Mr & Mrs K Bhanji

The Haven Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was carried out on 15 January 2016 and was unannounced.

The service provides accommodation and support for up to 30 older people. All rooms have en-suite facilities. Accommodation is arranged over two floors and there is a shaft lift so that all rooms can be easily accessed. There were 29 people living in the service when we inspected.

A registered manager was in post and was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the registered manager had applied for DoLS authorisations for some people living at the service, with the support and advice of the local authority DoLS team. The registered manager understood their responsibilities under the Mental Capacity Act 2005. However, people's capacity to consent had not always been assessed prior to applications being made to deprive people of their liberty.

Not all activities were specific to meet people's needs interests or preferences.

People told us they felt safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put in place to manage any hazards identified. The premises were maintained and checked to help ensure people's safety. People's safety in the event of an emergency such as a fire had not been assessed or recorded. We have made a recommendation about this.

Recruitment checks had taken place prior to staff starting work at the service, however gaps in people's employment history had not always been explored. We have made a recommendation about this. Staff felt supported in their role and received regular supervision. Staff told us the registered manager was approachable and there was an open culture within the service. The registered manager provided leadership and guidance to the staff team with the support from senior staff.

There were enough trained staff on duty to meet people's needs. Staff told us they had received the training and support required to fulfil their role. However, staff had not always received the refresher training they required in a timely manner. We have made a recommendation about this.

People were treated with kindness and respect. People's needs had been assessed to identify the care they required. Care and support was planned with people and reviewed to make sure people continued to have

the support they needed. People were encouraged to be as independent as possible. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

People had access to the food that they enjoyed and were able to access drinks with the support of staff if required. People's nutrition and hydration needs had been assessed and recorded. People were asked for feedback on their food and action was taken if required.

People were supported to maintain good health. Staff had up to date information to support people to remain as healthy as possible. People were supported to stay in touch with people that mattered to them.

Processes were in place to monitor the quality of the service being provided to people. Records were up to date and stored appropriately. A complaints policy and procedure was in place and people knew how to report any concerns they had.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Not all recruitment procedures followed schedule 3 of the regulations. Gaps in employment had not been explored.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

There was enough staff to provide people with the support they required.

Medicine management was safe. People received their medicines as prescribed by their GP.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not always received the training they required to meet people's specialist needs.

The Mental Capacity Act (2005) had not always been followed prior to Deprivation of Liberty Safeguards applications being made. People were supported to make decisions and staff offered people choices in all areas of their life.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were protected.

People said the staff were kind and caring to them.

People were involved in making decisions about their care and

staff took account of their individual needs and preferences.

Records were up to date and held securely.

Is the service responsive?

Good

The service was responsive.

People were not offered a range of activities to meet their individual needs and preferences.

People's needs were assessed, recorded and reviewed.

People were included in decisions about their care.

People were supported to maintain relationships with people that mattered to them.

Is the service well-led?

Good

The service was well-led.

Checks on the quality of the service were regularly completed. People and their relatives were asked for their experience of the service.

There was an open culture, where people and staff could contribute ideas about the service.

The registered manager understood their role and responsibility to provide quality care to people and, to provide leadership to the staff team.

The Haven Care 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.

This inspection took place on 15 January 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with five people about their experience of the service and three relatives of people using the service. We spoke with three staff and the registered manager to gain their views. We also spoke with a visiting health care professional.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, five staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 5 August 2013; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said "I feel completely safe here, we're very lucky." Relatives told us they felt their loved one was safe. One relative said "I feel she is safe and very settled here."

Recruitment files kept at the service did not contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Of the five files we checked, two people did not have a full employment history. Gaps in employment had not been explored and recorded by the registered manager. Checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment checks had been completed before they started work at the service. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service.

We recommend the provider should review their recruitment procedures in line with schedule 3 and associated regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had taken steps to protect people from the risk of abuse. Staff had access to and awareness of abuse policy and procedures which included the contact details of the local authority safeguarding team. Staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team or the Care Quality Commission. Staff received training in safeguarding adults from harm and abuse. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised to the registered manager would be taken seriously.

Accidents and incidents involving people were recorded. Staff completed an accident form and a body map recording any injuries. Observations and checks were recorded by staff after 12, 24 and 36 hours following the incident. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce further incidents.

Potential risks to people in their everyday lives had been identified, such as personal care, nutritional needs, monitoring their health and moving and handling. Each risk had been assessed in relation to the impact that it had on each person. Care had been planned to reduce risks to people while maintaining their independence. For example, the risk of falling over was assessed and recorded in peoples' care plans. Guidance was provided to staff about how to reduce the risks to people of falling over. People's risk assessments were regularly reviewed and changes were made if necessary. Staff were informed of any changes in the way risks to people were managed during the handover at the beginning of each shift.

The premises were maintained and checked to help ensure the safety of people, staff and visitors.

Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they were reported. The service employed a maintenance person who was available five days a week. Records showed that people's hoists, the call bell system, portable electrical appliances and firefighting equipment were properly maintained. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Risks relating to the environment and staff had been considered and recorded.

