

Haven Home Care Limited

Haven Home Care Limited

Inspection report

34 Town Wall
The Headland
Hartlepool
Cleveland
TS24 0JQ
Tel: 01429 222225

Date of inspection visit: 11 May 2015 and 1 June 2015
Date of publication: 30/07/2015

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



Overall summary

The inspection took place on 11 May 2015 and 1 June 2015. This was an announced inspection. We last inspected Haven Home Care Limited in June 2014. At that inspection we found the registered provider was not meeting all the regulations that we inspected. In particular, we found the registered provider lacked a structured induction programme for new staff members joining the service. We found the registered provider had made progress since our last inspection and now had a planned approach to inducting new employees.

Haven Home Care Limited is a domiciliary care service, which provides support with shopping, domestic tasks and personal care to people living in their own home. At the time of this inspection 25 people were using the service.

The service had a registered manager. 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.

We found the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have accurate records to support and evidence the safe administration of medicines. We found a significant number of gaps in the medicines records. The registered provider did not have systems in place to identify issues with medicines records in a timely manner. You can see what action we told the provider to take at the back of the full version of the report.

People using the service told us they felt safe. One person said, "I have no worries about anything." Another person said they were, "Not worried about anything." They said they were cared for by skilled and experienced staff, who knew them well. Their comments included: "Staff are very good"; "Staff know what they are doing alright"; and, "The girls I get know what they are doing." People described their care as excellent and said they were in control of how they received their care. They commented: "First class, no problem"; "Very caring and helpful. Very caring indeed"; "Always excellent care"; "The service has been excellent. It has been class one"; and, "I explain what I want doing. It is how I want it. [Staff] don't need telling twice."

People were asked for consent before receiving care and staff understood the importance of respecting their decisions. We found the registered provider did not have a planned approach to the Mental Capacity Act 2005 (MCA). Staff told us they hadn't completed MCA training since starting their employment with the registered provider.

Where potential risks had been identified risk assessments were carried out. However, not all risk assessments we viewed clearly identified the control measures needed to manage potential risks. Staff had a good understanding of safeguarding adults and of the registered provider's whistle blowing procedure. Staff knew how to report concerns, although they told us they had no concerns about people's safety.

People received their care and support from a consistent team of reliable care workers. One person said staff were,

"Absolutely reliable. If they say they are coming at 10 o'clock, then they are here at 10 o'clock." Another person said, "Pretty good, on the dot." Another person told us staff were, "Very consistent. It had consistently been the same member of staff." One family member said they, "Always know who is coming." There were recruitment and selection procedures in place to check new staff were suitable to care for and support vulnerable adults.

The registered provider had made progress since our last inspection and had developed a structured induction programme for new staff. Staff were well supported and received training to help them care for people appropriately.

People were supported to meet their nutritional needs. One person said, "[Staff] do meals for me. Whatever I want they do." Staff supported people to access healthcare when required. One person said, "Staff take me to doctor's appointments."

People who used the service were provided with important information about the service, including how to complain or to make compliments or suggestions and information about their rights.

People had their needs assessed when they started using the service. This included gathering information about people's 'personal history' to help staff better understand the people they cared for. This information was used to develop bespoke and personalised care plans. People knew about the contents of their care plans. One person said their, "Care plan is in the blue folder. It is referred to when the care worker comes." Care plans had been reviewed regularly and had been updated when people's needs changed.

People knew how to complain if they were unhappy. One person said, "I have no complaint to make." Another person said, "No complaints at all. Can't imagine I would ever have to complain as they are so good."

The service had a registered manager. People, family members and staff told us the registered manager was approachable. Staff had the opportunity to attend regular staff meetings. The registered provider had clear aims and objectives that underpinned care delivery. However, when we asked staff about these aims and objectives they were unable to confidently tell us about them.

Summary of findings

The registered provider regularly assessed the quality of the service. This involved feedback from people using the

service. Feedback from the most recent consultation had been positive. The registered manager undertook unannounced spot checks. However, we did not see any evidence of recent spot checks.

