Our findings

People said they felt safe and happy at Rest Haven. One person said "It's all good here, staff care for you." Another commented "The home is really good." A relative described how Rest Haven had "Given me mum back. Like a family here, you are part of the family." They also said the home "Feels very safe and secure."

There were sufficient staff to meet the needs of people and keep them safe. The registered manager said there were 44 staff currently working in different roles within the home. They described how they assessed the staffing requirements based upon the level of need, for example taking into account whether people needed two staff to support them at times. For example they said, at the time of inspection, there was a senior care worker and six care staff on during the morning shift and a senior care worker and five staff during the afternoon and evening shift. An on-call senior care worker slept in during the night to provide support when necessary to two waking-night care workers. The registered manager said she lived in accommodation located within the home and therefore was able to provide support if an emergency happened during the night.

In addition to these staff, there were three cooking staff, who were rotated to work so that at least one was on duty between 7.30am and 6.30pm. The cooking staff were supported by pantry staff who helped with setting up and clearing the dining room as well as helping in the kitchen. There were also three cleaners and a laundry worker on duty during the weekdays and a gardener. The registered manager was supported in her role by a deputy manager and an administrator. Staff rotas matched the registered manager's description of staffing levels and met with a number of the staff who were on duty during the inspection.

Staff worked without rushing and they were able to provide time to people when they needed it. Staff said they had enough time to support people at all times of the day. People's individual risks had been assessed. For example where a person was at risk of pressure sores or required specialist equipment to help them move. Care plans described how the risks were addressed. For example there was information about how staff should help one person transfer from bed to a chair.

New staff were recruited safely into the service. Where someone applied to work at Rest Haven, there was evidence in their staff record of an application form and details of their interview. Pre-employment checks were carried out to ensure potential new staff were fit and proper persons. References had been received from previous employers including references where the person had been involved in caring activities. Disclosure and Barring Service (DBS) checks had also been undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff were not allowed to start working at the home until all the pre-employment checks had been completed.

People were protected from abuse and harm. Staff had received training in safeguarding adults as part of their induction and also completed refresher training. Staff described how to recognise signs of abuse and explained what actions they would take if they had a concern. This included reporting it to the registered manager, the Care Quality Commission and the local authority. The registered manager described one

safeguarding concern where they had worked with the local authority to ensure the person was kept safe. The person's care record reflected the information and staff were able to describe what steps they took to maintain the person's safety.
Medicines were managed safely. People were supported to receive their prescribed medicine safely and on time. Some people's medicines were administered for them and some people managed theirs without support. Medicine administration records had been completed accurately and completely. Audits had been completed to check the stocks of medicine received and administered. Medicines were stored in locked trolleys which were stored safely when not in use.

There were protocols for some medicines where people had them on an 'as required' basis, about when they should be used. When medicines such as ointments and creams had been opened or when they should be disposed of, these dates were recorded.

Records showed, and staff confirmed, that staff who administered medicines had completed medicine management training. Staff had also completed refresher training in the previous 12 months.

The home was well maintained, comfortably furnished and smelt fresh throughout. People were protected from the risks of infection. However some toilets did not have covered waste bins. During the inspection, the registered manager arranged for these to be purchased. A relative commented "It's very clean."

The registered manager described how they had made improvements to the home including outside areas which allowed people easier access to a patio. People described how much they enjoyed sitting in the garden during the summer months.

There were systems in place to deal with emergency situations. This included evacuation procedures for people and contingency plans in the event of the home being uninhabitable.

People's records were stored in a room used by staff and visiting health professionals. However the cupboards were not lockable and the room did not have a lock on it. This meant that an unauthorised person could access people's records when the room was unoccupied. During the inspection the registered manager arranged for a keypad lock to be fitted to the door. This was in place by the end of the first inspection day.

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA.

A relative said "[person] doesn't have capacity" adding "Yes, [person]'s been assessed for capacity." However we found that people's capacity to make certain decisions had not always been assessed and documented. Staff were able to describe in detail how they supported people where they lacked capacity to make a particular decision.

