Simon Greaves

The Haven Rest 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**

Overall summary

We carried out an unannounced comprehensive inspection of this service on 5 November 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to management of medicines, regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010, safeguarding people who use services from abuse, regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010 and consent to care and treatment, regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010.

We undertook this inspection on 30 November and 1 December 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

The home is registered to provide accommodation and personal care for a maximum of 17 people. There were 16 people living at the home on the day of the inspection. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

On the day of our inspection the registered manager was on a period of extended leave. In response to this the provider had made cover arrangements. An acting manager had been appointed and the provider had been visiting the home frequently to provide support.

During our inspection on the 30 November and 1 December 2015, we found that the provider had followed their plan which they had told us would be completed by the 20 May 2015 and legal requirements had been met.

People were safe and well cared for. Staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safely supported.

People were cared for by staff who had a good understanding of of protecting people from the risk of abuse and harm. Staff knew their responsibility to report any concerns and were confident that action would be taken.

People needs were met promptly. Both relatives and staff said that there were sufficient staff numbers to meet people's needs and we saw staff responding to people in a timely way.

Whilst improvements had been made in the assessment of people's capacity, in talking to the acting manager and provider we found they had not consistently applied the principles of the Mental Capacity Act 2005 (MCA). For example, exploring the least restrictive options and fully considering the impact on other people. Care staff spoken to had limited knowledge of the MCA and how this impacted on the care provided to people and needed support to access training.

People enjoyed the food they received and relatives were positive about the choice of food given. People were supported to access health and social care professionals with regular appointments when needed and were supported by staff to attend these appointments.

Relatives were positive in their feedback about the service and confirmed they were involved in making decisions about care and treatment. Relatives told us people's privacy and dignity was maintained by staff and we made observations that supported this.

People received care that met their individual needs. Relatives and staff said managers listened to them and they felt confident they could raise any issues should the need arise.

Relevant notifications had not consistently been submitted to CQC where safeguarding reports had been referred to the local authority. CQC requires this information to look at the risks to people who use care services.

The provider and managers were accessible and approachable and the provider ensured regular checks were completed to monitor the quality of care.

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 safe.

People received care from staff they felt safe with.

People were supported by sufficient staff to meet and respond to their needs in a safe and timely way.

Staff supported people to take their medicines when they needed them.

Good

Is the service effective?
The service was not consistently effective.

The principles of the MCA had not been consistently applied. Care staff spoken to had limited knowledge of the MCA and how this impacted on the care provided to people and needed support to access training.

Staff were knowledgeable about people's support needs and interests.

People were supported to access health professionals and their nutritional needs were met.

Requires improvement

Is the service caring?
The service was caring.

Staff provided care that took account of people's individual needs and preferences and offered people choices.

People were supported by staff who respected their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

Staff were knowledgeable about people's care needs and preferences in order to provide a personalised service.

Relatives knew how to make complaints and were confident that any concerns would be listened to and acted upon.

Good

Is the service well-led?
The service was well-led.

People were cared for by staff that felt supported by the management team

The management team had systems in place to check and improve the quality of the service provided and take actions where required.

Relevant notifications had not consistently been submitted to CQC where safeguarding reports had been referred to the local authority.

Good

The Haven Rest 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.

We undertook an unannounced comprehensive inspection of The Haven Rest Home on 30 November and 1 December 2015. The inspection team consisted of one inspector. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 4 November 2014 inspection had been made.

As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority if they had any information to share with us about the home. The local authority is responsible for monitoring the quality and for funding some of the people living at the home.

During our inspection we spoke to four people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three relatives of people living at the home.

We spoke to the acting manager, acting deputy manager, two care staff and the chef. We also spoke to the provider. We looked at records relating to the management of the service such as, care plans for three people, the incident and accident records, medicine management and three staff recruitment files and training records.

Good

Is the service safe?

