

Bhandal Care Group (1ST Care UK) Ltd

The Haven Care Home

Inspection report

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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 Residential Care home is a residential care home providing accommodation and personal care to up to 29 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 26 people using the service.

People's experience of using this service and what we found

People living at the service were safe as there were systems and processes in place to safeguard them from abuse. The risks to people safety were well managed and there were enough staff safely employed to meet people's needs.

People's medicines were managed safely, and staff worked in a way that promoted the prevention of infection. COVID 19 government guidance was followed.

The registered manager had processes in place to learn from adverse events at the service. People's care needs were well documented and nationally recognised assessment tools were used to effectively assess people's needs.

Staff had access to appropriate training for their roles and received support and supervision from the management team.

People's nutritional and health needs were well managed, and people enjoyed the food at the service.

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.

Staff supporting people did so in a kind and caring way. They respected people and worked to maintain people's privacy, dignity and independence.

People's care was delivered in a person-centred way. They were encouraged to join in social activities at the service to reduce the risk of isolation, and their relatives were encouraged to visit them in line with the government guidance on COVID 19.

People's end of life needs were well managed with their wishes considered and decisions respected.

The provider worked in an open way and people knew who to complain to if they had concerns. The management team were responsive and there were effective quality monitoring processes in place to monitor people's care.

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

Rating at last inspection and update: This service was registered with us on 25 August 2020 and this is the first comprehensive rated inspection of the service.

The last rating for the service under the previous provider was Good, published on 26 June 2019.

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.

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 effective.

Details are in our effective findings below.

Good ●

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. 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 Health and Social Care Act 2008.

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 was carried out by two inspectors. An Expert by Experience undertook calls to relatives for us. 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Haven is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with four people who used the service, two relatives and eight members of staff. This included the housekeeper, cook, one senior carer, two carers, the deputy manager and the registered manager. We telephoned nine relatives to gain the views of everyone relevant to the service. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 of 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 living at the service were protected from the risk of abuse. People told us they felt safe. Relatives told us they felt their family member was safe. One relative said, "I can sleep at night because I know the ethos of the staff is 'patient first.' I can trust them with [Name]."
- Staff understood their role in safeguarding people from abuse. One member of staff told us how they monitored the people in their care and what signs would alert them to any concerns.
- Both the deputy manager and registered manager were aware of their responsibilities in managing any potential safeguarding concerns. This included reporting and investigating concerns in line with their legal responsibilities. Staff had received regular training on safeguarding people in their care.

Assessing risk, safety monitoring and management

- The risks to people's safety were assessed regularly and there were appropriate measures in place to reduce these risks. Where people were at risk of falls through reduced mobility they had appropriate mobility aids in place to support their independence safely. There was a clear falls protocol in place to guide staff should a person fall, so the most effective course of action would be taken to ensure people received the right level of treatment and support.
- Where people were at risk of skin damage there was clear information on how to reduce the risk through repositioning and pressure relieving aids. We saw these aids were in place and where people required regular repositioning this was completed as per their assessed needs.
- Environmental risks such as fire safety was well managed. Staff had regular fire safety training and people had up to date personal emergency evacuation profiles (PEEP's) in place which reflected their current needs.

Staffing and recruitment

- People were supported by enough staff to meet their needs. People told us staff responded quickly to call bells or being called. Our observations confirmed this. Staff told us there was generally enough staff to meet people's needs. The registered manager and deputy manager worked with the provider to ensure the staff numbers reflected people's needs. One member of staff said, "Staff work as a team here and support each other." During our visit we saw examples of staff working together in a calm and professional way.
- Safe staff recruitment processes were in place. Since the new provider had taken over, the registered manager told us the recruitment processes had improved. We saw this in the staff records we viewed. The provider used the disclosure and barring service (DBS) to support safe recruitment. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. We viewed medicines being administered safely during our visit. There were safe storage facilities and good oversight of medicines administration via regular audits. Staff administering medicines were trained in the safe handling of medicines and had regular competency assessments of their practice.
- Where people needed to have their medicines administered covertly there was clear information in place relating to the reasons why, who had been involved in the decision, and how often this needed reviewing. There was clarity on how to safely administer the medicine, for example if the medicines were given in food or fluid.

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.

Visiting in care homes

- The service facilitated visits in line with government guidelines.
- Relatives told us the service facilitated visiting.
- We observed staff taking a flexible and welcoming approach to support visits. For example, one relative was walking with their family member around the outside of the building and sitting outside and one person at the end stages of their life had relatives visiting them in their room. A person who was unwell the previous evening had relatives visit during the morning sitting in the conservatory.