Senior staff said they would review how they assessed and recorded people's capacity to make decisions, ensuring they involved relatives as well as health and social care professionals where appropriate.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There had been no applications for any DoLS authorisations for anyone living at the home. The provider information return (PIR) stated there was one authorisation for a DoLS. On the first day of inspection, the registered manager initially said there had been one DoLS authorisation, but when questioned further, this was found not to be the case.

The registered manager and senior staff were unaware of a supreme court ruling (P v Cheshire West and Chester Council) in March 2014. This ruling defined the acid test of when an individual is deprived of their liberty, for example if they were not free to leave or they were under constant supervision.

They said they would not restrict anyone if they wanted to leave the home on their own, but would offer to accompany some person, where they had concerns for their safety because they did not have capacity to understand the dangers if they went out alone. This indicated that these people were subject to constant supervision and applications should have been made for a DoLS authorisation. Senior staff said they would consider whether any DoLS authorisation should be applied for following assessment of people's capacity to make decisions.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014.

Although the front door had a keypad which restricted entry and exit, the number for the keypad was written and available for people to use in the front hall.

Staff had received some training in MCA or DoLS and had an understanding of what was meant by capacity. For example, one member of staff, when asked what they understood about the MCA said "Whether they can respond to a question and have the understanding of whether something is safe or not." When asked what they would do if they felt someone lacked capacity, they replied "I'd report it to the manager, contact the GP and the family". During the inspection, senior staff arranged for further MCA and DoLS training with the local authority.

People were supported by staff who had the knowledge and skills needed to carry out their roles and responsibilities. A relative commented that staff were "Well trained". Other comments received from relatives included "Care she has received is excellent."; "In such good hands." A social care professional commented "The staff are a well-established team, who have worked for the home for many years. They appear to have the skills to deal with the residents very well."

Staff underwent an induction when they first started working at the home. This included working with more experienced staff. New staff also completed training in a number of areas including health and safety, manual handling, equality and diversity and the safeguarding of vulnerable adults. Sstaff had completed their induction and other courses relevant to their role.

Staff also updated their knowledge and skills and undertook refresher training regularly. A member of staff said they had completed a number of training courses, some face to face and others where they had completed a workbook. They said this had helped them in their role. Training records showed staff had completed courses in Safeguarding vulnerable adults, principles of moving and handling, and dementia awareness. Staff records included certificates of completion which confirmed the training records.

Staff were supported to undertake nationally recognised qualifications in care and additional training, where a need was identified. For example some staff had completed courses in dementia awareness, diabetes care and dealing with challenging behaviour.

During the inspection we spent time in the dining area over lunch and talked to people about the meals they had. The registered manager and staff said they encouraged people to eat in the dining room to avoid them feeling socially isolated. However, they said they respected that some people preferred eat in their room.

The lunch on one of the days was salmon with new potatoes, vegetables and hollandaise sauce followed by a dessert. Other choices were available. People clearly enjoyed the lunch. Staff ensured that people were supported to have food prepared and presented appropriately, for example giving them only soft foods where choking was a risk. People's comments about the food included "Really good" and "The quality is good." One relative said "Meals are good and [family member] likes the food." Another commented "The food is wonderful; the cook comes and asks if something was ok." Specialist dietary needs were also catered for, for example diabetic diets. Staff were also aware of the need to take into account food allergies when preparing food, for example one person's care plan identified they needed a gluten-free and dairy-free diet, which the person said they always got. Staff checked which person got which meal, depending on their dietary needs.

The registered manager said only one person living at Rest Haven needed support when eating to eat. There were sufficient staff at mealtimes to provide support if needed.

People were provided drinks throughout the day. Cold drinks, as well as tea and coffee were served to people during the morning and afternoon.

People's physical and mental health needs were addressed by staff working with health and social care professionals including the GP, dentist, optician and local hospital. Care records contained detailed information about appointments with health professionals, including the outcomes. One relative commented how their family member had been very unwell the previous year. They described how staff had worked with health professionals and family to support the person's recovery.

Good

Is the service caring?