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. Medicines records were not always accurate. The registered provider did not have effective checks to identify gaps in medicines records.

People using the service told us they felt safe. Potential risks had been assessed. However, it was not always clear how these were to be managed. Staff had a good understanding of safeguarding adults and whistle blowing. They knew how to report concerns.

People received their care and support from a consistent team of reliable care workers. There were recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults.

Requires improvement



Is the service effective?

The service was not always effective. The registered provider did not have a planned approach to implementing the Mental Capacity Act (2005).

The registered provider had developed a structured induction programme for new staff. Staff were well supported and received training to help them care for people appropriately.

People were supported to meet their nutritional needs. They were also supported to access healthcare when required.

Requires improvement



Is the service caring?

The service was caring. People described their care as excellent and said they were in control of how they received their care. People said staff treated them with dignity and respect.

People were provided with important information about the service, including how to complain, to make compliments or suggestions and information about their rights.

Good



Is the service responsive?

The service was responsive. People had their needs assessed when they started using the service. Staff had access to information about people's preferences and their life history.

People had personalised care plans. They told us they had been involved in deciding what was in their care plan. Care plans had been reviewed regularly and updated as people's needs changed.

People knew how to complain if they were unhappy. Nobody we spoke with raised any concerns about the service.

Good



Summary of findings

Is the service well-led?

The service was not always well led. The registered provider did not have a system to check on the quality of medicines records. The registered manager said unannounced spot checks were taking place. However, we did not see evidence that recent spot checks had been carried out.

The service had a registered manager. People, family members and staff told us the registered manager was approachable. Staff had the opportunity to attend regular staff meetings. Staff we spoke with were not clear about the registered provider's values.

The registered provider consulted with people using the service to assess the quality of the care people received. During the most recent consultation positive feedback had been received.

Requires improvement



Haven Home Care Limited

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.

This inspection took place on 11 May 2015 and 1 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was carried out by one adult social care inspector.

We reviewed other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). We did not receive any information of concern from these organisations.

We spoke with five people who used the service and three family members. We also spoke with the registered manager and two members of care staff. We looked at a range of care records which included the care records for eight of the 25 people who used the service, medication records for three people and recruitment records for five staff.

Is the service safe?

Our findings

Medicines records we viewed did not support the safe management of medicines. This was because medicines were not administered in line with the provider's 'Medication Policy' dated 16 April 2015. The medication policy stated, 'When administering medication, staff should keep clear and accurate signed records of all medication administered, withheld or refused.'

We found staff were not always following this policy. We viewed the medicines administration records (MAR) from January 2015 onwards for three people using the service. We found some of these medicines records were inaccurate and incomplete. For example, we found there were a significant number of gaps on the MAR for all three people. This was because care staff had either not signed to confirm some medicines had been administered, or had not added a non-administration code where they hadn't been given. One person had been prescribed eye drops and required support from staff to take the drops. We saw that daily records we viewed indicated staff had supported the person to take their drops. However, this had not always been recorded on the person's MAR. At the time of our inspection these gaps in MARs had not been identified and investigated. This was because the registered provider did not have a regular system of medicines checks or audits in place. This meant the current systems in place for the administration of medicines did not ensure people received their medicines safely.

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

People using the service told us they felt safe. One person said, "I have no worries about anything." Another person said they were, "Not worried about anything."

Where potential risks had been identified the registered provider carried out a risk assessment. These covered a range of risks including using specialist equipment, poor appetite, finances and falls. Most risk assessments we viewed identified the controls in place to manage the risk. For example, for one person, who was at risk of poor nutrition, additional checks on their food and fluid intake had been introduced. We made the registered manager aware that there were some examples where control measures were not clearly identified in risk assessments. We also saw the format used to undertake falls risk

consisted of a series of tick box questions. However, the potential risk was not scored. This meant the assessments did not provide a definite judgement as to whether the person was at risk or not.

