Black Swan International Limited

The Haven

Inspection report

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Date of inspection visit:
10 November 2021

Date of publication:
10 January 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
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 is a residential care home providing personal care for up to 36 people aged 65 and over. At the time of the inspection there were 23 people living at the home. The care home is in a purpose-built single-story building.

People's experience of using this service and what we found
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans contained all the information needed to ensure staff were aware of people's care needs. In addition, any risks to people were identified and care was planned to keep people safe. People were supported to access healthcare advice and support when they were unwell and to attend any appointments,

There were enough staff to meet people's needs safely and in a timely manner. The provider had completed pre-employment checks on staff to ensure they were honest and trustworthy. Training was provided to ensure staff had the skills needed to provide safe effective care to people.

Medicines were available to people when needed and stored safely. The manager took action to improve recording of medicines administration when concerns were found.

The home was well presented and maintained to a high standard. Infection control processes were in place and the home was cleaned effectively to reduce the risk of infection.

Audits were in place to monitor the quality and safety of the care provided. In addition, the views of people living at the home and their relatives were used to drive improvements in the care provided.
People were happy to raise concerns and were confident that the provider would take action to resolve any issues.

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

Rating at last inspection
This service was registered with us on 31 March 2020 and this was the first inspection.

Why we inspected
This was a planned inspection based on the registration date of the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-Led.

Details are in our well-Led findings below.

The Haven

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Haven is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The manager of the home had submitted their application to register with the Care Quality Commission. Once the registration is completed, they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the area manager, manager, senior care worker, care workers and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe living at the home. One person told us, "It is very safe". Another person said, "Yes, I feel safe, I have my breakfast time medication and they keep it clean."
• The provider had ensured that staff had the skills and knowledge to keep people safe. Staff had received training in how to keep people safe from abuse. They were aware of how to raise concerns with the manager and how to escalate them to the provider if needed. Staff also knew how to raise concerns with external agencies.
• The provider had taken action to ensure staff had the information needed to raise concerns, and to raise them anonymously if they needed to. Whistleblowing and safeguarding policies were in place. Staff knew about these policies and where they could access them for support. One Member of staff told us, "I am happy to raise concerns with the manager or area manager."
• The manager had raised concerns appropriately with the local safeguarding authority. They had worked with the safeguarding authority to ensure they had all the information needed to investigate concerns.

Assessing risk, safety monitoring and management
• Risks to people had been identified and care was planned to keep people safe. For example, care plans had identified when people were at risk of falling and needed aids to help them move around the home safely. Risks were reviewed on a monthly basis to ensure the care planned still reflected people's needs.
• Risk assessments were in place to keep people safe in an emergency. The manager had ensured people's ability to move to a point of safety in an emergency had been assessed. The number of staff needed to assist each person was recorded along with any support they would need.
• The home had recently had a fire safety audit. However, it had not identified some of the automatic closures on the doors did not ensure that the door was fully shut, meaning they would fail to stop the spread of a fire. We raised this as an issue with the manager who took immediate action to make the home safe.

Staffing and recruitment
• There were enough staff available to meet people's needs. People told us they did not have to wait long for staff when they needed them. One person said. "If they are busy you have to wait, I don't usually, they come as quick as they can, they are good at night."
• The provider had processes in place to assess people's needs and calculate how many staff were needed to care for people safely. The manager had completed this process on a monthly basis or when people moved into the home.
• Staff confirmed that the provider had followed safe recruitment processes. All the staff we spoke with confirmed that they had not been allowed to start work until they had received a disclosure and baring service (DBS) check. Staff had also had to bring in their certificates of learning to validate any training they

had told the provider they had received.

Using medicines safely
• Medicines were stored and administered safely. Medicines were stored in locked cupboards and only staff who had received training in how to administer medicines were allowed access. The member of staff administering medicines, spoke discreetly to people they supported to ensure the person's privacy.
• People were asked if they needed any medicines that had been prescribed to be taken as required. The member of staff ensured that people had taken their medicine before leaving them.
• The manager took action when medicine administration records had not been correctly completed. For example, the day prior to our inspection there were several missing signatures. The manager told us they would speak with the member of staff to ensure they understood the correct process.

