Mr & Mrs K Bhanji

The Haven Care Home

Inspection report

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Date of inspection visit:
11 March 2019

Date of publication:
12 April 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service: The Haven Care Home is a residential care home that was providing personal care to 26 older people, some whom were living with dementia.

People's experience of using this service:
● Some records were not detailed to determine how the service was meeting the person's nutrition and hydration needs. Each person had been individually assessed and advice was sought when concerns were identified.
● People had not consistently consented to having a sensor mat to alert staff when the person got out of bed. We have made a recommendation about this. People were asked for their consent prior to any care or support tasks.
● People's needs were assessed prior to staying at the service for a period of respite or a permanent admission. Care plans were then developed with people and their relatives; this were regularly reviewed to ensure they met people's needs.
● People felt safe and were protected from the risk of harm and abuse. Staff understood their responsibilities and knew the action to take if they had any suspicions about abuse.
● Staff followed guidance to mitigate potential risks that had been identified.
● People lived in a building adapted to meet their needs and was maintained to make sure people were safe.
● People received their medicines safely from staff that had been trained and had their competency assessed.
● People were supported to remain healthy with support from health care professionals.
● Staff knew people well, understanding their needs and personal histories. People were treated with kindness by staff that understood the importance of maintaining people's privacy and dignity.
● People were offered the opportunity to participate in a range of activities which met their needs and interests.
● People's feedback was sought and acted on.
● Systems were in place to monitor the quality of the service people received.
● The provider was in the process of redecorating and upgrading items of furniture within the service.

Rating at last inspection: At the last inspection the service was rated as Requires Improvement (report published 20 July 2018). At this inspection we found the service had improved to Good.

Why we inspected: This was a comprehensive planned inspection. We brought this inspection forward due to information of concern regarding people being at risk of harm and abuse. We did not find anything during our inspection which raised any concerns.

Follow up: We will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

The Haven Care Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
The inspection was prompted in part by the information shared with CQC which indicated potential concerns about the management of risk of keeping people safe from harm and abuse. This inspection examined those risks and found that people were protected from the risk of harm or abuse.

Inspection team:
The inspection team consisted of two inspectors, an assistant inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, older people and dementia care.

Service and service type:
The Haven Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Haven Care Home accommodates up to 30 people, there were 26 people at the service at the time of our inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as allegations of abuse. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. The provider was not able to complete the Provider Information Return as we had not requested this. Therefore, we looked at this information when we inspected the service and made the judgements in this report.

During inspection we looked at the following:

• The environment, including all the communal areas.
• We spoke to five people living at the service and one relative.
• We used the Short Observational Framework for Inspection (SOFI) to assess the care of people that were unable to speak with us.
• We spoke two members of care staff, the activity co-ordinator, the cook, the deputy manager and the registered manager.
• Five people's care records.
• Medicine records.
• Records of accidents, incidents and complaints.
• Audits and quality assurance reports.
• Four staff recruitment files.
• Staff supervision and training records.
• Rotas.

Following the inspection we asked the provider to send us some additional information relating to staff recruitment; this was sent in a timely manner.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
- At our last inspection, on 15 and 16 May 2018 there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because potential allegations of abuse had been inconsistently reported to the local authority safeguarding team. At this inspection, we found that improvements had been made and this regulation was now met. The registered manager sought advice when needed and had notified the local authority of any concerns.
- People told us they felt safe living at the service and with the staff. Comments included, "I feel safe, staff around night and day. I would speak with [registered manager] she is easy to talk to" and "Oh yes, I feel safe, always staff about."
- Observation showed that people looked comfortable and relaxed in staffs' presence; smiling and chatting.

- Staff had been trained and understood how to identify potential signs of abuse; and the action they should take if they had any suspicions about abuse.
- The registered manager understood their responsibilities for raising potential concerns. Records showed that advice had been sought from the local authority safeguarding team. Potential concerns had been raised with the appropriate authorities.
- Staff had access to and followed the provider's policy and procedure.