Our findings

People and their relatives said staff knew them well and were really caring. One person said "it's all good here, staff care for you." Another said "Staff are very kind, very, very good. If I want anything done they're helpful." Comments from relatives and friends included "Mum is very happy here, staff are marvellous, they chat and interact with her."; "it's like a family here, everyone wants to work here because they care" and "they are very caring and patient and careful in what they do." A health and social care professional commented "I definitely feel the staff are caring and are sensitive towards all residents." Some people living at the home were ex-members of staff. They described how they had enjoyed working at the home and also now living there.

Throughout the inspection we saw people being treated with kindness and compassion by staff. Staff knew people well and talked to them in a caring way, asking about their preferences. Staff chatted to people about things that interested them and knew about their history and family. A family member commented that when their relative had first moved into the home, "[Staff] went through finding out all the things that were important, including time of getting up and what food they liked." They also said the staff had asked about things the person liked to have around them, such as photographs and what jewellery they liked to wear. One relative said "all the staff are good, housekeeping staff are as good as carers."

People were encouraged to remain independent. For example some people were supported to go out on their own and with friends and relatives. One relative described how staff arranged for the person to be "Taken to clubs and activities." A social care professional said they had witnessed people being involved in decision making, adding "They are respectful towards the residents. The atmosphere is always very calm."

Staff recognised the importance of maintaining people's dignity. Staff respected people's right to privacy, knocking on their bedroom door and waiting to be invited in before entering.

Friends and family were welcomed throughout the day and evening. One person said they were able to have privacy with their relatives if they wanted but were also always welcomed in communal areas around the home. Staff described how there were quiet areas and rooms which could be used by people if they wanted private space. This included a large sitting room which was used for a daily chapel service.

People were supported to be involved in decisions about their own care. For example, one person described how they sometimes needed more support than others. They said staff recognised that their needs fluctuated and always checked what support the person wanted before helping them. Daily notes in the care records showed that staff had discussed with the person what care they needed and recorded the person's decision.

Good

Is the service responsive?

Our findings

People and, where appropriate, their relatives, were supported to contribute to the assessment and planning of their care. Care records contained a personal biography document which described the person, their history, likes and dislikes so their needs and wishes were fully understood. Care plans contained detailed information about the care the person needed to meet their physical, personal, spiritual and emotional needs.

There was evidence that where a person's needs changed, staff took action, including the involvement of health and social care professionals. For example in one care record, there was information from an occupational therapist. This detailed how to transfer the person from their bed to a chair and the specialist equipment needed to support the person. The care plan had been updated to reflect this advice and daily records showed that staff were following the advice.

Another care record contained information about how the person's bedroom had been changed around to make it easier for them to access some equipment. It also described how the person was supported to have a shower rather than a bath, which they found better.

Information about people was communicated to staff. For example, hand-over meetings were led by a senior member of staff. The senior member of staff on each occasion discussed each person in the home in turn, identifying any issues that the incoming staff needed to be aware of. Staff contributed to the discussion and noted particular issues that had arisen. Staff were responsive to people's moods. For example, the staff discussed one person, who seemed anxious around the time of the medicine administration round. They described how the person would often want to talk to the member of staff administering medicines. Staff discussed how they were going to trial giving the person their medicines first to see if this helped to allay their anxieties.

The home had a complaints policy, which described how people could complain and what they could do if they felt their complaint had not been resolved to their satisfaction. People we spoke with said they knew how to make a complaint, but had never needed to. Relatives said they had never had to make a complaint but if they had a concern "I would talk to the manager or one of the senior staff". People were encouraged to feedback comments, both positive and negative. A comments and complaints book had only positive comments about the care received and given. It contained very positive comments including "Care she has received is excellent"; "helpful staff"; "friendly staff"; "girls wonderful"; "thank you for all your care and attention" and "in such good hands." Visiting health and social care professionals were also asked to complete a feedback form. The registered manager said they reviewed all comments and used them to continually improve the service.

