W J Stala

Haven Lodge

Inspection report

2 Alexandra Street
Sherwood Rise
Nottingham
NG5 1AY
Tel: 0115 962 1675
Website:

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Ratings

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

Overall summary

We inspected the service on 3 September 2015. The inspection was unannounced. Haven Lodge is registered to provide accommodation for 11 people who require care and support. On the day of our inspection 11 people were using the service.

The service is operated by an individual and as such does not require a registered manager. The registered provider is the 'registered person.' 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 were placed at risk in relation to the environment. People felt safe in the service and staff knew how to protect people from the risk of harm. Medicines were managed safely and people received their medicines as prescribed. People were supported by adequate levels of staff who were trained to support them safely.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation

Summary of findings

of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received.

People were supported to maintain their health needs. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people.

People had opportunities to take part in activities and had frequent access to enjoy the community. People also knew who to speak with if they had any concerns they wished to raise and they felt these would be taken seriously. People were involved in giving their views on how the service was run.

People were given the opportunity to have a say in what they thought about the service. Audits had been completed that resulted in the manager making improvements in the service. However systems used by the provider to monitor the quality of the service were not always effective. Confidential information was not stored securely and the provider had failed to notify CQC of significant incidents in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

There were risks to people in relation to the environment.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and these were managed safely. There were enough staff to provide care and support to people when they needed it.

Requires improvement

Is the service effective?
The service was effective.

People were supported by staff who received appropriate training and support.

People were supported to maintain their hydration and nutrition. Their health was monitored and staff responded when health needs changed.

People made decisions in relation to their care and support.

Good

Is the service caring?
The service was caring.

People were treated with kindness and encouraged to make choices and decisions about the way they lived.

People's privacy and dignity was respected and they were given autonomy.

Good

Is the service responsive?
The service was responsive.

People were involved in planning their care and were supported to engage in social activities and access the community.

People felt comfortable to approach the manager with any issues and felt their concerns would be dealt with appropriately.

Good

Is the service well-led?
The service was not always well led.

The CQC were not being notified of significant incidents in the service. Systems to monitor the quality of the service were not always effective. Confidential information was not stored securely.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

Requires improvement

Haven Lodge

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 inspected the service on 3 September 2015. This was an unannounced inspection. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and information received. We contacted commissioners (who fund the care for some people) of the service and asked them for their views. We noted that we had not received any statutory notifications from the provider. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with six people who used the service, two members of care staff, the manager and the registered provider. We also spoke with a visiting General Practitioner (GP). We observed care and support in communal areas. We looked at the care records of five people who used the service, medicine administration records and staff training records. We also looked at a range of records relating to the running of the service including audits carried out by the manager and provider.

Requires improvement

Is the service safe?

Our findings

We found people were at risk of harm within the environment due to the required safety procedures not being followed. We found there was a risk of people scalding themselves due to the hot water temperatures in some bathrooms being above the required safe level. The provider was unsure whether the required thermostatic valves were fitting to hot water taps and the hot water was not being routinely tested to ensure it was at the recommended safe temperature. Thermostatic valves are designed to keep hot water at a safe temperature and prevent people from being scalded.

The portable appliances in the service are required to be tested annually and we saw that these should have been retested in March 2015 but that the provider had only just started the retests and many of the appliances had not yet had the test. The failure to test appliances to ensure their safety posed risks to people such as receiving an electric shock or a fire breaking out in the service.

We found that although the emergency lighting was being tested by the provider, this was not being completed at the required frequency of monthly and there were gaps of up to four months in some cases. This posed a risk that any failure in the emergency lighting would not be identified and would not be effective in the event of a fire breaking out. Additionally, the required checks on fire exit doors were not being carried out to ensure they were functional.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people who used the service that we spoke with told us they felt safe. They told us that if they were concerned they would talk to a member of staff or the manager. One person said, “Yes, I feel safe.” Another said, “If I had any problems I would speak with [manager] and they would sort it out.”

People could be assured that staff understood their responsibilities and knew how to act if they suspected or believed a person was at risk of harm or abuse. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The manager told us there had not been any incidents which needed to be shared with the local authority and none were brought to our attention during the planning and carrying out this inspection.