Using medicines safely:
- At our last inspection, on 15 and 16 May 2018 there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because guidance was not always available for staff to follow regarding people's as and when required (PRN) medicines. There were also recording errors in relation to the controlled drugs register, that had not been signed following the administration of a person's pain patch. At this inspection, we found that improvements had been made and this regulation was now met. Additional monitoring checks by the management team had been implemented.
- People told us they received their medicines regularly and when they needed them. One person said, "Senior always gives me my medicine in a container along with a drink, always check that it's all been taken."
- Systems were in place for the ordering, storing and returning of people's medicines. The deputy manager had responsibility for this task and completed audits of the medicine records and stock.
- Senior care staff had been trained in the administration of people's medicines. Observation showed that people were asked if they required any pain relief medicine prior to its administration.
- The medicine administration records were clear and recorded the medicine that had been administered. The medicine trolley containing people's medicines was neat and tidy, this helped staff to identify people's medicines.

● Guidance was in place for staff to follow regarding 'as and when required' medicines and how people would communicate their need for these medicines.
● Medicines that required additional safe storage as they could be misused, were stored and administered appropriately. The controlled drugs register was checked against the stock and no discrepancies were found.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:
● Potential risks posed to people had been assessed on an individual basis and mitigated.
● Risk assessments were regularly reviewed to ensure the information was up to date. Staff knew people well and knew the support to offer people to reduce any risks.
● Health and safety checks and servicing of equipment were conducted to help ensure a safe environment was maintained. The maintenance person completed a range of checks and repairs to promote a safe environment.
● There was a schedule of audits and checks in place on a weekly and monthly basis for the maintenance person. These included testing the fire alarm system and checking the hot water temperatures.
● People's safety in the event of an emergency such as a fire had been assessed and recorded. Each person had a personal emergency evacuation plan (PEEP), this outlined the support that person required to safely evacuate the building.
● Bedroom risk assessments had been completed and included the fixtures and fittings within the room and how these were maintained.
● Accidents and incidents involving people were monitored and recorded. Checks were made and recorded by staff at regular intervals following an accident. This enabled staff to monitor the person for any changes within a 24-hour period following an accident.
● The registered manager had oversight of all accidents and told us they used this information to identify any patterns or trends that had developed.

Staffing and recruitment:
● Recruitment checks were not always within the recruitment files of staff at the time of our inspection. This meant that people could have been at risk of receiving care and support from staff that were not suitable.
● We checked four staff recruitment files which included the two new members of staff that had been employed since the last inspection. Three of the four files application forms contained gaps in the employment history, one person's file did not contain any identification and two of the files did not contain Disclosure and Baring Service (DBS) checks. DBS checks identified if applicants had a criminal record or were barred from working with people that needed care and support.
● We spoke with the registered manager about our concerns and they assured us they documentation had been sought prior to the staff's employment. However, all required checks had been completed and the registered manager and provider sent through the missing documentation following our inspection.
● People told us they felt there was enough staff to meet their needs. Comments included, "Always staff around to help if you need it day and night" and "We never have to wait for assistance, staff always checking with people if they want to go to the bathroom."
● People told us and observation confirmed staff responded promptly when people used their call bell. One person said, "I try to manage myself, when I did press the call button one of the staff was there straight away."
● The registered manager used a dependency assessment tool to monitor the level of staffing required to meet people's needs. Records showed that the staffing levels had increased with recent new admissions. The management team were available during the week to offer any additional support that maybe required.