Learning lessons when things go wrong

- The registered manager had processes in place to ensure learning from events at the service. Staff told us and we saw there was a daily communication book to highlight any issues, the service also used incident reporting to analyse and learn from incidents. There was regular supervision for staff, and we saw different areas of concern were discussed at staff meetings, so staff were aware of their responsibilities to reduce the risk of any reoccurrence.

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

- People's needs were assessed using nationally recognised assessment tools. This resulted in people receiving effective care to meet their needs. Where one person's risk of skin damage had increased there was clear assessment of their needs and the care plan was updated with new guidance for staff. We also saw the measures highlighted in the care plan were in place for the person.
- Care records showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training for their roles. Throughout our visit we saw staff using safe practices to support people. For example, when helping people to move from chairs to wheelchairs or providing support at mealtimes. People were confident and comfortable with the support staff provided. One relative said, "They (staff) do know what they are doing. Just watching I can see they know what they are doing. They are professional and are always on top of things."
- Staff told us they undertook a range of training modules on-line which supported their practice. They told us this was enhanced by the supervision and appraisals they received from the registered manager and deputy manager.

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

- People were supported by staff to maintain a healthy diet. Where people required special diets, these were highlighted in the care records and provided for them. When necessary staff fortified diets when people were losing weight and referred people to the most appropriate health professional should this be required. For example, if there was excessive weight loss or a person had difficulty with swallowing.
- People told us they enjoyed the food at the service, they had choice and the food was well presented. Staff told us since the provider had taken over the service the range of food had improved. One of the cooks told us they worked with the registered and deputy manager to ensure the menus reflected the choices of the people who lived at the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were well managed. Relatives told us when their family member had any issues the staff were quick to alert the relevant health professional and keep them informed of their family member's progress.

- Where people needed support from health professionals the staff at the service worked with the health professionals and followed the guidance they were given to manage people's care.

Adapting service, design, decoration to meet people's needs

- The environment people lived in was undergoing a refurbishment plan. This had a positive effect on people's wellbeing. People and relatives told us they were happy with the changes taking place. There had been refurbishment of the kitchen, communal areas and an ongoing plan to decorate people's rooms. People had different areas to sit in the service and many of the rooms looked onto a courtyard which the provider had plan to improve.
- During our inspection we noted some areas which had been decorated required some further minor work. We highlighted this to the registered manager who acted upon it straightaway.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by staff using the principles of the MCA. Where people required support to make decisions the decisions had been undertaken using best interest meetings, with support from the appropriate health professionals and family members.
- Information in people's care plans gave guidance on the decisions people could make for themselves and how staff could support people to make the decisions. This included giving time for people to process information and limit the number of options to make the decision easier to process.
- Where people required a DoLS we saw these were in place and legally authorised. The people living in the service at the time of the inspection had no special conditions attached to their DoLS.

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

- People were treated with care and respect by the staff who supported them. People and their relatives told us the service was homely and staff were kind. One person said, "It's amazing (care) people get treated well here, the staff care. I have no complaints." All the relatives we spoke with spoke highly of the staff. One relative said, "They (staff) are just brilliant. Every resident is an individual character and they seem to know each individual character and cater to them. They are very encouraging. There is a lot of banter. They are very good with residents and the way they interact."
- Staff told us they enjoyed working at the service and several staff had worked there a long time. They told us their colleagues' attitude towards people was friendly and respectful. Our observations during our visit supported this. We saw people were confident when talking with staff and saw numerous positive interactions between people, relatives and staff.

Supporting people to express their views and be involved in making decisions about their care

- People's views on their care needs were taken into account when staff created their care plans. There was information of people's likes and dislikes and how they wanted to be supported. Where appropriate people's relatives had provided supportive information on people's care needs and relatives told us they were listened to by staff. One relative said, "Yes. [Name's] care plan is fantastic. I am happy with how they look after their well-being."
- Where people had no relatives, staff had used the service of independent advocates to ensure people's voices were heard. An Advocate is someone who supports another person to express their views and wishes and help them understand and exercise their rights.

Respecting and promoting people's privacy, dignity and independence

- People were treated in a dignified way by staff and their independence supported. One person told us the staff were careful to support their privacy when providing care. A relative said, "Certainly [it's] the impression I get. I hear them talking to residents and it always a caring tone. They never rush or ignore them."
- Staff worked in a way to support people maintain their independence and where they required help they provided this in a respectful way. We saw one person being supported with their meal during our visit. The staff member was caring, chatting to the person and providing care at their pace.