Preventing and controlling infection
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.
• We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
• Staff we spoke with knew how to record any accidents and incidents in the home. The manager reviewed accidents and incidents to see if there were any trends that could be looked at to keep people safe.
• Following an incident action was taken to keep the person safe from future occurrences of the same situation. For example, when one person invaded other people's privacy a pressure mat was pit in place so that staff were alerted when the person chose to move around the home.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The manager reviewed people's needs before they were admitted to the home. This allowed them to ensure staff had the skills and knowledge needed to care for each person's individual needs.
• The provider had ensured industry recognised tools were used to assess risks to people. For example, Waterlow assessments were used to identify people's risk of developing pressure areas and the Malnutrition Universal Screening Tool (MUST) was used to assess people's risk of malnutrition. Using these tools ensured that people's needs were identified, and care could be planned to keep them safe.

Staff support: induction, training, skills and experience
• Staff told us and records confirmed they received the training they needed to meet people's needs in a person-centred way.
• The provider monitored staff training and prompted staff when their training needed to be updated to ensure they followed the latest best practice guidance and legislation.
• New staff completed an induction to the home. This included completing all the training the provider required of new staff and working alongside experienced staff in the home so they could learn the homes preferred method of providing care.
• Staff received supervisions with the manager. This enabled them to raise any concerns they had. Staff were confident in raising concerns and were confident of the manager's ability to make positive changes in the home.

Supporting people to eat and drink enough to maintain a balanced diet
• People's ability to eat safely and maintain a healthy weight were assessed. Where needed advice was sought from healthcare professionals on how people's diets needed to be adapted to support them. Information was available in the kitchen to ensure the kitchen staff had all the information needed to provide appropriate drinks, meals and snacks for people.
• Where people were at risk of malnutrition food and fluid charts were completed to monitor people's intake. This allowed staff to provide support and encouragement to people who were struggling to eat and drink.
• People were offered a choice of food from the menu. In addition, the cook told us they would cater to people's individual choices if they did not like anything on the menu. A relative told us, "Some days if [Name] has chosen not to eat the night staff will make them a sandwich." A person commented about their lunch, "It was really beautiful, I really enjoyed it."
• People were offered a choice of drinks with their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Records showed that people had been supported to access healthcare whenever needed. For example, people had been referred to an occupational therapist when they needed aids to move safely around the home.

Adapting service, design, decoration to meet people's needs
• The home provided a good environment for people. It had been refurbished before it reopened and was a pleasant environment to spend time in. There were several communal areas so people could socialise or spend time more quietly.
• People were able to enjoy being outside. The outside area was secure, and people had patio doors which allowed them to access the outside easily without support or supervision. The central courtyard had raised beds and people were encouraged to garden in them if they wished to.
• The provider had incorporated technology in the design of the home to reduce the risks to people. For example, bathroom lights came on automatically when the doors were opened, this reduced the risk of people hurting themselves.

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 when this is in their best interests and legally authorised under the MCA.

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 <, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• People were not unlawfully restricted. People's ability to consent to living at the home was assessed and where necessary an application for a DoLS assessment was completed. There was no one at the home with any conditions on their DoLS.
• People's rights were maintained. Where people might lack capacity to make decisions about their care and MCA (2005) assessment was completed for each decision the person needed to make.
• Staff had received training in supporting people's rights and abilities to make choices about their lives. When a person was unable to make a decision, one was taken in their best interest. Best interest decisions had considered the views of family and healthcare professionals. Where people were unable to verbalise their own wishes, they were supported with a person who could speak on their behalf. This person was called an advocate.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; Supporting people to express their views and be involved in making decisions about their care
• We saw staff were kind and caring when they spoke with people. One person told us, "They [staff] are very nice, staff are very good."
• Staff supported people to achieve their dreams. One person had been put in touch with an old friend and had made arrangements to meet up with them. A member of staff went with the person as they said this would make them feel comfortable. Their family member told us, "The staff member who went with dad was on their day off. They do go out of their way to help."
• Staff supported people to celebrate milestones in their lives. For example, one person was telling staff about their upcoming wedding anniversary. Staff arranged for the person to spend time with their spouse in a private room and celebrate with a cake made by the cook.
• People told us that staff knew them well and were there when they needed them. One person told us,"The best thing about the home is the attention you get." They went on to say when they had felt a little unwell that morning and staff had responded very quickly.