Preventing and controlling infection:

● Domestic staff were employed and followed a schedule of cleaning to ensure an adequately clean and hygienic environment. We observed the service to be clean with no unpleasant odours.
● People told us they felt the service and their bedroom was kept clean. Comments included, "Cleaners always clean my room, fresh bedding every week and my clothes are done as soon as I leave it out" and "Very clean. Very hot on hygiene, there is no smells about the place."
● The registered manager had identified that some chairs in the conservatory required replacing as there were splits in the material. The provider had agreed that these chairs could be replaced to ensure they could be cleaned and prevent the risk of contamination.
● Staff had been trained and understood the importance of promoting infection control procedures. Staff were observed using personal protective clothing such as, gloves and aprons.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI:□The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Supporting people to eat and drink enough to maintain a balanced diet:

● People told us and observation confirmed that healthy snacks were not offered to people in between meals. Staff offered people biscuits with the morning and afternoon drinks however, fresh fruit or other snacks were not offered to people. One person said, "No snacks, but can have as many biscuits you want with your cup of tea." People were able to ask staff for other food items.

● People told us they enjoyed the home cooked food however, some people were not keen on the new meals that had started. The provider had sourced a company to provide three meals a week to the service. On the day of our inspection the catering company had delivered two meals to the kitchen. We observed that people did not eat all of their meal during lunch and this was then discarded. Comments included, "Food not all prepared here, sometimes alright, sometimes not. Don't get a choice of vegetables" and "It's okay I would prefer more fresh vegetables." The registered manager conducted a monthly survey to gather feedback about the food; changes were made to the meals as a result of the previous months survey.

● People's needs had been assessed and when it had been identified that people were at risk of malnutrition or dehydration action had been taken such as, completing food journals. However, one person had lost 2.2kg between 02.01.19 to 12.02.19, the doctor had been called who confirmed that the person should be offered a fortified diet and regular snacks throughout the day. The person's food journals did not record when fortified drinks or snacks had been offered or given and there was no apparent overview or analysis by the registered manager.

We recommend that the registered manager ensures documentation relating to people's food and fluid intake are completed in full.

Ensuring consent to care and treatment in line with law and guidance:

● 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.

● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● The registered manager tracked all DoLS applications and authorisations.

● People told us and observation confirmed that staff sought people's consent prior to any care or support tasks. Comments from people included, "Staff always ask first if you want some help. I prefer to do most things myself I have got my frame to help me get about" and "Staff always check with me if I want assistance."
● MCA assessments had been completed for less complex decisions, such as, agreeing to personal care and accessing activities. Appropriate referrals had been made for an independent mental capacity advocate when a person required support with decision making.
● Staff had been trained and understood their responsibilities and how this effected their day to day work with people.
● Despite the registered managers knowledge, during the inspection we found that every person living in the service had a pressure sensor mat at the side of their bed. This mat would alert the night staff if a person had got up out of bed. The registered manager told us that the mats were in place to reduce the risk of people being unattended at night and falling. MCA were not in place for these mats nor had any best interest meetings taken place for people that were unable to give their consent.

We recommend that the registered manager assess people on an individual basis and seeks the appropriate consent to the sensor mats.

Staff support: induction, training, skills and experience:
● At our last inspection, on 15 and 16 May 2018 we recommended that staff were provided with the skills and knowledge to meet people's needs including their specialist needs. At this inspection we found that staff had received the training appropriate to their role. The registered manager had an on-going programme of training courses planned throughout the year.
● Staff told us and records confirmed that staff had received the training they required to meet people's needs including their specialist needs.
● People told us they felt the staff were well trained and able to meet their needs. Comments included, "Seem to be well trained, always know how to help people" and "New staff always introduced to us and they get a lot of training by the senior staff." A relative said, "They [staff] seem to have the right skills to deal with people with dementia. I have seen them deal very patiently with some difficult behaviour."
● Staff completed an induction checklist when they started working at the service. It was broken into sections for general, building, residents, staff and maintaining safety at work. It gave new staff the opportunity to familiarise themselves with the service and what they would need, to complete their role such as how to use the call bell system.
● New staff were given an induction pack which was to be completed within the first eight weeks of employment. This required staff to complete topics such as the role of the health care worker and communication. New staff worked alongside experienced staff to get to know people and their routines.
● Staff told us they felt supported in their role by the registered manager and management team. Staff received regular supervision meetings with their line manager and an annual appraisal.
● Staff were observed carrying out specific tasks with people such as assisting with a meal and were given feedback afterwards. This included positive praise when something had been done well or examples of how it could be improved if necessary.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● People's needs were assessed with them, their relatives and with a member of the management team prior to moving in or staying for a period of respite.
● Referrals came via the local authority or people were able to self-refer. An initial referral form was sent by the local authority; this outlined the person's needs. The registered manager checked with people and their relatives that this information was correct and whether the service would be able to meet their needs.