Risks to each individual’s safety were recognised and assessed and staff had access to information about how to manage any risks. We saw from the care records that where people were at risk of falls or other areas of risk, there was guidance in place informing staff how to monitor and manage these risks. For example we saw in one person’s records that a referral had been made to the falls prevention team after the person had fallen. The person had a support plan in place informing staff of how to minimise the risk of further falls and staff had been given guidance from the falls prevention team.

People felt there were enough staff working in the service to meet their needs. They told us that if they needed a member of staff then there was someone around. We observed people throughout the day and we saw people were very independent, but if they needed support from staff this was given in a timely manner.

Staff supported what people had told us and said they felt there were enough staff on duty to meet the needs of people who used the service. They told us that people did not require a lot of support and they felt that if they did need support then there was time to give this when it was requested or needed.

We viewed the recruitment files of three members of staff and saw the manager followed recruitment procedures in order to check that staff were suitable to work with the people who used the service.

Most people did not manage their own medicines and relied on staff to administer these to them. People we spoke with told us they received their medicines from staff when they were supposed to. We saw that staff had received training in the safe handling and administration of medicines and had their competency for this assessed. Staff told us they were not authorised to administer medicines until they had been trained and verified as being competent to do so. This would ensure people received their prescribed medicines from staff who had the skills to administer them.

We found that people were receiving their medicines as prescribed by their GP. We looked at the Medicines Administration Records (MAR) that were in use. These

Requires improvement

Is the service safe?

records showed when people had been offered their medicines and whether these had been taken, and had been fully completed. Each MAR sheet had a photograph of the person to help identification and contained information about the person including the way they liked to take their medicines and whether they had any allergies were recorded. We found the systems were safe and people were receiving their medicines as prescribed.

Good

Is the service effective?

Our findings

People felt they were supported by staff who had the knowledge and skills to support them and they were happy with the care they received. We observed staff whilst they went about their duties confidently and when we spoke with them staff had a good understanding of their role and responsibilities.

We looked at the training matrix and at the files of three members of staff and we saw staff were being given training in relation to areas of work such as safe food hygiene and infection control. Staff were also supported to complete a recognised qualification in health and social care. Staff we spoke with told us they felt they were given enough training to enable them to do their job safely. We spoke with a member of staff who had been recently recruited and they told us they had been given an induction explaining their role and responsibilities and supported by other staff until they felt they were confident in the role. They said there was a meeting planned with the manager to assess how well they had settled into the role and to discuss and training needs.

Staff told us they felt supported by the management team and that if they had any issues they could approach the manager or the provider and they would be listened to. We saw that staff had the opportunity to have a formal meeting with the manager and this was used to appraise their performance and any development needs.

People felt they were supported to make decisions about their care and support and staff we spoke with described how they supported people to make their own decisions. People told us they were supported to make decisions about where they went and how they spent their time. We asked one person what they liked about living in the service and they told us, "The freedom." We saw people had been consulted about whether they wished to be resuscitated should they have a cardiac arrest and this was recorded in their care records to ensure staff knew their wishes.

Where people lacked the capacity to make certain decisions, we saw the manager had undertaken a thorough assessment to check levels of capacity in line with the Mental Capacity Act 2005 (MCA). The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. Where the assessment showed the person did not have the capacity to make a decision the manager had made the decision for the person based on what was in their best interest and had sought the views of other professionals involved in the person's care and support.

The manager displayed an understanding of the Deprivation of Liberty Safeguarding (DoLS) and told us there was no one who currently used the service who required an application for a DoLS. The manager had the required information to enable her to make an application if the need arose in the future. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People were supported to eat and drink enough to help keep them healthy. People we spoke with told us the food was good and that they were given plenty to eat. One person said, "There is a variety of food here." We observed people were able to help themselves to food and drinks if they wished.

Nutritional assessments were carried out on people on a monthly basis and where a risk was identified staff sought advice from external specialists. For example staff had been concerned about the nutritional intake of one person and they had made a referral to the speech and language team (SALT) who had visited the person and assessed their nutritional intake. Staff we spoke with had a good knowledge of people's nutritional likes and dislikes.

