

The Camden Society The Haven

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on 4 December 2016 and it was announced 24 hours beforehand to ensure that staff and records would be available during the inspection. When The Haven was last inspected in December 2015 there were three breaches of the legal requirements identified. These related to Regulation 12 Safe care and Treatment Regulation 11 Consent and Regulation 17 Good Governance. These breaches were followed up as part of our inspection

The Haven provides care and accommodation for up to six people with learning disabilities. On the days of our inspection there were five people living in the service. The provider has informed us that the service will no longer be operating from the location address after March 2017; all people and their relatives have been informed and are being supported to ensure they move to a service of their choice.

There was a registered manager in place at the time of our 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. The registered manager was unavailable on the day of inspection; another manager who was yet to register with the commission was in attendance instead.

At the time of inspection we checked the service's CQC rating on the provider website. The rating for the last inspection was not displayed conspicuously as required by regulations. On entering the service we also found the rating was not displayed conspicuously within the home.

The provider failed to demonstrate that they had safe and effective recruitment systems in place.

The provider did not have effective systems in place to monitor the quality and safety of the service.

The provider had not followed the Department of Health (DH) code of practice on the prevention and control of infections. Hygiene practices within the laundry did not meet the DH guidance for the prevention and detection of infection.

Improvement was required in relation to processes for PRN (as required) medicines and medicine competency checks for staff. There were suitable arrangements in place for the safe storage and administration of medicines.

Staff had not received regular supervision; the provider had not ensured that staff performance and progress was monitored effectively and that staff had an opportunity to voice their individual views. We also found that staff training was frequently out of date.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

The staff had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Meetings had been arranged in order to enable people's best interest to be assessed when it had been identified that they lacked the capacity to consent to their care and treatment.

People were supported by the staff to use the local community facilities and had been supported to develop skills which promoted their independence.

People sustained good health by the means of nutritious food and sufficient drinks.

People had access to healthcare professionals when required, and records demonstrated the service had made referrals when there were concerns.

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care and we received positive feedback from people's relatives and visitors to the service.

Staff respected people's privacy and we saw staff working with people in a kind and compassionate way when responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments were also recorded.

We saw that the service took time to work with and understand people's individual way of communicating in order that the service staff could respond appropriately to the person.

At this inspection we found five breaches of regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The provider failed to demonstrate that they had safe and effective recruitment systems in place.

The provider had not followed the Department of Health (DH) code of practice on the prevention and control of infections.

Improvement was required in relation to processes for PRN (as required) medicines and medicine competency checks for staff.

Risk assessments were reviewed and amended appropriately when the risk to a person altered.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and had a policy and procedure which advised staff what to do in the event of any concerns

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff had not received regular supervisions and refresher training.

DoLS applications had been made for those people that required them. The service had carried out capacity assessments and best interest meetings

People had enough to eat and drink and were supported to make informed choices about the meals on offer.

People were supported to access health care services.

Is the service caring?

Good 

The service was caring.

People told us staff were kind and caring.

People's privacy and dignity was respected. People and staff got on well together and the atmosphere in the home was caring, warm and friendly. Staff understood people's needs and preferences.

People were supported to maintain relationships with their family.

Is the service responsive?

Good 

The service was responsive

Care plans provided staff with the information needed to provide person centred care.

Staff communicated effectively with people and involved them to make decisions about the support they wanted

The service had involved other professionals to support people.

The service had a robust complaints procedure.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The provider's quality assurance systems were not fully effective in ensuring records were maintained and that quality audits improved upon the service.

The provider had failed to display their rating as required by regulations.

People and staff told us they could speak with the manager at any time.

The provider sought the views of people, families and staff about the standard of care provided.

The Haven

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 December 2016. The provider was given 24 hours' notice prior to inspection to ensure we were able to access the service and records on the day of inspection. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

Prior to the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

As part of our inspection, we spoke to two people who used the service and three members of staff. We tracked the care and support provided to people and reviewed three care plans relating to this. We also looked at records relating to the management of the home, such as policies, recruitment and training records, meeting minutes and audit reports. We also made observations of the care that people received.

Is the service safe?