The registered manager had considered and recorded people's general safety in the event of an emergency such as a fire. Staff told us there were safe zones within the service which people would be moved to in the event of a fire. However, people's individual safety to evacuate the building in the event of an emergency had not been considered. People did not have a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had not been considered or recorded. Staff told us there were safe zones within the service which people would be moved to in the event of a fire.

We recommend that the provider ensures people's individual safety in the event of a fire is considered and recorded.

There were enough trained staff on duty to meet people's needs. Staffing was planned around people's needs, health and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. For example, the registered manager completed a review of the dependency profiles for each person on the 4 January 2016. This showed that "Occupancy and dependency were up this month" and therefore staffing had increased during peak times. The registered manager was available at the service five days a week offering additional support if this was required. People we spoke with told us there were always sufficient numbers of staff on duty. We looked at eight weeks of rota's which showed a consistent number of staff on duty. A senior member of staff was on duty everyday supported by care staff.

Medicines were managed safely and staff followed a medicines policy. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely. Medicine audits were also carried out on a monthly basis by the registered manager or a senior member of staff. Staff were observed speaking to people and informing them of the medicines they were going to take. These processes gave people assurance that their medicines would be administered safely and as prescribed by their GP.

Requires Improvement

Is the service effective?

Our findings

People who lived at The Haven were happy with the service provided. One person told us, "They look after us very well." Another said, "I like it here, the staff are friendly." A relative said, "We are very grateful for this home it is superb. The staff are always smiling and always around."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. One of the applications had been considered, checked and granted ensuring that the constant supervision was lawful.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff explained how they supported people to make choices. Staff gave examples of how they offered people choice. For example, asking people what they wanted to wear and whether they were ready to get up in the morning. Staff had been trained to understand and use these in practice. Staff asked people for their consent before they offered support. However, people's capacity to consent to care and support had not been assessed prior to applications being made to deprive people of their liberty. People were not able to leave the service without the support and supervision from staff.

The provider had failed to act in accordance with the Mental Capacity Act 2005 when making an assessment of whether a DoLS application should be applied for. This is a breach of Regulation 11 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with confirmed that they had received all of the training they needed. The training matrix and staff files we looked at confirmed that staff had received the trainings the provider considered mandatory and specialist training for their role which would ensure they could meet people's individual needs. However, records we saw showed that there were a number of staff who required refresher training in a number of subjects such as, fire training and medication. The registered manager told us that refresher courses had been booked for January 2016.

Staff had been trained to meet some of people's specialist needs such as dementia. Staff spoke highly of this training and gave examples of how this had changed their working practices. One member of staff said "It makes you think about the reason that someone is behaving the way that they are." However, staff had not been trained to meet people's needs regarding their skin integrity or diabetes. People could have received support from staff who were not able to meet their specialist needs.

We recommend that the provider seeks, an appropriate training provider to ensure staff receive training to meet people's specialist needs.

New staff completed an induction checklist when they started work at the service. This included reading the information regarding the people using the service, orientating staff to the service and reading the policies and procedures. Staff then completed an eight week induction plan which included competency based questions that were signed off by the registered manager. Staff were encouraged to undertake further qualifications such as a Diploma in Health and Social Care. This is a formal qualification which has been developed for people working within the Health and Social Care sector.

Staff told us they felt supported by the management team. Staff received regular supervision meetings with a senior member of staff or the registered manager. These meetings provided opportunities for staff to discuss their performance, development and training needs. The registered manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year.

People's nutritional needs had been assessed and recorded. These had been reviewed on a regular basis. Staff told us if they were concerned about someone they would make a record of their food and fluid intake. Medical advice was sought if people had lost weight. For example, health care professionals visited the service recently when staff were concerned about an individual. People had access to a variety of drinks throughout the day. Drinks of water were observed within people's bedrooms. People weight had been monitored on a monthly basis, this was completed in conjunction with a nutritional screening tool.

People were offered a choice of meals from the menu each day. People's suggestions about foods they would like to see on the menu were listened to and were provided. Menus were balanced and included fruit and fresh vegetables. Most of the meals were homemade, including homemade cakes and puddings. The chef was aware of people's dietary requirements such as low fat or pureed, which were catered for. People could choose to eat in the dining room, lounges or in the conservatory. The lunchtime meal was served to people individually and people had the time they needed and were not rushed. People were supported to remain independent at mealtimes, for example, people were given plate guards which were attached to their plate.

People were supported to maintain good health. Records showed that medical advice was sought when people felt unwell. Peoples' health needs were recorded in their care plans with the action staff should take to keep people healthy and well. Any changes in people's health were recorded and acted on quickly. Records confirmed people were supported to access a variety of healthcare professionals including, district nurses, GP's, opticians and the chiropodist. A relative said "Staff react quickly to any health concerns and keep me fully informed."

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring. Their comments included, "I really like it here, they're all lovely." And "They look after us very well." Relatives commented that the staff were "Very good and very helpful."