Where people had health conditions there were support plans in place giving staff guidance on how to monitor the condition and recognise if the condition was deteriorating. For example one person had diabetes and there was a support plan detailing the signs staff needed to look for which would show the person's blood sugars were too high or too low and how they should respond to this. This meant people's ongoing health was being monitored to support them to remain healthy.

People's changing health needs were monitored and their changing needs responded to. People told us they were supported to see a doctor when they needed to and we saw that healthcare professionals including chiropodists and opticians visited them at the service. Referrals were

Good

Is the service effective?

made to external health professionals such as the occupational therapist when additional support was needed. One person was supported by the provider to attend a health care appointment on the day of our visit.

We spoke with a visiting GP and they told us they were allocated to the service as part of a GP visit scheme for care homes to provide a more accessible and consistent service to people. They were making a routine visit to check if there were any health issues that needed addressing. The GP told us that staff approached them with any concerns and appeared to follow advice given. If the GP asked for people to attend surgery to bring a sample or have bloods taken, the staff always arranged this promptly.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind and that they felt very comfortable with the staff. We heard staff speaking to people in a kind tone of voice. We observed staff were patient and understanding when supporting people. Staff spoke warmly about the people they were supporting and told us they enjoyed supporting them.

We observed the lunch time meal and we saw this was a relaxed occasion with people chatting together. We also observed people going into the kitchen and making themselves drinks and when staff were in the kitchen there were warm interactions with staff chatting naturally to people.

People's preferences and likes and dislikes were recorded in their care plans to ensure staff had an understanding of these. For example nutritional care plans took into account any risks but were also centred on people's preferences in relation to food and drinks. One person told us they regularly went to a place of worship of their choice and staff supported them to cook food which met their cultural preferences. Staff we spoke with knew about the person's faith and cultural needs.

People were supported to live as independently as possible and staff had an appreciation of the importance of people's independence. People clearly spent their day doing as they wished and we observed people going out into the community frequently and there was access to the kitchen if people wished to make a drink or a snack. People told us they were supported to be independent and we saw this was the case during our visit with people spending time where they wished and going out into the community independently.

People were given choices in relation to what they ate and how they spent their time. One person said, "It you don't like what is on the menu you can just ask for something else and staff will get it. We saw one person preferred to spend time alone in their room and this was respected. Other people chose to spend time in a room known as the 'snug' whilst others spent time in the two lounges.

The manager told us that an advocate had recently attended a meeting in the service to explain to people about their role and how they could support them. She said that no-one had wished to use the advocate but that information had been left for people if they needed one in the future. We saw this information was displayed in the service. Advocates are trained professionals who support, enable and empower people to speak up.

People we spoke with told us that staff respected their privacy and dignity. They told us they could have privacy in their bedroom if they wished and people who wanted a key to lock their room had been provided with one. People told us they were given their mail to open and we observed staff respecting people's privacy and dignity when supporting them. For example speaking to people discreetly about matters of a personal nature and knocking or bedroom doors and waiting for an answer prior to entering. We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this.

Good

Is the service responsive?

Our findings

People's preferences were known by staff and people told us they were supported in the way they preferred and involved in planning their care. People told us that they decided how they would be supported and we saw that people had been asked if they wished to be involved in their own care planning. The manager also held care plan reviews with people to ascertain if they were happy with the way their care and support was delivered.

Care plans were centred on individuals and gave a good level of detail of what worked well for people according to their wishes and needs. For example one person sometimes communicated through their behaviour and there was a plan in place which informed staff how they could avoid this by following the person's preferences.

We spoke with staff and they had a very good knowledge of the likes, dislikes and preferences of people they were supporting. Staff were able to tell us about what was important to individuals and how they preferred to spend their time.

We saw there were activities offered to people, however we saw from the minutes of meetings that people didn't always want to take part and preferred to go out into the community and do their own thing. We saw people were very independent and went out regularly and so they were protected from social isolation.