● People's individual protected characteristics under the Equality Act 2010 were considered during needs assessments and within people's care plans. For example, people were supported to continue to practice their faith with monthly services being held.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:
● People told us they had access to health care professionals when they needed one. Comments included, "Doctor came to see me when I first came, to check me for their records. If we want to see the chiropodist we just let the staff know, they come quite often" and "They [staff] called the doctor when I was struggling with my breathing and I had a change of medication."
● People's health needs including their medical history had been recorded within their care plan. All health care professional visits or interactions were clearly recorded within the person's care records.
● Records showed people were supported to access appointments with health care professionals such as, the district nursing team and local hospital.
● Staff had been trained and understood about people's health conditions and how these affected the person.
● The registered manager had built links with the local GP surgery. Systems were in place for new admissions or people staying for a period of respite to be registered with the local surgery; and for a check of the person's health to be carried out.
● People had access to regular visiting health care professionals such as the opticians and chiropodist.

Adapting service, design, decoration to meet people's needs:
● At our last inspection, on 15 and 16 May 2018 we recommended that the registered manager ensured that people could access their bedrooms and that the building design met people's needs. At this inspection we found that improvements had been made and people were able to access their bedrooms easily.
● Since the last inspection refurbishment of the service was taking place. The quiet lounge and dining room had been decorated and there were plans to decorate the remaining communal rooms and purchase new chairs in the conservatory.
● People had access to an enclosed secure garden which they enjoyed in the warmer weather.
● Bathroom and toilet doors were clearly marked to enable people to access these independently.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:
- People told us staff were kind and caring towards them at all times. Comments included, "Staff caring, very good to me, treat me nicely", "Staff very obliging if you want something, they will fetch it for you. I am always having a laugh and joke with them" and "Staff very kind, the young ones are really good, like to have a laugh with you. They spoil us."
- Observation showed staff responded to a person's emotional needs. The person looked upset and anxious; staff sat with the person, holding their handing, offering reassurance. The person was then more relaxed and was smiling after the staff contact.
- Staff knew people well, including their personal histories. We observed a member of staff talking to a person and encouraging them to speak about when they were in the army. The person responded by sharing their memories which staff listened to.
- Staff were observed to support people with patience and offered praise and encouragement to people when it was needed.
- Relatives and visitors were able to visit their loved one at any time. Staff made any visitors feel welcome, offering drinks throughout the visit. One relative said, "Staff always very pleasant [family member] seems happy here. I'm amazed at what patience they have with people."

Supporting people to express their views and be involved in making decisions about their care:
- People were involved in informing staff how they wanted their care needs met. Comments included, "When I first arrived I went through what care I needed from staff. I was asked about my likes and dislikes" and, "I get all the help I want, staff know what I like to do."
- Some people during their assessment were supported by their relatives and friends that knew them well. One relative said, "Assessments were done while [family member] was in hospital and again when they moved into the home. I know [family member] is quite capable of letting staff know what they want in their care plan."
- If required people could access lay advocates. Advocacy services offer trained professionals who support, enable and empower people to speak up. One person had been referred to an Independent Mental Capacity Assessor (IMCA) to offer support and guidance with a specific health decision.

Respecting and promoting people's privacy, dignity and independence:
- People told us staff respected their privacy and dignity at all times. Comments included, "Always knock before they come in. I like to wash myself, staff hand me a towel to cover me up as soon as I get out of the bath", "Staff are good at making sure people are properly dressed, once one person started taking their clothes off, staff rushed straight up to save their embarrassment" and, "If I am in my room staff knock before they come in."