• People's needs had not been consistently assessed and recorded using nationally recognised assessment tools. We saw that people had not been assessed to see if they needed any support to help them prevent developing pressure sores. People had also not been assessed to ensure they were not at risk of malnutrition. Additionally, where risk assessment shad been completed, they had not been regularly reviewed to ensure the care provided continued to meet their needs. This lack of use of recognised assessment tools meant service users' needs may have changed but their care would not reflect these changes.
• People were supported to make decisions about their everyday lives. For example, about what they would like to eat and drink, and what activities they wanted to take part in.

Respecting and promoting people's privacy, dignity and independence
• Staff had received training in supporting people's privacy and dignity. They did this by ensuring doors and curtains were closed before giving care, using towels to preserve people's dignity while providing personal care and encouraging people to do as much as possible for themselves.
• People's spiritual needs were recorded and supported. Information on religious services held in the home was on display. Care plans also recorded people's spiritual needs and the support they required to meet them.
• People were supported to maintain their independence. For example, one person had chosen to do their own washing. Staff supported the person with this.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• People told us that they were happy with the care they received. People and their families had been involved in planning their care both when they moved into the home and at regular reviews or when people's needs changed unexpectedly.

• Care plans were well laid out with an index, this meant that it was easy to find information within the care plan. Staff told us they were happy with the quality of information recorded in people's care plans. In addition, they were kept up to date with changes in people's needs at the start of each shift. This ensured that the care reflected people's current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• People's communication needs were identified and respected. People's care plans contained information on what support they needed to access information, for example if they used glasses or hearing aids. Where people did use aids, staff ensured they were in working order, we saw one member of staff helping a person with their hearing aid.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• There was a social activities timetable in place which highlighted a wide variety of activities. We saw that people were supported to exercise to maintain their mobility and for those who wished to take part religious activities were planned.

• People told us they were happy with the activities planned. A relative told us," [Name] likes the activities, they are a people person." We saw people were offered a variety of activities in the communal areas. Additionally, the activities coordinator spent time individually with people in their bedrooms.

• People were supported to maintain social contact with friends and relatives. A person living at the home told us, "My daughter can visit and my son came and they took me out for a couple of days." Another person told us, "My daughter takes me out and did so yesterday." A relative told us how they had been able to have lunch with their loved one. They said, it was nice as it was a normal thing to do."

Improving care quality in response to complaints or concerns

• People were supported to raise concerns. People received information on how to make a complaint when

they moved into the home and information was also on display in the home for people to access.
• There had been no formal complaints raised since the home had been opened. A relative told us, "If I have any concerns I ring and they are very good. I have no complaints but would feel confident to raise an issue if needed."

End of life care and support
• People had their end of life wishes discussed when their care was planned. Care plans recorded where people would like to spend their final days, who they would like to see and any music they wished to play. Some people had chosen not to make those decisions until they were needed and this was respected.
• Family contact was encouraged and supported. Relatives told us they were supported to visit more frequently and to stay as long as they wanted when their family member moved towards the end of their lives.
• The manager liaised with healthcare professionals to support people to die with dignity. Where people chose not to be resuscitated at the end of their lives, the paperwork was in place, so everyone knew their wishes. In addition, medicines were put in place to ensure people had swift access to medicine which would keep them calm and pain free.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People we spoke with were positive about the care they and their relatives received.
• Everyone we spoke with was complementary about the manager. They felt they had been good for the home. The manager had been open and accessible to people living at the home and their relatives.
• Staff told us that the manager was approachable and that they had driven improvements in the care provided and the morale of the staff team. One member of staff told us, "I love the staff I work with."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The provider and manager had taken action to comply with the regulatory requirements. The provider had notified us about events which happened in the home.
• The manager had been open and honest with people and relatives about incidents which happened in the home. They had ensured that relatives were kept up to date with any concerns about people's care needs.
• There were effective audits in the home, this allowed the manager and provider to monitor the quality of care provided and to make improvements when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider gathered the views of people living at the home and their relatives. This was done through resident and relatives' meetings and surveys. For example, when menus were changed people were asked if they had any meals they would like to add to the menu.
• Staff were also given the opportunity to comment on the care they provided to people. This was through team meetings and supervision sessions.

Continuous learning and improving care; Working in partnership with others
• The manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured that this learning was shared with staff and used to improve the quality of care provided.
• The provider and manager were working in partnership with local schools and colleges. They offered apprenticeships and work experience to students to encourage them to take up caring as a career.
• The manager worked collaboratively with health and social care professionals to ensure that people

received care which met their needs.