Our findings

Staff recruitment files were not available within the home. We requested that the provider sent recruitment file evidence for the last three people employed to enable us to check there was a safe and robust recruitment procedure in place. The provider failed to send us the required information. We were unable to check that the recruitment process included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

These failings amounted to a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Staff employed had undertaken an enhanced Disclosure and Barring Service (DBS) check. A DBS check ensures that people barred from working with certain groups such as vulnerable adults would be identified

The Department of Health (DH) publishes the Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and Related Guidance ("the Code"). The Code sets out the basic steps that are required to ensure the essential criteria for compliance with the cleanliness and infection control requirements under the Health and Social Care Act 2008 and its associated regulations are being met.

The provider's infection control policy had not followed the DH code of practice on the prevention and control of infections. There was no infection control lead assigned for the home. The senior staff had been unaware of the requirement for a lead person to undertake responsibility for this area of care and the need for infection control audits. We found that infection control audits had not been undertaken. There were no alternative practices undertaken by the provider to demonstrate that infection control was being monitored. The provider had not ensured there were systems in place to assess the risk of infections to people using the service. The practices in place for infection control did not comply with the code of practice and guidance for the protection of people who use the service.

The home did not have recognised procedures in place to handle laundry. We were told that an open laundry basket was used to transfer dirty linen to the laundry. The same basket was used to transfer clean linen back to the person. This presented a risk of cross contamination. There were also no clear segregation procedures and areas within the laundry room for processing the laundry. Clean laundered items were stored next to items waiting to go into the washing machines and dirty items were stored in open laundry baskets. The laundry area increased the risk of cross contamination and the spread of airborne infections.

Only staff who had completed medication training administered medicines and records demonstrated the training and planning for this. We found however that competency checks were not recorded to ensure that staff maintained best practice. The provider's medicine policy stated 'Staff competency checks should be carried out regularly' this had not been implemented by the service and we saw that some staff had not received any medication training for two years.

Some people had been prescribed medicines, such as pain relief, which were to be given 'when required'

(PRN). There were no PRN protocols in place for people. PRN protocols assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of the specific situations when people may need these medicines. When PRN protocols are not available with the medicine administration record (MAR) there is a risk that staff that are unfamiliar with people's needs would not have the information required.

These failings amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

During the last inspection of the home we found a breach of regulations; medicines and prescribed thickener for people's drinks were not always stored safely. At this inspection we found the provider had rectified these issues.

The service had developed suitable arrangements for the safe storage of people's medicines. Medicines were safely stored and dispensed safely. We carried out an audit of the medicines and the amount in stock agreed with the administration records.

The service had a policy and procedure regarding the safeguarding of people and guidance was available for staff to follow. Staff told us they had received training in safeguarding adults and the prevention of abuse and would report any issues of concern to the manager or provider. One member of staff said "I would let the provider and manager know and make sure it got dealt with", another said "I would challenge and report it to the manager."

The home had completed an assessment of people's risks and had recorded guidance on how to manage identified risks. The risk assessments showed that assessments had been completed for areas such as mobility, skin integrity, and people's activities. For example one person enjoyed swimming. There was a risk assessment in place which clearly assessed the risks of the activity against the benefits to the person. The assessment also took into account the views of the person and the control measures required to undertake the activity.

On speaking with staff it was clear that they knew when people's needs had changed and that these issues were often discussed at staff handover meetings.

Incidents and accidents were recorded and cross referenced to the care files of people involved in the incidents. We saw that preventative measures were also identified by staff wherever possible and that risk assessments were updated if required. For example we saw that a person had slipped in a bathroom whilst getting out of the bath. We found that the service had implemented additional support and details into the person's care plan to ensure that staff supported the person to use a bath mat to step on when exiting the bath and to then put on safe footwear.

The service had emergency procedures in place which included the actions to be taken in the case of fire. People also had personal emergency evacuation plans which clearly identified their needs if evacuation was required. We saw that each plan was individual to every person and had considered their physical and emotional needs.

There were sufficient numbers of staff to support people safely. People told us that care appointments were met by staff when they needed them and the care they needed was given. We found that the staff rota was planned and took into account when additional support was needed for planned appointments outside of the home. Staff told us that on occasion when there was a shortage of staff that this was covered by the

regular staff at the service, bank staff, staff from one of the provider's neighbouring homes or regular agency staff who were familiar with people who live in the service.