The home provided a range of activities, although some people commented they felt they would like more. However when asked what activities they would like to be offered, they were not sure what they wanted to do. Other people were happy with the activities on offer or said they preferred not to get involved in activities. The registered manager said they were keen always to improve and welcomed people's

suggestions, for example they said they had introduced different activities for people from time to time, for example a knitting group. A chapel service was held each day in a large sitting room which was equipped with an altar. The registered manager said some people chose to attend the service and on some days, some were also involved in running it.

During the inspection, a games session was held in one of the sitting rooms. Staff described how they had helped some people to get involved in an Easter egg painting session the previous day. They explained that although they had tried to run this in the dining room, people had not wanted to do it there. The staff member said that they had found people had been happier to participate in the activity when the member of staff had supported them to do it the lounge. The registered manager said they did offer some scheduled activities including visiting musicians, trips out, as well as exercise and craft sessions. She described how some people enjoyed board games such as Scrabble. A visiting hairdresser, as well as pamper sessions, were offered to people regularly.

Good

Is the service well-led?

Our findings

The home's website described it as offering a Christian ethos although catering for all religious beliefs. Trustees and staff all understood and were committed to the vision and values and were able to describe how they put these into practice. During the inspection we met the chairman of the board of trustees. He had taken over this position in the last year and described his role as facilitating the manager and staff to deliver high quality care. The registered manager worked with local faith communities to provide a choice of religious services.

Trustees met with the registered manager every six weeks and on a monthly basis a trustee carried out a visit to the home, where they undertook a quality monitoring assessment. This included inspecting areas of the home, speaking to people living there and also speaking to staff. Following the visit they completed a report which identified both positive and negative findings. For example in one report dated December 2015 alongside mainly positive comments, there was a suggestion that" attention be given to an outdoor area for resident's recreation." A new patio area had been created and further work on the garden was being carried out during the inspection. This demonstrated that the provider acted on feedback to make improvements to the home.

The chairman said he was working with other trustees and the manager to deliver a five year improvement plan. Some improvements had already taken place, for example a new raised patio/walkway at the front of the house to provide easy access to the sea views. He also said they had plans to redesign the back garden to provide easier access as well as internal improvements to both the building and its furnishings. The chairman also said that he was supporting the registered manager to increase the number of activities outside the home, for example trips to local places of interest.

The home had a manager who had been registered with the Care Quality Commission since 2011. She was supported by a deputy manager and 5 senior care workers. The registered manager and senior staff had systems in place to monitor and support the work of the home. These included checks and audits, for example audits were completed on the building maintenance and equipment maintenance or a regular basis. Where issues were identified, there were systems in place to ensure they were addressed. Other checks, including audits of medicines and care records, were also carried out routinely. The registered manager was very visible and knew people well. People and their relatives described how approachable and helpful she, and other senior staff, were. For example one person described how the registered manager "will do shopping for me".

The registered manager understood the importance of quality improvement and had joined a trial being run by community nurses to prevent wounds. She also described how they kept abreast of current good practice guidance by being involved in a provider engagement network as well as reading information on websites such as the Care Quality Commission provider pages.
Staff described how they felt supported by the registered manager and senior staff, through supervisions and appraisals. Records showed that staff had received regular supervision and where needed, actions had been taken to address issues, such as sickness levels. Staff were clear about their responsibilities and were

able to describe how their work was part of the overall aims and objectives of the home to deliver high quality care.

There were regular staff meetings which were minuted. Minutes showed staff contributed ideas and suggestions for ways to improve the service. There was evidence that these ideas were followed up and acted on. Staff proactively made suggestions for improvements to the care for people which were discussed with senior staff and where appropriate implemented. For example, staff described how they had made suggestions about how people could be better supported in terms of purchasing toiletries and other small items. During the inspection a small 'shop' was set up in the dining room which people could buy items from.

A member of staff said "Staff are lovely, the managers are very welcoming and you can go to them for anything, and all the routines seem to work well."

The registered manager understood the requirements of the Care Quality Commission and had submitted notifications and other information in line with the legal requirements.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered manager and staff did not demonstrate that they had fully understood the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards (DoLS) and how these might apply to people living at Rest Haven. People's capacity to make specific decisions had not been assessed or documented. No applications had been made for a DoLS authorisation, although some people were under constant supervision.