Throughout our inspection, we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. We observed staff knocking on bedroom doors and waiting for a reply before entering. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. People, if they needed it, were given support with washing and dressing. All personal care and support was given to people in the privacy of their own room or bathroom. However, we saw that the downstairs toilet and shower room did not have a lock on the door and could not be locked. People's privacy could be compromised when they were accessing the bathroom. The registered manager told us the locks were removed two years prior to the inspection as people had locked themselves in and that when people used the downstairs toilets they were usually supported by staff.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Each person had a 'Getting to know you' section within their care plan which contained information about their life history, work history, major life events and achievements. People were actively involved in making decisions about their support, for example one person had updated their care plan to include a gender preference with personal care. Staff were in close contact with people's family and friends who were all involved in helping people to write their care plans. Staff knew people well with many staff having worked at the service for a number of years. A relative said "I am very impressed with the long standing staff." A healthcare professional commented that the staff were friendly and had worked at the service "For a long time."

People were supported to remain as independent as they wanted to be. For example, we observed staff using aids to enable people to eat their food independently. Staff who were supporting people to eat their meal were observed to be encouraging and engaging with people. Staff took their time and were patient with people, this enabled people to eat their full meal.

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom, in the lounge and the conservatory which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. Relatives told us they were kept fully informed about their relative and were welcomed when they visited. One relative commented that the service always invited relatives to stay for Christmas lunch.

Some people had spoken to staff about the care and treatment they wanted at the end of their life which had been recorded within an advance care plan. Some people had 'Do not attempt cardiopulmonary

resuscitation' (DNACPR) decisions in place which staff knew about. These forms were at the front of care plans so would be accessible in an emergency.

Records we saw were up to date, held securely and were located quickly when needed.

Good

Is the service responsive?

Our findings

Records showed people had been involved in planning their care, with their relatives. People told staff how they liked their care provided and told us that staff did as they requested. A relative told us that they were kept informed about their relative's care and had seen their care plan.

People were not involved in many planned activities during the day. People were observed reading newspapers, watching television or drawing. One person told us they enjoyed the music person who came in on a monthly basis. The registered manager told us a recent challenge had been finding an activity co-ordinator for the service, and recognised that people were not supported to participate in many activities. A relative said "There are no longer a lot of activities going on as there used to be." Staff said that although the activities coordinator had left they did try to complete activities with people. People's interests and hobbies were included within their care plans; however this information had not been used to engage people in activities of their choice.
We recommend that the provider takes into consideration people's choices and preferences when arranging activities to reduce social isolation and boredom.

People's care plans had been developed with them and the registered manager. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, health condition support and things that are important to the person. Staff knew about people's needs and their backgrounds and the care and support they required. People's care plans were reviewed with them on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People were fully involved in the development and review of their care plans.

People were encouraged to be actively involved in making decisions about their support and how to spend their time at review meetings and via the annual service user's survey. These involved asking people if they liked where they lived, how they rated the meals, how staff cared for them and feedback on the activities, staff recorded people's answers. The results were collated and displayed as an overall score which was available to people. Results from the April 2015 survey showed that the majority of people rated the questions as either excellent or good.

People were supported to stay in contact with their loved ones. Visitors were made to feel welcome, a visitor told us that they visited often at different times and were always made welcome by the staff. Relatives were asked to complete an annual questionnaire to provide feedback on the care their loved one received. Comments included "I am extremely pleased with the way you have all looked after my mother." And "We are very happy with the care of my relative."

People told us they would raise any concerns or worries they had with the registered manager or staff. They said that the registered manager was always available if they wished to make a complaint or had a suggestion about the service. A process to respond to and resolve complaints was in place. Information

about how to make a complaint was available to people and their representatives. There had not been any complaints since the last inspection. A visiting relative told us "I am confident that any concerns I did have would be dealt with fully by Nicky (registered manager)."

Good

Is the service well-led?

Our findings

The service had a registered manager in place who had worked at the service for a number of years and was supported by senior support staff who managed the care staff. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. People were able to approach the registered manager when they wanted to and they saw her almost every day.

There was a process in place to monitor the quality of the service. These included regular audits regarding health and safety, infection control, staff training and medicines management. Audits were completed by the registered manager and area manager with action being set if shortfalls were found. Feedback from the audits, people, their relatives and staff were used to make changes and improve the service provided to people. Records were up to date, held securely and were located quickly when needed. However, the observations and areas for improvement found during our inspection had not been identified.

Staff told us that the registered manager was approachable and supportive. Staff felt there was an open culture where they could discuss ideas on how to improve the service. The registered manager was supported by an area manager who staff told us frequently visited the service. The area manager provided guidance and support to the area manager and staff team.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some mentoring and coaching. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

There was a 'Statement of purpose' and 'Service user guide' in place which was available to people using the service. These documents gave people information about what they could expect from the service including, the aims and objectives, facilities and staffing. The registered manager had a vision for the service which was to provide people with a good standard of care. The registered manager used team meeting to reinforce the vision and values of the service.

The registered manager had an understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. All notifiable incidents had been reported correctly. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's capacity to consent to care and support had not been assessed prior to applications being made to deprive people of their liberty.