Our findings

At our comprehensive inspection of The Haven Rest Home on 4 November 2014 we found that the manager had not identified or reported safeguarding concerns to the local authority for investigation. This was a beach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our inspection on 30 November and 1 December 2015 we saw that safeguarding concerns raised with the local authority had been recorded and action taken where required. For example, where one person was involved in a number of incidents, staff had identified a particular issue was causing the person to become anxious. A meeting was then held with other professionals to agree changes in the support provided and to agree healthcare actions.

We also found that improvements were needed in managing people's medicines. This was a beach of the Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider submitted an action plan to us telling us how they were going to put things right to improve people's experience.

At our inspection on 30 November and 1 December 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements relating to medicines management. We saw a member of staff supporting people with their medicines. The member of staff introduced themselves to each person and explained they were giving medicines and we observed them supporting people. For example giving people time to take one medicine before administering a second.

Guidance for medicines to be taken as and when required was in people's care plans. We observed staff follow this by asking people if they required additional pain relief. One relative we spoke to told us their family member was supported with their medicines and they had no concerns.

We saw that there were facilities for the storage of medicines. One member of staff explained the new processes that had been introduced since the last inspection and said that the new system had improved medicine management. For example, the daily packaging of medicines now used would make it clear if a medicine had not been administered as prescribed.

People happily approached staff to chat to them or ask questions. People were comfortable when staff were with them and when they became upset staff offered reassurance which had a positive impact on people. We saw staff offer guidance and support to help people. We spoke to three relatives all of whom told us that they felt their family member was safe at the home. One relative said they had no concerns, they told us "Staff are kind and [relative's name] is safe."

People were cared for by staff who recognised the types of abuse people could be at risk from. Staff told us they had received training in safeguarding and identified the different types of abuse. All the staff told us of the actions they would take and were confident that action would be taken.

Staff we spoke with were clear about the help and assistance each person needed to support their safety. We spoke to staff they told us of the risks they needed to be aware of when providing care and the actions they would take to keep the person safe. We saw staff giving encouragement to and supporting people with their specialist walking aids. Staff ensured they observed people as they walked and stayed within reach of the person should they need assistance.

People's risks had been assessed and had been reviewed regularly and were recorded in peoples care plans. Staff told us they followed the guidance to make sure they provided care with the least amount of risk.

We saw that care staff were available when people needed them. One person said, "They help me when I need it." One relative said, "My family visits at all different times and we have no concerns with staff levels." Three members of staff we spoke with told us they felt there was enough staff. The acting manager told us that staffing numbers were assessed based on people's needs and could be increased when required. For example, when people required support for hospital appointments, staffing numbers were increased to reflect this.

Requires improvement

Is the service effective?

Our findings

At our comprehensive inspection of The Haven Rest Home on 4 November 2014 we found that The Mental Capacity Act 2005 (MCA) code of practice was not consistently followed to ensure people were supported to make their own decisions.

This was a beach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our inspection on 30 November and 1 December 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18 described above. Improvements had been made and capacity assessments had been completed. 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 saw records of best interests meetings involving family, GP's and staff from the home and one relative explained how they were involved in important decisions when needed. Where it was felt people received care to keep them safe and well that may be restricting their liberty; the manager had made applications to the local authority.

Whilst we found that improvements had been made, in talking to the acting manager we found when making decisions principles of the MCA had not been consistently applied. For example, one of the principles of the MCA is the presumption of capacity. Capacity assessments should only be made when it is considered a person lacks the mental capacity to make particular decisions. We found that capacity assessments had been made for all people at the home and on one occasion an application made in contradiction to the assessment.

We also found that the MCA principle of exploring the least restrictive ways of promoting rights and freedom were not always fully considered. For example, the impact any restrictions on other people. Care staff spoken with had limited knowledge of the MCA and how this impacted on the care provided to people and needed support to access training.

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).

Relatives we spoke with advised us that staff had the knowledge to support people with their care needs. A relative told us how they felt one member of staff managed to get, "The best out of [relative's name]. " They said "[Staff member] is fantastic, she knows my relative really well."