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's care was planned in a person-centred way. Their care plans reflected their choices and staff worked in a way to respect those choices. There were examples of this throughout the care plans we viewed and how staff followed people's plans. One person supported a sporting team and enjoyed wearing the team's shirt. Another person who lived with dementia often thought they worked at the service and staff would give them small jobs to do.
- People told us they made their choices about their care and how they received it. For example, how they liked their personal care delivered. Staff told us they were led by what people told them they wanted.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were managed by staff at the service. There were large print care plans available for people who required this, picture cards were used to support people whose first language was not English or who had hearing difficulties. One relative told us the staff had made a catalogue of picture cards to help their family member whose first language was not English. They said the staff had, "worked so hard" with their family member.
- People's communication needs were discussed when they were admitted to the service, so staff had information on how to support them. The registered manager told us the provider had easily accessible equipment to provide audible versions of people's care plans if this was required.

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

- People were supported to maintain relationships, Relatives told us the staff were very responsive in supporting them to visit their family members, and where relatives lived some distance away, facilitate phone calls so people could remain in touch with each other.
- Where people had interests, these were supported by staff. One person had a lifelong love of a football team. During COVID-19 lock down staff facilitated a video call with one of the team players for the person and made sure the person could see the matches on television. During our inspection we saw the person was wearing the team's shirt.
- People were supported by staff to enjoy a range of activities. Relatives told us they saw people were able

to enjoy craft making and sing a songs. Staff posted pictures on their Facebook page so relatives could keep in touch with what their family member was doing. Some relatives told us their relatives really enjoyed the Bingo sessions.

Improving care quality in response to complaints or concerns

- People and their relatives were supported to raise concerns or complaints with the registered manager and deputy manager. All the relatives we spoke with told us the management team worked hard to respond to any issues. One relative said, "I have never had to wait for anything. Even if I have concerns, they (staff) come back to me straight away with what they intend to do. I have no concerns." Another relative said, "I only have to mention I have a concern and they are straight on it."
- The complaints policy was both displayed and given to people and the relatives when they were admitted to the service. We saw where a complaint had been made the provider had used their policy to resolve the complaint.

End of life care and support

- People's wishes around their end of life care were well supported. Relatives told us when their family member was coming to the end of their life they were supported to be with them as much as possible. One relative said, "I can't speak highly enough about the staff, I would give ten out of ten stars." We saw all staff showed empathy towards a person and their relatives during this difficult time on the days of our visit.
- People's wishes were recorded in the care plans and where necessary ReSPECT forms had been completed with either the person, their relative and health professionals to ensure people's decisions were respected.

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 received person centred care from a staff group led by a management team who worked openly and inclusively. There was a positive culture at the service. People, relatives and staff told us the registered manager and deputy manager worked collaboratively and were responsive to people's needs.
- Care plans were person centred and detailed. There was information on how to support people's emotional and mental health needs. Staff were knowledgeable about the people they supported and told us they were happy working at the service.
- The registered manager and deputy manager were positive about their roles and enthusiastic about further improvement plans in place for the service. For example, they were keen to develop the outdoor space for people.

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 had a duty of candour policy in place and the registered manager and deputy manager's practice supported the policy. Where people had fallen or there had been incidents there was evidence to show the management team had been open with people and relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager undertook their legal responsibility to notify CQC of events at the service via statutory notifications when required.
- The quality of care people received at the service was clearly monitored via the provider's quality monitoring processes. There was regular oversight of areas such as people's falls, weights, care plans and the environment. The registered manager and deputy manager continued to look for ways to ensure people's care was effectively monitored. The deputy manager had put together a clear post fall monitoring protocol to support staff and continued to monitor the use of the tool to ensure effective care.
- There was clear analysis of any incidents or changes in people's health. Action plans were in place and acted upon to affect good outcomes for people. The environmental audit tool used required further development and the registered manager was working to improve this.
- The registered manager told us they were supported by the provider who had an operational manager in post who supported registered managers in the provider's services. They told us the provider was responsive if they raised issues with them.

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

- People and their relatives were asked their opinions on the way the service is run. People attended meetings and discussed areas such as activities and meal choices. The registered manager told us they had sent out questionnaires for relatives but had received very few back. However, relatives told us they found the management team responsive and felt they would listen to any comments about the service they made.
- Staff told us they were listened to by the management team, there were regular staff meetings and their views on the running of the service were listened to. We saw minutes of meetings reflecting this. For example, staff raised about different ways of working and the management team had responded to the suggestions.
- Staff told us they felt well supported by the management team, they were provided with regular supervisions and could talk to both the deputy manager or registered manager about things which concerned them as there was an open-door policy at the service.

Working in partnership with others

- There was evidence in people's care plans to show collaborative working with external health professionals. One health professional we spoke with told us the staff were responsive when they visited the service and knowledgeable about people's needs.