Is the service effective?

Our findings

Staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. All of the staff we spoke with told us they had been given training relevant to care for the people they supported.

We reviewed current staff training matrix. We saw that staff received the training programme when they had joined the service however the annual refresher training was frequently out of date. The training matrix evidenced that there had not been annual refreshers for staff in subjects such as fire safety, food hygiene and infection control.

Specialist training was available to enable the staff to meet people's specific support and health care needs. This training included autism training and supporting people with challenging behaviour. The training matrix indicated the specialist training in autism had not yet been attended by all staff. The provider had not ensured that staff were given training to enable them to meet people's specific support and care needs.

Staff supervision had been irregular; the service was not meeting their own target for supervising staff every five to six weeks; supervision records we looked at supported this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. The lack of supervisions meant that the provider had missed opportunities to ensure that staff performance and progress was monitored effectively.

These failings amounted to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Staff said they were given opportunities to speak with the management about any concerns they had or any development they needed and that they felt well supported.

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.

During the last inspection of the home we found a breach of regulations relating to the MCA; Care plans did not always contain clear information that was guided by the principles of the MCA relating to people's capacity to consent to care. During this inspection we saw that people's care plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions wherever possible. People's mental capacity to make decisions had been assessed and best interest meetings were undertaken when required. For example in relation to the control of people's personal finances the service had invited appropriate people to the best interest meetings such as independent mental capacity advocates (IMCA),

social workers and family members. These meetings had been fully documented.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm.

During the last inspection of the home we found a breach of regulations relating to DOLS; no applications had been made to the supervisory body. People's care records did not contain information on how decisions had been arrived at or whether these people may need applications made. Records did not demonstrate the least restrictive option been identified and that this would be in the best interests of the people. At this inspection we found that appropriate DoLS applications had been made specifically around people's constant supervision by the service and records aligned to this decision were in people's care plans. We spoke with staff and found that they were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were involved in planning how to meet their nutrition needs. People were supported to have the food and drink of their choice. People went shopping for food and discussed with staff the ingredients and meals they would like to purchase. We saw during the inspection that staff provided assistance with preparing and supporting people to eat their meals.

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. There was also evidence of input from the community psychiatric team and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists, opticians and dentists had happened when required and that staff had then acted upon the actions agreed at the respective appointments.

We made observations of people being offered choices during the inspection, for example what activities they wanted to undertake during the day. Where a person was unable to communicate staff utilised a number of techniques such as using hand gestures to enhance their understanding of the person's requirements. We also observed members of staff asked for people's consent before providing support to them.

Is the service caring?

Our findings

Staff treated people with understanding and kindness. We saw people laughing with staff. Staff were knowledgeable and supportive in assisting people to communicate with them. One person was unsettled during the day of inspection. The staff were patient, reassuring and kind to the person. We saw that people were included in discussions and were encouraged to express their views and make decisions. We saw that the staff took time for people to consider their decisions. The staff we spoke with knew people well and understood their individual communication styles.

The people we met were well groomed, relaxed. We observed staff treating people with dignity and respect. People's personal care support was discreetly managed by staff so that people were treated in a respectful way. Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs. We observed that staff responded promptly when people needed help or reassurance and that they knew when people were in pain or suffering discomfort and acted to alleviate that in a timely way. One person told us staff knocked on their bedroom door before entering and said "They always knock first."

The staff we spoke with gave us several examples as to how they would respect people and protect their dignity when providing personal care. One staff told us "I cover the person as much as possible and explain what I am doing as I give the care, I know from the person's body language if they want me to stop."

People's visitors were made welcome. One person told us that their relative visited regularly and was warmly received by the service.

Is the service responsive?

Our findings

At this inspection we found that each person had an individual care plan which contained information about the care and support people needed. We saw detailed information about people's routines and how people's personal care was to be delivered clearly specifying people's preferences and individual needs. For example in one person's care plan we saw that information around the care of their hearing aid was detailed to ensure that staff would quickly recognise the signs if it was not working properly.