Staff told us they felt the acting manager supported them in their work. Staff felt the training they received reflected the needs of people who lived at the home. One staff member told us training had provided them with greater knowledge of people living with dementia and had improved how they supported people. For example, the importance of touch which for one person was to relax with hand massages.

People enjoyed their midday meal which one person described as, "Very good." We saw people were also supported to have a range of drinks and snacks throughout the day. One relative told us, "[Persons name] likes their food and it's good. There's always a choice, the chef asks them what they would like."

We spoke to the Chef and they told us how they worked together with the person and staff to ensure that people's individual needs were catered for. The Chef was knowledgeable about people preferences and dietary needs. For example, where people required softened meals. They advised that even when people stated they didn't like a certain food, they would still give them the choice, because they said, "On occasion people do change their mind."

The Chef had recently introduced a new photo menu to help people choose which food they would like. The Chef stated this was helping some people in choosing meals; however they felt it could be improved further and they were working to achieve this.

We saw that people were supported to access healthcare professionals and attend a range of medical appointments

Requires improvement

Is the service effective?

including GP, dentist and optician appointments. Relatives told us they were happy with the actions taken by the staff in monitoring healthcare needs. One relative told us that their family member had been unwell, they advised that staff supported their relative and that the, "District nurses and GP visit." Another relative told us they supported their family member to health appointments but they were grateful when staff had picked up that a health review was overdue and had advised them.

Good

Is the service caring?

Our findings

One person told us they were well looked after and said, "They (staff) are all good to me." One relative commented, "The girls are fine, they are all very caring, I've no worries at all." Another relative had written to thank staff for making their relative's birthday, "So special, Thank you all for your wonderful, caring, kindness and support."

We heard and saw positive examples of communication throughout our inspection and people were relaxed around the staff supporting them. One relative told us that in their view staff were caring and said, "They have a joke and [relative's name] responds to that and tells us, I like that girl."

Staff approached people in a friendly manner and we heard staff chatting with people as they walked around the home, offering people support and reassurance where necessary. Where one person became anxious, we saw that staff responded by talking to the person and giving them a gentle hug. The person immediately responded and became less anxious. The staff member then encouraged them to become involved in an activity to keep them busy.

Staff respected people's right to refuse support and a relative commented, "Staff respect [person's name], they only do what they want." One staff member told us where people are unable to give verbal consent they look for facial expressions and hand gestures to gain consent and enable people to communicate choices. We saw that when a member of staff was supporting people with medication, they enabled people to use different ways of confirming if they were in pain, for example by squeezing their hand.

During our conversations, all staff we spoke with, including the acting manager and care staff had a detailed and personal understanding of each person's history and individual needs. Staff were knowledgeable about the support people required and gave choices in a way that people could understand. We saw that staff understood the different ways that people expressed how they felt. We also saw staff responded to the body language of one person and offered support in a timely way.

Staff supported people to retain their own levels of independence. One relative told us about their family member and said, "One of the best things is they spend time in the garden where they are safe. Being able to go out helps them feel independent." We also saw that at meals times people were encouraged to eat their meals themselves before being offered assistance if required. Care plans also provided information to staff on maintaining people's independence.

People's friends and relatives visited when they chose. Relatives we spoke to said they felt welcomed at all times and could visit freely. One relative said that whilst visiting, "I've seen lovely care of other residents."

Relatives said they felt their family members were respected by the staff and they said staff treated them with dignity. We saw the acting manager and other staff knock on bedroom doors and wait for a response before they entered. Staff we spoke with were able to describe the actions they took to ensure that people's privacy and dignity was maintained while care was provided.

We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they stepped out of the communal lounge area.

Good

Is the service responsive?

Our findings

Relatives told us they felt the service was responsive to people's ongoing needs. One relative told us their family member had been unwell and staff had responded and worked with district nurses and the GP to provide good support. Another relative told us, "They (staff) are good. We can leave things to them but they keep us informed, communication is very good."

We found that care plans had been developed to include people's social history and prompts on what they liked and what was important to them. Staff said this helped them know what was important to people. One staff member told us that family was important to one person and she would speak to the person about her family to reassure her. One relative told us, "People's differences are respected."