Staff had a good understanding of safeguarding adults. They were able to describe various types of abuse. They also knew how to report concerns. Both staff members we spoke with had completed safeguarding training since they started working for the registered provider. We saw the registered provider had been pro-active in assessing each person's potential vulnerability to potential safeguarding risks. This assessment considered whether the person could be at risk of isolation, self-neglect or losing their independence. Although this was a positive step on behalf of the registered provider, the assessments we viewed did not identify any actions to help keep the person safe. Staff were aware of the whistle blowing procedure. They said they hadn't needed to use it and felt their concerns would be taken seriously. Staff told us they had been given a copy of the procedure to take away. One staff member said they had, "No concerns whatsoever. I would be happy to raise them anyway."

People told us they received their care and support from a consistent team of reliable care workers. One person said staff were, "Absolutely reliable. If they say they are coming at 10 o'clock then they are here at 10 o'clock." Another person said, "Pretty good, on the dot." Another person told us staff were, "Very consistent. It had consistently been the same member of staff." One family member said they, "Always know who is coming." We viewed rotas and found these were planned in advance. Staff confirmed they were given their rota a week ahead. They said they were given enough time to get to their calls. One staff member said, "I get plenty of time to get from call to call." This meant staff had plenty of notice of which calls they were expected to make.

There were recruitment and selection procedures in place to check new staff were suitable to care for and support vulnerable adults. We viewed the recruitment records for five staff. We found the provider had requested and received references, including one from their most recent employment. A disclosure and barring service (DBS) check had been carried out before confirming any staff appointments. These checks were carried out to ensure people did not have any criminal convictions that may prevent them from working with vulnerable people. Where

Is the service safe?

required the registered provider undertook specific risk assessments to confirm prospective employees suitability for employment. We spoke with two recently recruited staff

who described their experience of the recruitment process. They told us they had completed an application form prior to an interview with the registered manager. Both staff had previous experience of working in care.

Is the service effective?

Our findings

We reviewed the action plan the provider sent to us following our last inspection in June 2014. This gave assurances that a structured induction programme would be developed to ensure new staff were competent to provide care and support to people using the service. We found the assurances the provider had given in the action plan had been met. During this inspection we found the provider had developed a planned induction program for new staff based on recognised good practice. We spoke with two recently recruited staff. Both staff members said they had been at the service for three months and five months. They told us they had completed a planned induction programme. One staff member said they had, “Been out with experienced carers.” Another staff member said they, “Went out with other carers and shadowed.” They went on to say, “They went through care plans and took notes. [Experienced staff] showed us how we should care for that person. I was introduced to family members.”

People were cared for by skilled and experienced staff. One person told us, “Staff are very good.” Another person said, “When they are new somebody brings them to show them the ropes”, and, “Staff know what they are doing alright.” Another person said, “The girls I get know what they are doing.”

Staff members told us they received good support. One staff member said they felt, “Very supported, they said the registered manager was, “Lovely, really easy to talk to.” Records we viewed confirmed staff received regular supervision and appraisal. We saw these were used to identify future training and development needs for each staff member.

Training the registered provider considered as essential in order for staff to be effective in their role was up to date. This included moving and handling training, infection control, fire safety and first aid. Bespoke training was provided where staff were required to use specialist equipment. One staff member said the physio had shown them how to use specialist moving and handling equipment. One family member said, “There was an on-going process of learning.” Training records we viewed confirmed staff received regular training. The registered provider had systems in place to ensure training was kept up to date.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their ‘best interests.’ We found the registered provider did not have a planned approach to MCA. The registered manager said there were no specific policies and procedures to guide staff as to the registered provider’s approach to implementing MCA. Staff we spoke with did not have a sound understanding of MCA. They told us they hadn’t completed MCA training with the registered provider. They said they had done some training in their previous employment. We found none of the staff currently employed had completed MCA training. One staff member said, “It [MCA training] probably needs to be updated to be honest.” The registered manager told us it had been difficult to source MCA training for staff to attend. Staff told us all people currently using the service had capacity to make their own decisions. This meant there was a risk that should people lack capacity at some point in the future, they may not receive the appropriate support they need to make decisions that affect them.