People felt they could speak with staff and tell them if they were unhappy with anything about the service. They told us they did not currently have any concerns but would feel comfortable telling the staff or manager if they did. One person said, "I would tell [manager] and she would sort things out. She is good to talk to if you have any problems." We saw that the manager asked people if they were happy and well cared for during meetings held for people who used the service and they were reminded of how they could raise a concern if they needed to.

People could be assured their concerns would be responded to. There was a clear procedure for staff to follow should a concern be raised. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them immediately to the manager. The manager told us there had not been any complaints made since the last time we inspected the service so we were unable to assess how well complaints would be managed.

Requires improvement

Is the service well-led?

Our findings

The provider had failed to notify us of significant events in the service and were not aware of some events which needed to be notified. A notification is information about important events which the provider is required to send us by law. The lack of notifications meant we were not being kept informed of events happening in the home to assist with our ongoing monitoring of the service.

During our inspection we were told there had been a death of a person who used the service but we had not been notified of this prior to our inspection. We also found, from looking at records that there had been three serious injuries sustained by a person who used the service following falls and there had also been a police incident, all of which should have been notified to the CQC. The provider had not notified us of these incidents and so we could not be assured of whether incidents were being responded to appropriately.

This was a breach of Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider did not have in place effective systems to assess, monitor and mitigate the risks relating to the health, safety and of people who used the service.

We found failings in relation to systems in place to monitor fire safety checks and testing of portable electrical appliances which had not been identified by the provider. Additionally there was a lack of systems in place to monitor the temperature of the water in the service to ensure the temperature was within the safe limits.

Although the provider was in the service most days of the week and people felt they could speak with him if they had any issues, there were no formal records kept of how the provider quality checked the overall running of the service. Having such systems in place would have alerted the provider to the shortfalls in ensuring notifications were sent to the required external organisations and identifying the shortfalls in the systems to monitor the safety of the environment.

Confidential information about people who used the service and staff was not stored securely. Although the provider had put a system in place to ensure confidential information was stored securely, we saw this was not effective on the day of our visit. We found the office door was unlocked throughout the duration of our visit and the bolt on the staff files was not secure.

Audits were carried out by the manager to monitor the quality of the service and to identify where improvements were needed. We saw the manager undertook frequent checks of the cleanliness of the service and these were effective.

People were given the opportunity to attend regular meetings to give their views of the running of the service. The provider also attended the meeting for feedback and suggestions about the service. We saw the record of the most recent meeting which showed that an action was required in relation to the menu. This action had been completed with new menus being introduced with the input of people who used the service. This meant people's views were taken into account and acted on.

People were also supported to have a say in the running of the service via annual surveys which they completed. The manager used these to assess the satisfaction of people who used the service and told us that any issues people recorded on the survey would be sorted out with them directly. One person told us, "There have been a lot of improvements since [manager] has been here, she has made it nice for us."

We observed people who used the service and staff who worked together in an open and inclusive atmosphere. There was friendly banter between staff and people who used the service, who spoke openly to each other. We saw staff supporting each other and working well as a team. We also saw people who used the service supporting each other, such as making drinks for each other. The manager told us, "It is like one big family here."

People were clear about who the manager was and felt they could approach her if they wanted to talk to her about anything. They felt she would listen and make changes as a result of this. One person said, "She is a very good manager. Top notch." Staff also said the provider and manager were open and approachable and gave support when it was needed.

The staff told us they could attend staff meetings and these were a two way conversation with the manager. They told us they felt supported and could approach the manager, who had a visible presence in the service. We could see

Requires improvement

Is the service well-led?

that staff enjoyed working in the service, they looked happy and they told us they enjoyed their job. We observed them working together as a team and they were efficient and relaxed whilst supporting people. We asked staff what they liked about working in the service and one member of staff told us, "It is a family atmosphere. People are comfortable to approach the manager and we all know people well."

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
Accommodation for persons who require nursing or personal care	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services **The provider was failing to notify the Commission of any deaths in the service. Regulation 16 (1) (a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The provider was failing to notify the Commission of significant injuries at the service. Regulation 16 (1)(2)(a)(f)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People who use services and others were not protected against the risks associated with the environment Regulation 12 (1) (2)(d).**