We saw that staff responded when requested or when a person required support. For example, staff recognised a change in one person's body language. They and offered the support required in a timely and discreet way.

Relatives told us they were involved in their family members care reviews and were involved in discussions about treatment. One relative told us, "They work with us, we both want what's best for [relative's name]."

Staff told us that as a small home they felt were able to get to know people living at the home and their families well. Staff demonstrated they were knowledgeable about people and the things that were important to them. One relative told us that were reassured that when their relative's health had changed, because staff knew them well they had anticipated some of their relative's care needs.

We saw a staff handover in which staff shared changes in peoples care and support within the team. For example one person had been unwell and a GP visit had been requested. Another person needed to be encouraged to drink more fluids, the handover detailed the drink that the person preferred.

People were supported to take part in different activities. One relative told us had activities improved over the past year. They told us, "The activities are better than before. This week they are decorating the Christmas tree which [relative's name] will enjoy." Another relative told us their family member enjoyed going out and this had been supported by the staff.

We noted that a table of activity items had been introduced and saw one person enjoy sorting through some of the items several times during the day. We also saw three people having their nails painted in a pamper session, people looked relaxed and enjoyed the sessions and smiled when we spoke with them.

We asked relatives how they would complain about the care if they needed to. They told us they had not made any complaints, but if they had a concern they were happy to speak to the staff or the acting manager. One relative told us, "I am the type who would complain if I had any worries, but I've no worries at all."

The acting manager advised us that no complaints had been received in the last 12 months. They told us said that as a smaller service any issues could be picked up and dealt with immediately. Staff advised that they were confident to raise any concerns with the acting manager who would then take action.

Good

Is the service well-led?

Our findings

On the day of our inspection the registered manager was on a period of extended leave. The provider had notified CQC and had made cover arrangements. An acting manager had been appointed and the provider had been visiting the home more frequently to provide support.

All staff that we spoke to said that the acting manager and the provider were supportive and they could approach them at any time with any issues or concerns. All of the relatives we spoke to told us they had no concerns and felt the home was well managed. One relative told us, "The care is the most important thing for us (the family) and it shows our level of satisfaction that [relative's name] remains here."

We saw that the provider had followed their plan which they had submitted following our inspection on 4 November 2014 and new processes had been put in place. The acting manager told us the new ways of workings were more effective and that all staff had worked hard to achieve the changes required. The acting manager was assured that the changes meant that people living at the home were kept safe and that applications had been made to the local authority to ensure people's liberty was not being restricted.

We found that not all relevant notifications had not been submitted to CQC when safeguarding reports were referred to the local authority for investigation. A notification is information about important events which the provider is required to send us by law. CQC requires this information to look at the risks to people who use care services. Whilst we could see that improvements had been made and actions had been taken, the systems used had failed to identify that six notifications had not been made to CQC. The acting manager acknowledged this and said they would provide these notifications following the inspection.

People knew who the acting manager and provider were. We saw that they talked to people and visitors, who all showed they were familiar with them both. The acting manager had a clear understanding of the people they were supporting.

Staff were happy and confident to approach the rmanagers with any issues or concerns. The acting manager spoke positively about their staffing team and felt the team all worked well together and commented that being a smaller home allowed them to get to know everyone and their families well. One member of staff said, "I like working here, we're all like a family. It's a nice size home, it' really homely." The acting manager told us they felt it was important that they continue to give care so that they were working alongside staff and could see the care being given.

There were checks in place to review the care provided. We also saw that there were management meetings between the management team and the provider. Where actions were identified we saw that these had been taken. For example, following one meeting care plans were reviewed.

The provider had sent a questionnaire to all relatives in May 2015 asking for their feedback and opinions on the care provided. A response was made by 9 relatives and the overall results were published in a report which then sent to all families. The results showed that relatives were happy with the care their family member received and that they were happy with catering arrangements and décor. They also confirmed that manager was available to talk to about any problems and things 'got done when asked.'