Staff said they asked for consent before delivering care. They said they would respect the person’s decision including their right to refuse. They said if a person refused care they would speak with the person to explain why it would be in their best interests, try again later and speak with the person’s family.

People were supported to meet their nutritional needs. One person said, “[Staff] do meals for me. Whatever I want they do.” Staff told us people they cared for could eat independently. They said they mainly supported people to make their own meals. One staff member said, “I give options then make it for them.” Another staff member said, “We give choice, [people] always have a choice of what they want.”

Staff supported people to access healthcare when required. One person said, “Staff take me to doctor’s appointments.” Staff said they supported people to attend various health related appointments, such as dentists, doctors and physiotherapists.

Is the service caring?

Our findings

People and family members said they received excellent care from the registered provider. One person said, “First class, no problem”, and, “Very caring and helpful. Very caring indeed.” Another person commented, “Always excellent care.” Another person said, “Best thing I have done, getting them.” Another person said, “I am over the moon with it.” Another person said, “The service has been excellent. It has been class one”, and, “It is absolutely excellent. Care, can’t fault it.” One family member said, “[Staff] make [my relative] very comfortable. [My relative] is being well looked after.” One family member said, “[Staff] looked after the family as well.”

People and family members told us they received care from kind, considerate and caring staff. One person said staff were, “Nice people, friendly”, and “Very pleasant, very caring. They do a good job.” Another person said, “Marvellous, great. I can have a chat with them, opens your world up again.” Another person said, “They [staff] take an interest in you. It’s marvellous.” One family member said the staff were, “Really lovely girls.” Another family member said, “Each one was caring, professional and very friendly. They were dedicated to [my relative].”

People were usually cared for by staff who knew them well. The registered manager aimed to meet people’s preferences for particular care staff as far as possible. One family member said their relative preferred a particular staff member. They said the registered manager, “Does her best

to get her there if she is on duty.” One family member said, “So good. They get the photo album out and go through it.” Another family member said, “[Staff] brought a bit of lightness in the day.” Staff said they referred to people’s care plans to find out more about them, including their preferences for how they wanted their care to be delivered. They said they also spoke with the person and family members about likes and dislikes.

We asked people whether staff treated them with respect. One person replied, “Yes, respect absolutely.” Another person said, “Very respectful.” Staff had a good understanding of the importance of treating people with dignity and respect. They confidently described how they adapted their practice when delivering care to ensure people were respected. Examples included keeping people covered, being discreet and explaining what was happening.

One person said, “I explain what I want doing. It is how I want it. [Staff] don’t need telling twice.” One family member said, “[Staff] do exactly what we want them to.” One family member said the service was, “Very flexible, [staff] did their utmost to help. Nothing is too much hassle.”

People who used the service were provided with important information about the service. This included information about how to complain or to make compliments or suggestions. The ‘Client Guide’ which was made available to each person included information about people’s rights. This included their right to privacy, dignity, independence, security, choice and fulfilment.

Is the service responsive?

Our findings

People were involved in determining the support they required. One person told us, “Sally [registered manager] came round and had a chat. [She] explained what they could do. We decided what was best.” One family member told us they had been, “Involved in deciding care needs.” They went on to say, “We are in control.” We saw people’s needs had been assessed both before and after they started receiving a service from the registered provider. The assessment considered all aspects of the person’s life including any religious, cultural or personal beliefs they held. The registered manager had also developed a ‘personal history’ for each person. This is important to help staff better understand the people they cared for. This included people’s previous experiences as well as their future wishes and aspirations. For example, one person wanted to be looked after whilst staying in their own home and to be as independent as possible.

People we spoke with were aware of their care plans. One person said their, “Care plan is in the blue folder. It is referred to when the care worker comes.” Another person said a care plan had been done, “At the beginning, they went through what I wanted. I can ring anytime and make changes.” We viewed eight people’s care plans during our inspection. We found these were person-centred with details of people’s preferences in relation to their care. For example, one person wanted support to wash their hands when staff arrived and to have a breakfast that they had chosen. Another person wanted staff to suggest options to choose from for lunch. Care plans were bespoke and specific to each person.