Care plans also contained information such as people's medical history, mobility, communication and care needs including areas such as: continence, mobility and behaviour. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

Staff recorded the care that had been given to people in care notes. Staff recorded information regarding daily care tasks, including the support that had been provided and personal care tasks that had been carried out. This information provided some evidence of care delivery and how staff had responded to people's needs. We have made further comment about the quality of this evidence in the 'well led' section of this report.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. Staff were very vigilant and reacted quickly when a person needed support for example, a member of care staff recognising the signs a person wanted to receive some personal care; discreetly asking the person what they needed and escorting them there.

People had access to activities they wanted to take part in. We saw that staff stimulated people's interests in different ways. We were shown an array of dvds, sensory objects, and art and craft materials used during activity sessions. People also had their own person centred activities such as swimming.

People were supported to maintain relationships with their family. Records demonstrated that relatives were in regular contact with the home and were kept informed of any issues regarding their relative.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. People we spoke with said they knew how to complain. The manager explained that any complaints were welcomed to be used as a tool to improve the service for everyone, complaints made since the last inspection had been responded to in line with the provider's policy.

Is the service well-led?

Our findings

The systems in place to monitor quality and safety and the provider's quality assurance processes had not ensured the quality and safety of the service. We also found that the provider did not have an effective system to monitor the quality of people's care records and ensure the service held current and accurate records about people.

There were systems in place to ensure regular health and safety checks of the service was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service they were noted, there was not however any action plans in place to ensure a timescale or completion. For example we noted that during the last audit in June 2016 it was noted that the vegetable chopping boards in the kitchen required replacement. When we checked; this relatively simple action had not been undertaken.

There was also a monthly 'service manager check' in place which covered a number of areas such as finance, medication and health and safety. We asked the provider for the last check carried out. We were provided with a record from April 2016 which had not been completed in full and had not involved people or staff as required by the document. The provider failed to use its own quality assurance systems effectively to address required improvements within the service. We also noted that weekly checks by staff were also not completed as required.

Documentation throughout the service was not maintained to the standards required to evidence good practice. For example people had monthly key worker meetings with staff. We found that these had not been recorded effectively. Documentation was incomplete and it could not be evidenced when people had refused to take part in key worker meetings as this was not recorded. For one person we saw no key worker meetings recorded since January 2016 despite monthly key worker meetings being requirement of the provider. Clear and accurate record keeping is an essential element of care delivery because it provides evidence to show how people's needs are assessed, how care is planned and how it is subsequently delivered.

At this inspection we found four breaches of regulations two of which were continuing breaches from our last inspection. This demonstrated that the provider had not yet taken sufficient action in response to shortfalls previously identified.

These failings amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of inspection we checked the service's CQC rating on the provider website. The rating for the last inspection was not displayed conspicuously as required by regulations. On entering the service we also found the rating was not displayed conspicuously within the home.

These failings amounted to a breach of Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the manager and staff were approachable and they could talk with them at any time. The senior staff also told us they operated an open door policy and welcomed feedback on any aspect of the service. Senior staff said they felt confident relatives and staff would talk with them if they had any concerns. We also saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were usually given annual surveys for their views about the quality of the service they had received. We saw that on this occasion surveys had not been used. This was because a number of changes to the service were being regularly discussed through meetings with people and their relatives.

Staff told us they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. Staff told us they felt well supported by the manager and their colleagues. We saw there were effective communication systems in place regarding staff meetings and handovers.

Staff said that staff meetings were supportive in discussing and resolving staff issues. Staff told us that the managers were flexible with their work hours to enable them to work and support their family needs. All of the staff we spoke with spoke well of the manager. One member of staff told us "I love my job it's not easy but I can ask my manager for support if I need it."

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the provider had made appropriate notifications but had on one occasion omitted to make a notification which was statutorily required. We spoke to the manager about this and reminded them of their responsibilities to notify the commission of such incidents.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not followed the Department of Health (DH) code of practice on the prevention and control of infections.</p> <p>Improvement was required in relation to processes for PRN (as required) medicines and medicine competency checks for staff.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance systems were not fully effective in ensuring records were maintained and that quality audits improved upon the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to demonstrate the use of a safe recruitment system.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider had failed to display their rating as required by regulations.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received regular supervisions and refresher training.