● People were encouraged to be as independent as possible. Staff understood the importance of doing things with people rather than doing things for people.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● Care plans were person centred and informed staff how to meet the needs of the person, in the way they wanted.
● People's care records were regularly reviewed by the deputy manager to ensure the person's needs were still being met. Records showed that reviews had taken place following a change in the health needs of a person.
● People and staff appeared knew each other well; people were called by their first names. We observed a person chatting with a member of staff whilst looking at old photographs of the town.
● Staff were caring and observant; checking with people if they were comfortable and warm, they initiated conversation with people and responded to anticipated needs, offering people assistance to the bathroom.
● Staff encouraged people to participate in a range of activities that met their needs and interests. The provider employed an activities coordinator who provided internal activities for people five days a week.
● During our inspection we observed people participating in a range of activities throughout the day including, a music session, board games and group games. People were encouraged to read newspapers or books that they were interested in.
● People told us they enjoyed the activities that were on offer and that they were able to chose whether to participate or not. Comments included, "Love the music sessions, we sing along and shake instruments in time with the music, it's good fun" and, "I like doing my word searches, don't like the ball games so don't join in, nobody forces you to take part."

Improving care quality in response to complaints or concerns:
● People told us they did not have any complaints, however, if they did they were confident that the registered manager would deal with these.
● The registered manager told us they had not received any formal complaints since the last inspection.
● A pictorial complaints procedure was displayed in the entrance hall for people to see.
● A record was kept of any compliments that had been received from relatives, these were in the form or cards and letters. One card from February 2019 read, 'Just saying thank you, is not really enough for everything you did for mum. You gave my family and I peace of mind, knowing that she was being well cared for.'

End of life care and support:
● At the time of our inspection no one was receiving care at the end if their life. The registered manager told us that if able and their choice people would be supported stay at the service; this would be with the support from other health care professionals.
● Some people had made the decision not to be resuscitated in the event that they stopped breathing.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care; Working in partnership with others:

- People knew the registered manager well as they had worked at the service for over 15 years. Comments from people included, "Always speak with [name] manager, she often helps out at dinner time", "Well run, manager very hot on hygiene" and "Manager very approachable, often stops and has a chat."
- Staff told us they felt there was an open culture where they were kept informed about any changes in people's needs or their role. The registered manager promoted a culture where people, relatives or staff could speak with them at any time.
- The registered manager and the deputy manager worked as part of the care team during busy times when needed. This enabled observation of the culture and practise between staff and people.
- The registered manager showed a commitment to learning and providing people with a high-quality service. The comments and suggestions that were made during this inspection were acted on immediately.
- The registered manager understood their duty of candour responsibility, taking responsibility and being honest when things go wrong. The registered manager had worked closely with the local authority to action shortfalls that they had identified prior to our inspection.
- There was an annual development plan for 2019, this had listed renovations and decoration which were planned. This included, replacing the windows, new chairs in the communal areas, repainting and new carpet on the stairs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The entire staff team were clear about their role and responsibility to provide people with a high-quality service. Each staff role had a job description which outlined their responsibilities.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager understood that notifications had to be submitted to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.
- The quality of the service that people received was checked on a regular basis. A series of audits were completed by the management team and the senior manager. Action plans were developed following the audits which were monitored and completed by the management team. Despite these checks, the lack of detail relating to nutrition records had now been identified. The registered manager told us they would address this immediately with the staff team.
- The senior management audit results were fed back to the provider; who was in regular contact with the

registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

● People, staff and others were fully involved in the development of the organisation and the service they received. A questionnaire was given to people annually to gather feedback and listen to suggestions. The questionnaire was also available in a pictorial format to meet people's needs.

● Resident meetings were held to enable feedback to be gathered from people. These had been on an infrequent basis however, the registered manager told us these would become more regular depending on people's feedback.

● Staff meetings were held which enabled staff to make suggestions and feedback their views on the service that was being given to people.