Care plans provided clear directions and prompts for staff to follow to ensure people received their care in the way

they had agreed. They had been reviewed regularly which meant they were kept up to date. Records of reviews identified where changes were required to care plans. We saw that care plans had been updated accordingly. For example, for one person changes included for staff to arrive earlier and to suggest alternative options for the person’s breakfast. For another person staff had identified their medicines had changed. Both of these changes had been reflected in people’s care plans. Staff kept daily logs of the support people received. Family members were encouraged to record their own update in the log on how their relative was. We found examples of updated logs from family members whilst viewing these records.

People knew about the registered provider’s complaint procedure. They told us they knew how to complain if they were unhappy with their care and support. One person said, “I have no complaint to make.” Another person said, “No complaints at all. Can’t imagine I would ever have to complain as they are so good.” One person told us, “Yes, if I had concerns I would certainly let them know.” Another person said, “I would ring Sally [registered manager].” Another person said they had a file. There were, “Papers in there about how to complain.” One family member said, “We only have to mention to Sally [registered manager] and she sorts it out.”

People were supported to remain as independent as possible. People said staff supported them with domestic tasks around the house. For example, one person said staff had helped them with their laundry and to, “Peg their clothes out on the washing line.” Staff said they supported people to access the local community if they wanted to. One staff member said, “We take people out to get their hair and nails done.”

Is the service well-led?

Our findings

People and family members gave us positive feedback about the registered manager. They told us the registered manager was approachable. One person said, “Sally [registered manager] is very approachable.” One family member said, “Sally is approachable.” Another family member described the registered provider as, “Very professional, we will be using them again. We are absolutely delighted with them.” One staff member said the registered manager was, “Easy to talk to.”

Staff also confirmed the registered manager was approachable. One staff member said they, “Come down [to the registered provider’s office] once a week for a chat.” They also said they had been, “Given a number to speak to people if I need to.” Another staff member said, “If I need anything [the registered manager] is always on the end of the phone. There is always somebody available to speak to.”

There were opportunities for staff to meet up and give their views about the service. Staff told us they could attend regular staff meetings. One staff member said, “The manager tries to make it [staff meeting] as relaxed as possible so people [staff] can give their views.” Another staff member said the registered manager, “Sends out the minutes to those who can’t attend.” They went on to say, “It is quite easy to raise anything. There is no issue speaking about what we need to.” We viewed the minutes from previous meetings. We saw these had been used to raise staff awareness of important issues, such as dementia awareness, end of life care and safeguarding.

The registered provider had clear aims and objectives that underpinned care delivery. These were focused around providing people with care in their own homes, at a convenient time for them and in a way suitable to each person. We spoke with staff about the registered provider’s values. We found staff were unable to consistently tell us what the values were.

The registered provider had a specific ‘quality policy’ detailing their approach to monitoring the quality of the care people received. This was to undertake at least one quality audit every six months. We viewed the feedback from the most recent quality audit from January 2015. We saw there had been 25 questionnaires issued with 20 returned. The questionnaire specifically asked people for their views about all aspects of their care such as whether staff understood their needs, staff provided the service they wanted, staff kept them comfortable and safe and whether staff arrived on time. Most of the feedback received was positive. For example, 19 out of 20 people were satisfied with their care and 18 out of 20 people described the quality of their care as either ‘excellent’ or ‘good.’ We found there had been no specific actions identified following the analysis of people’s feedback. The registered manager told us she undertook unannounced spot checks. However, we did not see any recent records of spot checks to assess how effective they were in improving the quality of the care delivered.

The provider did not have effective systems in place to assess and monitor the quality of medicines records. During our inspection we found inaccurate records and gaps in signatures on people’s MARs. This meant these gaps in medicines records had not been identified and investigated prior to our inspection.

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
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of medicines. Regulation 12 (2) (g).</p>